

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">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 04/01/2024 and ending 03/31/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CHICAGO PAINTERS AND DECORATORS PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>BOARD OF TRUSTEES OF CHICAGO PAINTERS AND DECORATORS PENSION FD</u></p> <p><u>8205 S. CASS AVE.</u> <u>SUITE 102</u> <u>DARIEN, IL 60561-5314</u></p>	<p>1c Effective date of plan <u>04/01/1958</u></p> <p>2b Employer Identification Number (EIN) <u>51-6030238</u></p> <p>2c Plan Sponsor's telephone number <u>630-960-5572</u></p> <p>2d Business code (see instructions) <u>238300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/09/2026	JOSEPH RINEHART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/08/2026	MILES BEATTY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, 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	6524
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)	2266
	6a(2)	2138
	6b	2173
	6c	1500
	6d	5811
	6e	632
	6f	6443
	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	290

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <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 04/01/2024 and ending 03/31/2025

▶ **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>CHICAGO PAINTERS AND DECORATORS PENSION FUND</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 CHICAGO PAINTERS AND DECORATORS PENSION FD</u>	D Employer Identification Number (EIN) <u>51-6030238</u>

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

1a Enter the valuation date: Month 04 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>1159975692</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>1177931842</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>1189246855</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>1189246855</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>1897135368</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>47733779</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>79876230</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>83170829</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	
Signature of actuary	Date
<u>MICHAEL J. NOBLE, FSA, EA, FCA</u>	<u>01/05/2026</u>
Type or print name of actuary	Most recent enrollment number
<u>CHEIRON, INC.</u>	<u>23-06711</u>
Firm name	Telephone number (including area code)
<u>230 WEST MONROE STREET, SUITE 650</u> <u>CHICAGO, IL 60606</u>	<u>877-243-4766</u>
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1159975692
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2714	826272419
(2) For terminated vested participants	1544	301771253
(3) For active participants:		
(a) Non-vested benefits		75364999
(b) Vested benefits		693726697
(c) Total active	2035	769091696
(4) Total	6293	1897135368
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	61.14 %

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	
	42485105	0				
			Totals ▶	3(b)	42485105	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	0
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	99.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input checked="" 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	3.49 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.25 % 7.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.9 %
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)	1834657
(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	21257819	2210707
5	-120551828	-16189048

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	25193061

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)	435556024	64250897
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		6484687
e Total charges. Add lines 9a through 9d.....	9e		95928645
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		164974250
g Employer contributions. Total from column (b) of line 3.....	9g		42485105
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	259266761	41526956
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		16484477
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	235347763	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	559874172	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		265470788
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		169542143
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan CHICAGO PAINTERS AND DECORATORS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CHICAGO PAINTERS AND DECORATORS PENSION FD	D Employer Identification Number (EIN) 51-6030238	

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

GREAT GRAY TRUST COMPANY, LLC

92-1942136

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

VIRTUS INVESTMENT ADVISERS, LLC **100 PEARL STREET, 9TH FLOOR**
HARTFORD, CT 60103

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

METLIFE INVESTMENT MANAGEMENT **ONE METLIFE WAY**
WHIPPANY, NJ 07981

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

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

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

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

ARNOLD AND KADJAN

36-2498571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	601711	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	NONE	489008	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)

NATIONAL INVESTMENT SERVICES

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	473826	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)

JP MORGAN INVESTMENT MGMT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51 52	NONE	407312	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)

PARAMETRIC PORTFOLIO ASSOCIATES

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	299938	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52 55 62	NONE	298111	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"/>

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)

ASB CAPITAL MANAGEMENT LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	230462	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	229777	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)

NEWTOWER TRUST COMPANY

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	214871	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)

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	202692	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)

LANER MUCHIN

36-3088463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	136083	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)

DEBRA SCHOLTENS

51-6030238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129311	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)

JILL HEGARTY

51-6030238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125732	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)

MIDWEST INSTITUTIONAL TRUST CO.

93-1799133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	102833	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)

JPMORGAN CHASE BANK, NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51	NONE	100996	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	91702	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)

MARQUETTE ASSOCIATES

36-3485298

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

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

RICHARD J. WOLF AND COMPANY

36-3182363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	82615	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)

LEGACY PROFESSIONALS

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	58450	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)

ANGELA GUNDER

51-6030238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50612	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)

CINDY PERNA

51-6030238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48930	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)

KAREN VALENTINE

51-6030238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48392	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)

TA REALTY, LLC

ONE FEDERAL STREET, 17TH FLOOR
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	44778	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)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 99	NONE	19844	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"/>

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)

BOND BROTHERS AND COMPANY

36-2433269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	14244	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)

MIKE UYLAKI

51-6030238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	8945	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)

DANIEL GRANADON

51-6030238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	6167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>CHICAGO PAINTERS AND DECORATORS PENSION FUND</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 CHICAGO PAINTERS AND DECORATORS PENSION FD</u>	D Employer Identification Number (EIN) <u>51-6030238</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>NT COLLECTIVE ALL WORLD INDEX ACWI</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-039</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>178106633</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT LABOR SELECT COLLECTIVE RUSSELL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-048</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>443519764</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA US AGGREGATE BOND INDEX SL FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-069</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>46800562</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEW TOWER TRUST COMPANY MEPT</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</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>23428375</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>18839615</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST CO.</u>		
c EIN-PN <u>52-6257033-006</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>25339749</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC DEFENSIVE EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PARAMETRIC PORTFOLIO ASSOCIATES LLC</u>		
c EIN-PN <u>45-2531297-001</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>98304712</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 45-4783986-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7404329
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 20-0005644-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89256235
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 39-2021943-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4546168
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 16-1626084-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8303973
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COL QUALITY LOW VOL US FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-242	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98938850
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT LP		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40320190
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND (SPEC		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-3980309-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6035524
a Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW (METLIFE) COLLECTIVE INVEST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 82-0633167-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12110536
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500) <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 04/01/2024 and ending 03/31/2025			
A Name of plan CHICAGO PAINTERS AND DECORATORS PENSION FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CHICAGO PAINTERS AND DECORATORS PENSION FD	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 51-6030238</td> </tr> </table>	D Employer Identification Number (EIN) 51-6030238	
D Employer Identification Number (EIN) 51-6030238			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	6985507	3778652
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4200353	4036275
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	209551	1501286
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	37045641	21245797
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4251	6312
(5) Partnership/joint venture interests	1c(5)	39270237	47684999
(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)	926770038	962630313
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	125430818	138624902
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21622026	25421133
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1161538422	1204929669
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1309360	640762
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	253370	312417
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1562730	953179
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1159975692	1203976490

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)	42485105	
(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)		42485105
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1186396	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1600260	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2786656
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	6953	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1356144	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1363097
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2537921	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2476949	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		60972
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4734097	
(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)		61984870
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		7205279
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-68949
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		120551127

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	71269898	
(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)		71269898
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)	478746	
(2) Contract administrator fees	2i(2)	171328	
(3) Recordkeeping fees	2i(3)	82615	
(4) IQPA audit fees	2i(4)	58450	
(5) Investment advisory and investment management fees	2i(5)	2763627	
(6) Bank or trust company trustee/custodial fees	2i(6)	8352	
(7) Actuarial fees	2i(7)	229777	
(8) Legal fees	2i(8)	737794	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	33421	
(11) Other expenses	2i(11)	716321	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5280431
j Total expenses. Add all expense amounts in column (b) and enter total	2j		76550329

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		44000798
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 565997.

