

<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: 2em; 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>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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>BUILDING SERVICE PENSION PLAN</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 BUILDING SERVICE PENSION PLAN PENSION TRUST</u></p> <p><u>2323 EASTLAKE AVENUE E</u> <u>SEATTLE, WA 98102</u></p>	<p>1c Effective date of plan <u>05/01/1961</u></p> <p>2b Employer Identification Number (EIN) <u>91-6034670</u></p> <p>2c Plan Sponsor's telephone number <u>206-329-4900</u></p> <p>2d Business code (see instructions) <u>561790</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.	02/13/2026	SERGIO SALINAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/12/2026	CHARLIE JONES
	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:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	7153
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)	3541
a(2) Total number of active participants at the end of the plan year		6a(2)	3511
b Retired or separated participants receiving benefits.....		6b	1109
c Other retired or separated participants entitled to future benefits		6c	2488
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	7108
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	157
f Total. Add lines 6d and 6e		6f	7265
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	31

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

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <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
(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
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor	

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

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

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
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

▶ **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>BUILDING SERVICE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF BUILDING SERVICE PENSION PLAN PENSION TRUST</u>	D Employer Identification Number (EIN) <u>91-6034670</u>

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

1a Enter the valuation date: Month 05 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>87021677</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>89366637</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>82063713</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>82063713</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>107364596</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>3449031</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>4063060</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>4884093</u>

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

SIGN HERE <u>REX E. BARKER</u> Type or print name of actuary <u>MILLIMAN, INC.</u> Firm name <u>1301 FIFTH AVENUE, STE 3800</u> <u>SEATTLE, WA 98101-2605</u> Address of the firm	<u>02/06/2026</u> Date <u>23-06932</u> Most recent enrollment number <u>206-624-7970</u> 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	87021677
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1362	34112244
(2) For terminated vested participants	2297	30768653
(3) For active participants:		
(a) Non-vested benefits		674357
(b) Vested benefits		41809342
(c) Total active	3536	42483699
(4) Total	7195	107364596
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
11/30/2024	8090146	0			
			Totals ▶	3(b)	3(c)
				8090146	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	108.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.56 %
	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)	9MP 9MP
(2) Females	6c(2)	9FP 9FP
d Valuation liability interest rate	6d	5.50 % 5.50 %
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)	5.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.8 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	803207
(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	449593	42456

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	3123938

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)	22673721	3470819
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		362712
e Total charges. Add lines 9a through 9d.....	9e