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 **04/01/2024** and ending **03/31/2025**

A Name of plan CHICAGO PAINTERS AND DECORATORS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CHICAGO PAINTERS AND DECORATORS PENSION FD	D Employer Identification Number (EIN) 51-6030238	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ASCHER BROTHERS CO., INC.**

b EIN **36-3035817**

c Dollar amount contributed by employer

5017514

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 **05** Day **31** 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) **13.49**

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

a Name of contributing employer **ALL TECH DECORATING COMPANY**

b EIN **36-3310320**

c Dollar amount contributed by employer

1604926

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 **05** Day **31** 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) **13.49**

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

a Name of contributing employer **NATIONAL DEC SERV, INC**

b EIN **36-2815393**

c Dollar amount contributed by employer

1548187

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 **05** Day **31** 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) **13.49**

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

a Name of contributing employer **BROCK INDUSTRIAL SERVICES LLC**

b EIN **76-0610824**

c Dollar amount contributed by employer

1087835

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 **05** Day **31** 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) **13.49**

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

a Name of contributing employer **CONTINENTAL PTG & DEC, INC**

b EIN **36-3933254**

c Dollar amount contributed by employer

1062196

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 **05** Day **31** 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) **13.49**

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

a Name of contributing employer **THORNE ASSOCIATES INC**

b EIN **36-3294352**

c Dollar amount contributed by employer

980285

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 **05** Day **31** 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) **13.49**

(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 OOSTERBAAN AND SONS COMPANY

b EIN 36-2243066 **c** Dollar amount contributed by employer 959342

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 05 Day 31 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) 13.49

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

a Name of contributing employer CAPITAL INDUSTRIAL SERVICES, LLC

b EIN 81-3883508 **c** Dollar amount contributed by employer 921434

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 05 Day 31 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) 13.49

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

a Name of contributing employer MATANS DECORATING SERVICE

b EIN 36-2709178 **c** Dollar amount contributed by employer 855543

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 05 Day 31 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) 13.49

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

a Name of contributing employer HESTER DECORATING CO, INC

b EIN 36-2665670 **c** Dollar amount contributed by employer 787734

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 05 Day 31 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) 13.49

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

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	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 60.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 14.0 %
 High-Yield Debt: 2.0 % Real Assets: 14.0 % Cash or Cash Equivalents: 2.0 % Other: 8.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Chicago Painters and Decorators Pension Fund

Financial Statements

March 31, 2025

Chicago Painters and Decorators Pension Fund

Financial Statements with Supplementary Information

March 31, 2025 and 2024

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Report of Independent Auditors

To the Participants and Trustees of
Chicago Painters and Decorators Pension Fund

Opinion

We have audited the financial statements of Chicago Painters and Decorators Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Chicago Painters and Decorators Pension Fund as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of March 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence that 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. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

January 14, 2026

Chicago Painters and Decorators Pension Fund

Statements of Net Assets Available for Benefits

March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Common stocks	\$ 6,312	\$ 4,251
Mutual funds	25,421,133	21,622,026
Short-term investments	21,016,253	36,824,787
Common collective trusts	888,987,050	848,685,075
Pooled fund	98,304,712	94,399,370
Real estate funds	73,643,263	78,084,963
Limited partnerships	88,005,189	70,301,685
Total investments	<u>1,195,383,912</u>	<u>1,149,922,157</u>
Receivables		
Employer contributions	4,036,275	4,200,353
Accrued interest and dividends	148,693	148,250
Due from related organization	907,082	-
Total receivables	<u>5,092,050</u>	<u>4,348,603</u>
Prepaid expenses	<u>445,511</u>	<u>61,301</u>
Cash	<u>4,008,196</u>	<u>7,206,361</u>
Total assets	<u>1,204,929,669</u>	<u>1,161,538,422</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	640,762	1,309,360
Employer deposits	151,259	143,759
Due to related organizations - net	161,158	109,611
Total liabilities	<u>953,179</u>	<u>1,562,730</u>
Net assets available for benefits	<u>\$ 1,203,976,490</u>	<u>\$ 1,159,975,692</u>

See accompanying notes to financial statements.

Chicago Painters and Decorators Pension Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 73,916,269	\$ 149,453,006
Interest	1,230,889	847,496
Dividends	2,918,864	4,195,332
	<u>78,066,022</u>	<u>154,495,834</u>
Less investment expenses	<u>(2,763,627)</u>	<u>(2,712,649)</u>
Investment income - net	75,302,395	151,783,185
Employer contributions	<u>42,485,105</u>	<u>44,950,275</u>
Total additions	<u>117,787,500</u>	<u>196,733,460</u>
Deductions		
Benefits paid directly to participants	71,269,898	69,378,188
Administrative expenses	<u>2,516,804</u>	<u>2,115,758</u>
Total deductions	<u>73,786,702</u>	<u>71,493,946</u>
Net increase	44,000,798	125,239,514
Net assets available for benefits		
Beginning of year	<u>1,159,975,692</u>	<u>1,034,736,178</u>
End of year	<u>\$ 1,203,976,490</u>	<u>\$ 1,159,975,692</u>

See accompanying notes to financial statements.

Chicago Painters and Decorators Pension Fund

Notes to Financial Statements

March 31, 2025 and 2024

Note 1. Description of the Plan

Chicago Painters and Decorators Pension Fund (the Plan) was established as a result of a collective bargaining agreement between the district council and the contractors' association, to provide benefits for eligible participants upon retirement, death or diasability. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, an individual becomes eligible to participate in the Plan on April 1 or October 1 (whichever is earliest) after completing at least 1,000 hours of work in covered employment during a 12-month period. The participant is considered fully vested in the value of their pension benefit upon attaining five years of vesting service. A year of vesting service is earned upon working at least 1,000 hours in covered employment in each Plan year.

The Plan provides several types of monthly pensions, as follows:

- Regular pension will be provided for a participant who retires and is age 62 or older and has at least 10 pension credits;
- Early retirement pension will be provided to a participant who chooses to retire between age 55 and 61 with at least 10 or more years of credited service. The amount of benefit is reduced from the regular pension (attainable at age 62) taking into account the fact that the participant's retired lifetime will be longer. If the participant has reached age 60 and has at least 30 pension credits, there is no reduction for early retirement; and
- Disability pension will be provided for a participant under age 63 who is totally and permanently disabled and has at least 10 pension credits.

Participants who retire with a regular, early retirement or disability pension are guaranteed that, if they should die before 60 payments have been made to them, the remaining payments will go to their surviving beneficiaries. The guarantee of 60 certain payments is also provided for surviving beneficiaries of the following participants:

- Vested participants; and
- Active participants who are over age 55 and have at least 10 years of credited service who die before retiring with a pension; or
- Active participants who are over age 50 and have at least 15 years of credited service who die before retiring with a pension.

The Plan also provides other various forms of pension benefits and payment options.

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

Note 2. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Plan Administration - The Plan transitioned from third-party administration to self-administration effective in January 2024, although the accounting function remained with the third-party administrator. Costs related to self-administration include occupancy, salaries, employee benefits and other expenses.

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

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

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

Contributions Receivable - Employer contributions due and not paid at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for doubtful accounts is considered unnecessary and is not provided.

Employer Deposits - The Plan holds certain deposits in escrow to act as a surety bond for certain employers. Amounts received for bond deposits are recorded as a liability until disbursed.

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

Employer Contribution Income - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates currently in effect, as set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. Covered employment is primarily derived in the painting and taping industries. The Plan carries out its purpose described in Note 1 within a jurisdiction primarily located in Chicago and surrounding areas in Illinois.

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

Note 2. Summary of Significant Accounting Policies (continued)

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

Leases - The Plan utilizes shared office space as described in Note 10. The Plan reimburses a related organization for its share of rent. Due to the immaterial nature of the amounts owed pursuant to the leasing arrangement, as well as the Plan not being signatory to the lease agreement, the Plan did not adopt the provisions of accounting guidance for leases required by generally accepted accounting principles.

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

Subsequent Events - Subsequent events have been evaluated through January 14, 2026, which is the date the financial statements were available to be issued.

Note 3. Priorities upon Termination

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

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor 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.

Note 4. Tax Status

The Plan's latest determination letter is dated February 10, 2016, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Fair Value Measurements

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

Basis of Fair Value Measurement

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

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

Note 5. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of March 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		<u>Fair Value Measurements at 3/31/25 Using</u>		
		Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Total</u>				
Common stocks	\$ 6,312	\$ 6,312	\$ -	\$ -
Mutual fund	12,104,058	12,104,058	-	-
Short-term investments	<u>21,016,253</u>	<u>21,016,253</u>	-	-
	33,126,623	<u>\$ 33,126,623</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Mutual fund	13,317,075			
Common collective trusts	888,987,050			
Pooled fund	98,304,712			
Real estate funds	73,643,263			
Limited partnerships	<u>88,005,189</u>			
Total	<u>\$ 1,195,383,912</u>			

		<u>Fair Value Measurements at 3/31/24 Using</u>		
		Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Total</u>				
Common stocks	\$ 4,251	\$ 4,251	\$ -	\$ -
Mutual fund	8,984,580	8,984,580	-	-
Short-term investments	<u>36,824,787</u>	<u>36,824,787</u>	-	-
	45,813,618	<u>\$ 45,813,618</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Mutual fund	12,637,446			
Common collective trusts	848,685,075			
Pooled fund	94,399,370			
Real estate funds	78,084,963			
Limited partnerships	<u>70,301,685</u>			
Total	<u>\$ 1,149,922,157</u>			

Note 5. Fair Value Measurements (continued)

Level 1 Measurements

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

The fair value of the Level 1 mutual fund is determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

The short-term investments represent shares held in mutual funds.

Measurements Using Net Asset Value as a Practical Expedient

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

The common collective trusts, pooled fund, real estate funds and one limited partnership are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. No significant redemption restrictions exist for these investments, except for the limited partnership, which requires a 45-day notice for redemption after an initial four-year lock up period expiring on July 15, 2025, and one real estate fund, as described below. The fair value of the limited partnership was \$40,320,190 and \$31,031,448 at March 31, 2025 and 2024, respectively.

All redemptions from one real estate fund with a fair value of \$18,839,615 and \$18,352,036 at March 31, 2025 and 2024, respectively, were restricted. This common collective trust has set up a strategy to stabilize, reposition and grow the portfolio and believes it has the necessary resources to meet its obligations for a period of at least one year and a day from the date their consolidated financial statements were issued. No adjustment to the reported net asset value was considered necessary.

Note 5. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The following table summarizes information regarding investments valued at net asset value per share for investments, other than DFEs, as of March 31, 2025 and 2024:

	Fair Value		Underlying Assets	Redemption	
	2025	2024		Frequency	Notice Period
Mutual fund	\$ 13,317,074	\$ 12,637,446	Multifamily and single-family mortgage-backed securities	Monthly	15 days
Limited partnership	\$ 39,099,372	\$ 30,630,328	Infrastructure-related assets (e.g., toll roads, bridges, electricity transmission, railroads, gas and oil pipelines, etc.) via holding companies	Semi-annual	90 days
Limited partnership	\$ 8,585,627	\$ 8,639,909	Industrial, multifamily, office and retail based real estate assets located in the United States via holding companies	Quarterly	45 days

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by Cheiron as of March 31, 2024. Information shown in the report included the following:

Vested benefits:

Participants currently receiving payments	\$ 607,495,428
Other	<u>561,072,752</u>
Total vested benefits	1,168,568,180

Non-vested benefits

Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,216,756,067</u></u>
--	--------------------------------

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended March 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 1,179,129,033
Increase (decrease) during the year attributable to:		
Benefits accumulated, net of experience gain or loss	\$ 22,180,806	
Interest	84,615,268	
Changes in administrative expense load assumption	2,324,906	
Administrative expenses paid	(2,115,758)	
Benefits paid	<u>(69,378,188)</u>	
Net increase		<u>37,627,034</u>
Actuarial present value of accumulated plan benefits at end of year		<u><u>\$ 1,216,756,067</u></u>

Note 6. Actuarial Information (continued)

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

Mortality:

Healthy non-annuitants - 110% of RP-2014 Blue Collar Employee Mortality Tables, projected generationally using the Social Security Administration's Intermediate Cost Projections Mortality Improvement Scale for 2014 (Scale SSA-2014)

Healthy annuitants - 110% of RP-2014 Blue Collar Healthy Annuitant Mortality Tables, projected generationally using Scale SSA-2014

Disabled annuitants - 110% of RP-2014 Disabled Retiree Mortality Tables, projected generationally using Scale SSA-2014

Retirement age - 62

Investment rate of return - 7.25%, net of investment expenses

The valuation also includes an assumption of approximately \$2,100,000 for anticipated administrative expenses associated with providing benefits.

The 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.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary 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.

Since information on the accumulated plan benefits at March 31, 2025, and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of March 31, 2025, and the changes therein for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended March 31, 2025. The complete financial status is presented as of March 31, 2024.

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

Note 7. Risks and Uncertainties

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

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the underlying investments at estimated fair values using various subjective techniques.

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

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

Note 8. Funding Policy

The Plan is primarily funded by employer contributions. Participating employers contribute such amounts as specified in their collective bargaining agreements. During the years ended March 31, 2025 and 2024, the hourly contribution rate was \$13.49 for general painters, \$8.13 for Painters Local 33 participants and ranged from \$6.00 to \$6.55 for Wood Finishers Local 611 participants.

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

Note 9. Major Employer

Contributions from one employer accounted for approximately 11% and 10% of total employer contributions for the years ended March 31, 2025 and 2024, respectively. In the event this employer suspends contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 10. Related Organizations

The Plan has ten related entities: Chicago Painters and Decorators Welfare Fund; Chicago Painters and Decorators Retiree Welfare Fund; Chicago Painters and Decorators Retirement Savings Fund; Chicago Painters and Decorators Deferred Savings Plan Fund; Painters District Council No. 14 Scholarship Fund; Drywall Education and Scholarship Fund; Chicago Painters and Tapers Cooperation and Education Trust Fund (the Cooperation Trust); District Council No. 14 Metal Polishers 401(k) Retirement Plan; Chicago Area Painting Joint Apprentice Training Trust; and International Brotherhood of Painters and Allied Trades District Council No. 14 (the Council).

During the years ended March 31, 2025 and 2024, several contributing employers participated in a Market Recovery program which is carried out by the Cooperation Trust. The Market Recovery program provides contributing employers subsidies to pay fringe benefits to the affiliated welfare and pension plans. At March 31, 2025 and 2024, the amounts due from the Cooperation Trust for this program totaled \$907,082 and \$102,817 respectively.

The related retiree welfare plan collects employer contributions on behalf of the Plan and subsequently transfers the contributions to the Plan. Amounts due to the Plan for these contributions totaled \$1,482,641 and \$2,202,450 at March 31, 2025 and 2024, respectively, and are included in contributions receivable.

Prior to January 1, 2024, the Plan incurred joint expenses with other related organizations. Certain common operating expenses were paid by the Plan on behalf of these organizations or paid by these organizations on behalf of the Plan. Common operating expenses allocated to the Plan for the year ended March 31, 2024 totaled \$238,280. Amounts due to related organizations at March 31, 2024 totaled \$212,428.

Effective January 1, 2024, the Plan began sharing facilities, equipment and staff with other related organizations. These operating expenses are allocated to the respective organizations. Common operating expenses allocated to the Plan for the year ended March 31, 2025 totaled \$909,158. The monthly common expenditures allocated to the Plan include a portion of rent paid for shared office space. Amounts due to related organizations at March 31, 2025 totaled \$161,158.

The Plan's shared employees are covered by a multiemployer defined benefit pension plan, a multiemployer defined contribution retirement plan and a multiemployer welfare plan. Contributions to the plans are made monthly under the terms of participation agreements. Benefit plan contributions are included in the allocation of shared administrative expenses.

Note 11. Concentration of Plan Investments

As of March 31, 2025 and 2024, the Plan held units in an equity common collective trust with a fair value of \$443,519,764 (approximately 37% of net assets) and \$460,160,028 (approximately 40% of net assets), respectively. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

Note 12. Department of Labor Investigation

The Department of Labor is currently conducting a review of the Plan for general purposes of determining compliance with Title I of ERISA. The Plan is working to provide the Department of Labor with all requested information. The Plan's Trustees believe that the investigation is routine in nature and will not have a significant impact on the Plan's operations or financial condition.

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
Chicago Painters and Decorators Pension Fund

We have audited the financial statements of Chicago Painters and Decorators Pension Fund (the Plan) as of March 31, 2025 and our report thereon dated January 14, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statement as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

January 14, 2026

Schedule MB, line 6 – Summary of Plan Provisions

This summary of plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation. It is not intended to replace the more precise language of the Plan document, and if there is any difference between the description of the Plan herein and the actual text of the Plan document, the Plan document will govern.

1. Effective Date of Plan

The Plan was established on April 1, 1958

2. Participation

Earliest April 1 or October 1 after completion of 1,000 hours during a 12-consecutive month period.

A participant in the Wood Finishers Local 611 Pension Plan on September 30, 2003 shall become a participant in this Plan on October 1, 2003.

3. Plan Year (plan credit year)

April 1 through March 31

4. Normal Retirement Age

Age 65

5. Year of Vesting Service

One year of vesting service for each plan credit year during the contribution period in which the employee works 1,000 hours.

6. Pension Credits

For Local 611 members: 1/4th of a pension credit for each 250 hours of covered employment during the Plan credit year up to one pension credit after 1,000 hours, plus 1/10th of a pension credit for each additional 250 hours of covered employment in excess of 1,000 hours up to a maximum of 1.4 pension credits per plan credit year.

For all other members: 1/10th of a pension credit for each 140 hours of covered employment during the plan credit year up to a maximum of 1 pension credit per plan credit year.

7. Regular Pension

Eligibility: Age 62 with 10 pension credits

Amount: Sum of accrued benefit as of May 31, 2018 plus, 1.1% of contributions made on behalf of the participant for service on or after June 1, 2018.

8. Unreduced Early Pension

Eligibility: Age 58 with 30 pension credits and retiring from covered employment

Amount: Regular pension accrued

9. Early Pension

Eligibility: Age 55 with 10 pension credits

Amount: Regular pension accrued, reduced by 2/3 of 1% for each month the participant is under age 62.

Schedule MB, line 6 – Summary of Plan Provisions

10. Late Retirement

Eligibility: Retirement after normal retirement age

Amount: Regular pension accrued at normal retirement age, increased by 1% for each month greater than normal retirement age up to age 70 and 1.5% for each month greater than age 70.

11. Basic Deferred Pension

Eligibility: 5 years of vesting service

Amount: Regular pension accrued, payable at normal retirement age

12. Special Deferred Pension

Eligibility: 10 pension credits

Amount: Regular Pension accrued, payable at age 58, reduced by 2/3% for each month the participant is under age 62.

13. Disability Pension

Eligibility: Totally and permanently disabled with 10 pension credits and at least 420 hours in the Plan credit year in which the disability occurred or in the prior plan credit year.

Amount: Regular pension accrued

14. Pre-Retirement Death Benefits

Only one of the following is payable:

Spouse's Benefit:

Eligibility: 10 pension credits or 5 years of vesting service

Amount: For active members: 75% of the regular pension accrued, payable immediately

For inactive members: 50% of the benefit the participant would have received reduced for payment under the 50% husband and wife form and further reduced for early retirement (but not lower than the age 58 reduction factor), payable immediately.

60-Payment Certain:

Eligibility: 10 pension credits or 5 years of vesting service. Local 611 members are not eligible.

Amount: Monthly benefit to which the participant would have been entitled had he retired the day before he died, payable for 60 months. If the participant is less than age 58 and eligible for a deferred pension, the monthly benefit is reduced for early retirement as though the participant was age 58 on the date of death.

Schedule MB, line 6 – Summary of Plan Provisions

15. Forms of Payment

The normal forms of payment are the following:

- For married participants: Qualified Joint and Survivor Annuity, which under the Plan is a 50% Joint and Survivor Pension with a “pop-up” feature. The “pop-up” feature increases the participant’s retirement benefit to the amount that would have been payable had the Joint and Survivor payment option not been elected if the spouse predeceases the participant.
- For Local 611 non-married participants: Single Life Annuity.
- For all other non-married participants: Single Life Annuity with 60 months guaranteed.

The optional forms of payment are the following:

- Single Life Annuity with 60 months guaranteed, not applicable for Local 611 members
- 100% Joint and Survivor Annuity with a “pop-up” feature, for married participants
- 75% Joint and Survivor Annuity with a “pop-up” feature, for married participants
- 50% Joint and Survivor Annuity with a “pop-up” feature, for married participants
- 10% Partial Lump-Sum Payment Option, not applicable for Local 611 members
- Social Security Adjustment Option at age 62 or 65

16. Contribution Rates

The table below contains the most recent hourly contribution rates.

	Effective Since June 1, 2023
General Painters	\$13.49
Local 33	\$8.13
Local 611	\$6.55

17. Changes in Plan Provisions since the Last Valuation

None

Chicago Painters and Decorators Pension Fund

51-6030238 Plan 001

Schedule Supporting Form 5500 for 2024

(For The Year Ended March 31, 2025)

Schedule H - Part IV - Line 4i - Schedule of Assets Held For Investment Purposes

(A)	Identity of issue, borrower, lessor or similar party (B)	Description of investment including maturity date, rate of interest, collateral, par of maturity value (C)			Cost (D)	Current Value (E)
		Par Value M	Rate of Interest	Maturity	Cost	Current Value
Common Stocks						
		Shares				
	Huron Consulting Group	44			\$ 1	\$ 6,312
Limited Partnership						
		Shares				
	IIF ERISA LP	44,747,570			\$ 37,740,410	\$ 39,099,372
	TA Realty Core Property Fund LP	6,680			9,549,486	8,585,627
					\$ 47,289,896	\$ 47,684,999
Common/Collective Trusts						
		Shares				
	AFL-CIO Building Investment Trust	3,404			\$ 15,846,884	\$ 18,839,615
	ASB Allegiance Real Estate Fund	18,139			8,730,080	25,339,749
	JPMCB Special Situation Property Fund	660,606			9,501,240	6,035,524
	Mesirow High Yield CIT - Class A	838,680			11,400,000	12,110,536
	Multi Employer Property Trust	1,903			15,432,828	23,428,375
	NIS Core Fixed Income Fund	3,739			78,152,392	89,256,235
	NIS High Yield Fund	100			3,597,608	4,546,168
	NIS Preferred Stock Fund	1,195,304			6,797,434	8,303,973
	NIS Total Absolute Return Fund	2,347			5,800,905	7,404,329
	NT Collective All Country World Index Fund	7,695,253			90,140,255	178,106,633
	NT Collective Quality Low Volatility U.S. Fund	515,038			63,699,932	98,938,850
	NT Labor Select Collective Russell 3000 Index Fund	5,224,210			245,396,282	443,519,764
	SSGA US Aggregate Bond Index Fund	1,408,680			39,676,004	46,800,562
					\$ 594,171,843	\$ 962,630,313
103-12 Investment Entities						
		Shares				
	Parametric Defensive Equity Fund	1,000			\$ 24,800,000	\$ 98,304,712
	Ullico Infrastructure Tax Exempt Fund LP	133,143			30,950,118	40,320,190
					\$ 55,750,118	\$ 138,624,902
Mutual Funds						
		Shares				
	AFL-CIO Housing Investment Trust	13,625			\$ 15,778,925	\$ 13,317,074
	Virtus Classic SEIX Floating Rate High Income Fund	1,578,104			12,499,514	12,104,059
					\$ 28,278,439	\$ 25,421,133
Short-term Investments						
	Northern Trust Savings Account		Variable	N/A	\$ 229,544	\$ 229,544
	GS Financial Square Government Fund		Variable	N/A	21,013,587	21,016,253
					\$ 21,243,131	\$ 21,245,797
					\$ 746,733,428	\$ 1,195,613,456

Plan Name: Chicago Painters and Decorators Pension Fund
 EIN: 51-6030238 Plan Number: 001
 Attachment D to 2024 Form 5500 Schedule MB

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben		
Under 25	0		56	423	6		0		0		0		0		0		0		0		0	
25 to 29	1		59	520	37	1,543	0		0		0		0		0		0		0		0	
30 to 34	1		73	657	80	1,584	13		3		0		0		0		0		0		0	
35 to 39	4		58	616	85	1,534	40	2,478	21	3,542	2		0		0		0		0		0	
40 to 44	6		53	659	91	1,616	59	2,566	76	3,532	33	4,445	2		0		0		0		0	
45 to 49	3		43	662	74	1,575	65	2,653	65	3,626	74	4,543	36	5,085	3		0		0		0	
50 to 54	3		22	692	51	1,665	47	2,605	66	3,459	66	4,627	65	5,415	33	6,452	2		0		0	
55 to 59	2		19		33	1,726	27	2,535	36	3,355	61	4,336	85	5,173	50	5,801	22	6,866	1		0	
60 to 64	1		4		9		13		21	3,441	18		21	5,049	11		6		3		0	
65 to 69	0		1		1		2		0		2		1		2		3		1		0	
70 & up	0		0		0		0		0		0		0		0		0		2		0	



Plan Name: Chicago Painters and Decorators Pension Fund
 EIN: 51-6030238 Plan Number: 001
 Attachment F to 2024 Form 5500 Schedule MB

Line 9c and 9h – Schedule of Funding Standard Account Bases

Table VI-4				
Schedule of Amortization Charges Required for Minimum Required Contribution as of April 1, 2024				
Type of Base	Date Established	4/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Amendment	5/1/1994	56,406	0.08	56,406
2. Amendment	5/1/1995	2,087,423	1.08	1,932,412
3. Amendment	5/1/1996	2,889,282	2.08	1,439,461
4. Amendment	4/1/1998	10,160,722	4.00	2,812,753
5. Amendment	4/1/1999	3,213,355	5.00	735,628
6. Assumption	4/1/1999	4,299,779	5.00	984,340
7. Assumption	4/1/2000	73,132	6.00	14,417
8. Amendment	4/1/2000	6,662,612	6.00	1,313,374
9. Amendment	4/1/2001	5,552,122	7.00	968,961
10. Assumption	4/1/2002	7,745,595	8.00	1,221,195
11. Amendment	4/1/2004	13,026,633	10.00	1,749,362
12. Amendment	4/1/2006	22,986,771	12.00	2,734,508
13. Amendment	4/1/2007	14,859,958	13.00	1,681,384
14. Experience Loss - PRA Amort. I	4/1/2009	72,969,207	14.00	7,896,678
15. Experience Loss - PRA Amort. III	4/1/2011	20,317,516	14.00	2,198,747
16. Assumption	4/1/2012	3,197,021	3.00	1,141,071
17. Experience Loss	4/1/2012	5,354,089	3.00	1,910,964
18. Experience Loss	4/1/2013	1,554,577	4.00	430,348
19. Assumption	4/1/2013	3,776,341	4.00	1,045,390
20. Amendment	4/1/2014	35,411	5.00	8,106



Plan Name: Chicago Painters and Decorators Pension Fund
 EIN: 51-6030238 Plan Number: 001
 Attachment F to 2024 Form 5500 Schedule MB

Line 9c and 9h – Schedule of Funding Standard Account Bases

Table VI-4 (continued)				
Schedule of Amortization Charges Required for Minimum Required Contribution as of April 1, 2024				
Type of Base	Date Established	4/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
21. Experience Loss	4/1/2014	3,502,752	5.00	801,878
22. Amendment	4/1/2015	569,491	6.00	112,261
23. Experience Loss	4/1/2015	3,915,539	6.00	771,854
24. Assumption	4/1/2015	13,960,310	6.00	2,751,941
25. Experience Loss	4/1/2016	22,263,868	7.00	3,885,509
26. Assumption	4/1/2017	1,507,102	8.00	237,615
27. Experience Loss	4/1/2017	15,405,838	8.00	2,428,935
28. Experience Loss	4/1/2018	11,686,535	9.00	1,690,301
29. Amendment	6/1/2018	5,521,643	9.17	788,214
30. Experience Loss	4/1/2019	9,774,548	10.00	1,312,636
31. Amendment	6/1/2019	5,561,764	10.17	738,446
32. Amendment	10/1/2019	957,021	10.50	124,302
33. Experience Loss	4/1/2020	48,818,806	11.00	6,146,043
34. Amendment	6/1/2020	3,601,908	11.17	448,971
35. Assumption	4/1/2021	27,871,244	12.00	3,315,566
36. Amendment	6/1/2021	2,111,555	12.17	245,193
37. Experience Loss	4/1/2022	4,173,125	13.00	472,184
38. Experience Loss	4/1/2023	32,188,815	14.00	3,483,452
39. Amendment	6/1/2023	88,389	14.17	9,384
40. Experience Loss	4/1/2024	21,257,819	15.00	2,210,707
Total Charges		\$ 435,556,024		\$ 64,250,897



Plan Name: Chicago Painters and Decorators Pension Fund
 EIN: 51-6030238 Plan Number: 001
 Attachment F to 2024 Form 5500 Schedule MB

Line 9c and 9h – Schedule of Funding Standard Account Bases

Table VI-5				
Schedule of Amortization Credits Required for Minimum Required Contribution				
as of April 1, 2024				
Type of Base	Date Established	4/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Assumption	4/1/2010	\$ 570,090	1.00	\$ 570,090
2. Experience Gain	4/1/2010	1,473,405	1.00	1,473,405
3. Experience Gain - PRA Amort. I	4/1/2010	19,379,326	14.00	2,097,218
4. Assumption	4/1/2011	290,166	2.00	150,159
5. Experience Gain	4/1/2011	8,402,983	2.00	4,348,469
6. Assumption	4/1/2018	1,066,607	9.00	154,271
7. Asset Method Change	4/1/2021	67,533,923	7.00	11,786,079
8. Experience Gain	4/1/2021	39,998,433	12.00	4,758,217
9. Method Change	4/1/2024	<u>120,551,828</u>	10.00	<u>16,189,048</u>
Total Credits		\$ 259,266,761		\$ 41,526,956
Total Charges (Table VI-4)		\$ 435,556,024		\$ 64,250,897
Total Credits		<u>259,266,761</u>		<u>41,526,956</u>
Net Charge/(Credit)		\$ 176,289,263		\$ 22,723,941

Plan Name: Chicago Painters and Decorators Pension Fund
EIN: 51-6030238 Plan Number: 001
Attachment G to 2024 Form 5500 Schedule MB

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

1. The RPA '94 current liability interest rate was changed from 2.70% to 3.49% to comply with appropriate guidance. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

Schedule MB, line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions

1. Valuation Date

April 1, 2024.

2. Rates of Investment Return

7.25% per annum, net of all investment expenses, for funding and disclosure purposes.

The RPA '94 current liability rate is 3.49%.
(Prior valuation the RPA '94 current liability rate was 2.70%).

3. Rates of Mortality

Funding

Non-Annuitants – RP-2014 Blue Collar Employee Mortality Table multiplied by 1.10 for males and females, projected using the Social Security Administration's Intermediate Cost Projections Mortality Improvement Scale for 2014 ("Scale SSA-2014") on a generational basis.

Non-Disabled Annuitants – RP-2014 Blue Collar Healthy Annuitant Mortality Table multiplied by 1.10 for males and females, projected using Scale SSA-2014 on a generational basis.

Disabled Annuitants – RP-2014 Disabled Retiree Mortality Table multiplied by 1.10 for males and females, projected using Scale SSA-2014 on a generational basis.

Based on the available experience, these tables projected to the valuation year reflect the best estimate of mortality experience

as of the measurement date. The projection past the valuation date represents a provision of future mortality improvement.

RPA '94 Current Liability

IRS 2024 Static Mortality Table.

4. Annual Administrative Expenses

The average of the administrative expenses for the last two years, rounded to the nearest \$10,000, payable monthly; \$1,900,000 payable monthly (\$1,834,657 payable at the beginning of the year) for the plan year beginning April 1, 2024.

5. Active Participants

All non-retired participants who worked at least 500 hours in the most recent plan year and who have accumulated at least one pension credit.

6. Future Benefit Accruals

Each active participant is assumed to work 1,600 hours per year.

7. Family Composition

75% of participants are assumed to be married, and female spouses are assumed to be four years younger than male spouses.

Schedule MB, line 6 – Statement of Actuarial Assumptions and Methods

8. Rates of Turnover

Turnover rates are based on service for the first five years of employment and are based on age thereafter.

Turnover rates for the first five years of employment are shown below.

Service	Rate %
0	25.00
1 – 2	20.00
3 – 4	10.00

Sample turnover rates for participants with 5 or more years of service are shown in the table below for select ages.

Age	Rate %*
20	3.97
30	3.70
40	3.06
50	1.81
60	0.07

* Termination rates do not apply once a participant is eligible for retirement

9. Rates of Retirement

Retirement rates for active participants are shown below:

Age	Rate %	
	Eligible for Unreduced Early Pension	Not Eligible for Unreduced Early Pension
55 – 56	N/A	3
57	N/A	5
58	50	5
59 – 61	50	10
62	100	75
63 – 64	100	10
65 & over	100	100

Schedule MB, line 6 – Statement of Actuarial Assumptions and Methods

10. Retirement Age for Inactive Vested Members

Earliest age eligible for an unreduced retirement benefit.

11. Rates of Disability

Sample disability rates for active participants are shown below:

Age	Rate %*
20	0.05
25	0.05
30	0.05
35	0.06
40	0.09
45	0.18
50	0.40
55	0.85
60	1.74

** Disability rates do not apply once a participant is eligible for retirement*

12. Lump-Sum Conversion Factor

Interest: 5.00% per annum

Mortality: 2018 Lump-Sum Unisex Mortality Table

13. Benefit Election

If eligible, members are assumed to elect the 10% Partial Lump-Sum Payment Option.

For the remaining benefit, married participants are assumed to elect the 50% Joint and Survivor Annuity with a “pop-up” feature and non-married participants are assumed to elect the Single Life Annuity with 60 months guaranteed, if applicable.

14. Rationale of Economic and Demographic Assumptions

In accordance with Actuarial Standard of Practice No. 27 and No. 35, the economic and demographic assumptions used in this report were the same as those used in the prior year’s valuation. As this is our first valuation, Cheiron will continue to monitor the experience of the Fund compared to these assumptions and recommend adjustments as necessary.

15. Summary of Changes since the Last Valuation

The RPA ’94 current liability interest rate was changed from 2.70% to 3.49% to comply with appropriate guidance.

The mortality table used to determine RPA ’94 current liability is the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3). The 2023 table was updated to 2024.

Schedule MB, line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Methods

1. Funding Method: Unit Credit Cost Method

Under the Unit Credit actuarial cost method, the normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the Actuarial Present Value of the participant's current Accrued Benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower normal costs at younger ages. There is a possibility that as the population ages, the annual normal cost could increase over time.

The excess, if any, of the Actuarial Liability over the Actuarial Value of Assets is known as the Unfunded Accrued Liability. If the Actuarial Value of Assets exceeds the Actuarial Liability, the Fund may have a surplus.

2. Asset Valuation Method: Smoothed Market Value Method

The Actuarial Value of Assets is based on the market value with an adjustment to smooth actuarial gains or losses in the market value over the past five years. The asset valuation method calculates the expected actuarial value asset return at the current valuation date using the Fund's actual cash flows and the expected long-term rate of return on assets.

The actuarial investment gain or loss is then determined by subtracting this expected asset return from the actual investment return on the market value. One-fifth (1/5th) of the actuarial gain (actual returns greater than expected) or loss (actual returns less than expected) is then added to the expected asset value along with recognition of actuarial gains/losses over expected return for each of the preceding four years is then added to arrive at the preliminary smoothed Actuarial Value of Assets.

If the preliminary smoothed actuarial asset value is outside a corridor of 80% to 120% of market value, the final smoothed value is increased/(or reduced) to the bottom/(top) of the 80% to 120% market value corridor.

3. Changes in Methods since the Last Valuation

The cost method was changed from Entry Age Normal to Unit Credit.

Schedule MB, line 6 – Statement of Actuarial Assumptions and Methods

4. Disclosures regarding Models Used

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) for the intended purpose of calculating liabilities and projected benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal and have a basic understanding of it and have used ProVal in accordance with its original intended purpose. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

FOOTNOTES

STATEMENT 1

SCHEDULE C, PART 2, COLUMN D:
 THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO PLAN
 EMPLOYEES AND TRUSTEES AND REPORTED ON SCHEDULE
 C HAS BEEN DETERMINED IN ACCORDANCE WITH DEPARTMENT
 OF LABOR RULES AND REGULATIONS FOR COMPLETING FORM
 5500. THESE AMOUNTS MAY CONSIST OF ELEMENTS
 CONSIDERED TO BE TAXABLE AS WELL AS NON-TAXABLE UNDER
 THE CURRENT INTERNAL REVENUE CODE.

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 2

NAME	SERVICE CODES
NORTHERN TRUST CORPORATION	28
NORTHERN TRUST CORPORATION	52
NORTHERN TRUST CORPORATION	55
NORTHERN TRUST CORPORATION	62
STATE STREET GLOBAL ADVISORS	18
STATE STREET GLOBAL ADVISORS	19
STATE STREET GLOBAL ADVISORS	51
STATE STREET GLOBAL ADVISORS	99
JPMORGAN CHASE BANK, NA	24
JPMORGAN CHASE BANK, NA	27
JPMORGAN CHASE BANK, NA	28
JPMORGAN CHASE BANK, NA	50
JPMORGAN CHASE BANK, NA	51
JP MORGAN INVESTMENT MGMT	27
JP MORGAN INVESTMENT MGMT	28
JP MORGAN INVESTMENT MGMT	51
JP MORGAN INVESTMENT MGMT	52

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	148,250.	148,693.
DUE FROM RELATED ORGANIZATIONS	0.	907,082.
PREPAID EXPENSES	61,301.	445,511.
TOTAL TO SCHEDULE H, LINE 1B(3)	209,551.	1,501,286.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
EMPLOYER DEPOSITS	143,759.	151,259.
DUE TO RELATED ORGANIZATIONS	109,611.	161,158.
TOTAL TO SCHEDULE H, LINE 1J	253,370.	312,417.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 5
DESCRIPTION	AMOUNT	
COMPUTER	94,897.	
INSURANCE AND BONDING	176,811.	
OFFICE EXPENSE	59,024.	
PENSION BENEFIT GUARANTY PREMIUM	231,287.	
PRINTING AND POSTAGE	48,905.	
RENT AND UTILITIES	44,512.	
PAYROLL TAXES	24,229.	
DEPRECIATION	36,656.	
TOTAL TO SCHEDULE H, LINE 2I(11)	716,321.	

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 11,465,928	\$ 7,774,605	\$ 62,030,296	\$ 81,270,829
2025	13,566,282	6,258,280	60,774,800	80,599,363
2026	18,041,228	7,518,170	59,381,642	84,941,040
2027	20,713,342	8,533,034	57,936,726	87,183,103
2028	24,414,040	9,837,818	56,488,151	90,740,009
2029	26,577,872	12,123,205	54,977,177	93,678,254
2030	29,426,321	12,690,748	53,563,064	95,680,134
2031	31,006,463	12,487,747	52,085,452	95,579,661
2032	33,095,608	12,991,023	50,545,707	96,632,338
2033	35,436,390	14,149,064	48,945,822	98,531,276
2034	37,359,348	14,768,323	47,288,366	99,416,036
2035	39,003,046	15,957,731	45,576,357	100,537,135
2036	40,336,538	15,553,007	43,812,928	99,702,473
2037	41,329,089	16,450,420	42,001,159	99,780,667
2038	42,919,105	17,461,376	40,144,174	100,524,655
2039	43,229,675	17,695,660	38,245,315	99,170,650
2040	43,686,193	17,862,005	36,308,316	97,856,514
2041	44,320,811	17,820,411	34,337,576	96,478,798
2042	44,649,344	18,098,160	32,338,469	95,085,973
2043	44,460,361	18,704,055	30,317,448	93,481,863
2044	44,064,742	18,273,402	28,282,266	90,620,409
2045	44,284,926	17,979,403	26,242,258	88,506,587
2046	43,718,426	18,040,087	24,208,491	85,967,004
2047	42,894,273	17,294,308	22,193,588	82,382,169
2048	42,270,353	16,767,996	20,211,422	79,249,770
2049	41,482,240	16,124,644	18,276,748	75,883,632
2050	40,495,065	15,500,771	16,404,633	72,400,470
2051	39,380,253	14,772,789	14,609,838	68,762,880
2052	38,233,132	14,193,977	12,906,279	65,333,387
2053	36,939,887	13,420,499	11,306,322	61,666,708
2054	35,581,222	12,621,761	9,819,964	58,022,947
2055	33,988,711	11,943,568	8,454,433	54,386,711
2056	32,536,053	11,317,228	7,214,154	51,067,436
2057	30,856,249	10,575,856	6,100,795	47,532,900
2058	29,140,015	9,774,452	5,113,221	44,027,688
2059	27,549,128	9,073,212	4,247,723	40,870,063
2060	25,767,352	8,301,767	3,498,400	37,567,519
2061	24,082,449	7,593,354	2,857,472	34,533,276
2062	22,450,729	6,930,018	2,315,716	31,696,463
2063	20,763,139	6,263,271	1,863,064	28,889,474
2064	19,154,040	5,670,587	1,489,130	26,313,758
2065	17,601,425	5,064,951	1,183,577	23,849,952
2066	16,102,761	4,512,438	936,483	21,551,682
2067	14,665,127	3,996,142	738,617	19,399,886
2068	13,309,785	3,517,864	581,604	17,409,253
2069	12,035,757	3,077,097	457,987	15,570,841
2070	10,839,757	2,675,173	361,256	13,876,186
2071	9,727,808	2,311,151	285,870	12,324,829
2072	8,698,394	1,984,107	227,238	10,909,739
2073	7,749,752	1,692,636	181,637	9,624,025

Notes on the Expected Annual Benefit Payments:

- Based on the 2024 funding assumptions
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses



Plan Name: Chicago Painters and Decorators Pension Fund
EIN: 51-6030238 Plan Number: 001
Attachment E to 2024 Form 5500 Schedule MB

Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 45,902,200	\$ -	\$ 45,902,200
2025	45,902,200	-	45,902,200
2026	45,902,200	-	45,902,200
2027	45,902,200	-	45,902,200
2028	45,902,200	-	45,902,200
2029	45,902,200	-	45,902,200
2030	45,902,200	-	45,902,200
2031	45,902,200	-	45,902,200
2032	45,902,200	-	45,902,200
2033	45,902,200	-	45,902,200



Plan Name: Chicago Painters and Decorators Pension Fund
EIN: 51-6030238 Plan Number: 001
Attachment H to 2024 Form 5500 Schedule MB

Schedule MB, Other Attachments

Schedule MB, Line 3a – Contribution Timing

Contributions are paid periodically throughout the plan year pursuant to collective bargaining agreements. Therefore, total contributions are assumed to be equivalent to a single contribution with an October 1 contribution date for interest crediting purposes.

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 **04/01/2024** and ending **03/31/2025**



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

Part II Basic Plan Information - enter all requested information

1a Name of plan CHICAGO PAINTERS AND DECORATORS PENSION FUND	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 04/01/1958
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 CHICAGO PAINTERS AND DECORATOR 8205 S. CASS AVE. SUITE 102 DARIEN IL 60561-5314	2b Employer Identification Number (EIN) 51-6030238 2c Plan Sponsor's telephone number 630-960-5572 2d Business code (see instructions) 238300

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		1/9/26	JOSEPH RINEHART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		1/8/26	MILES BEATTY
	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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-------------------------------

5 Total number of participants at the beginning of the plan year	5	6,524
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d):		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,266
a (2) Total number of active participants at the end of the plan year	6a(2)	2,138
b Retired or separated participants receiving benefits	6b	2,173
c Other retired or separated participants entitled to future benefits	6c	1,500
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	5,811
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	632
f Total. Add lines 6d and 6e	6f	6,443
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	290

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

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

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

Statement Period: 04/01/24 through 03/31/25

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- GS Fin Sq Gov #465 Purchases	228	.00	.00	1.000	157,597,918.60	157,597,918.60	.00
Sales	291	.00	.00	1.000	150,815,594.15	150,815,594.15	.00

* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.

**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 04/01/2024 and ending 03/31/2025

▶ **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.

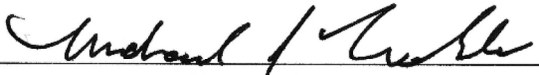
A Name of plan Chicago Painters and Decorators Pension Fund	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF CHICAGO PAINTERS AND DECORATORS PENSION FD	D Employer Identification Number (EIN) 51-6030238	

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

1a Enter the valuation date: Month 4 Day 1 Year 2024

b Assets		
(1) Current value of assets.....	1b(1)	1,159,975,692
(2) Actuarial value of assets for funding standard account.....	1b(2)	1,177,931,842
c (1) Accrued liability for plan using immediate gain methods.....		1c(1) 1,189,246,855
(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)	1,189,246,855
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)	1,897,135,368
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	47,733,779
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	79,876,230
(3) Expected plan disbursements for the plan year.....	1d(3)	83,170,829

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>1/5/2026</u>
	Signature of actuary Michael J. Noble, FSA, EA, FCA	Date 23-06711
	Type or print name of actuary Cheiron, Inc.	Most recent enrollment number (877) 243-4766
	Firm name 230 West Monroe Street Suite 650 Chicago IL 60606 Address of the firm	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	1,159,975,692
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,714	826,272,419
(2) For terminated vested participants	1,544	301,771,253
(3) For active participants:		
(a) Non-vested benefits		75,364,999
(b) Vested benefits		693,726,697
(c) Total active	2,035	769,091,696
(4) Total	6,293	1,897,135,368
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	61.14%

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
	42,485,105	0			
Totals ▶			3(b)	42,485,105	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	99.0%
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input checked="" 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	3.49 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" 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	7.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.9%
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)	1,834,657
(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	21,257,819	2,210,707
5	-120,551,828	-16,189,048

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	25,193,061

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)	435,556,024	64,250,897
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		6,484,687
e Total charges. Add lines 9a through 9d.....	9e		95,928,645
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		164,974,250
g Employer contributions. Total from column (b) of line 3.....	9g		42,485,105
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	259,266,761	41,526,956
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		16,484,477
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	235,347,763	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	559,874,172	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		265,470,788
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		169,542,143
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No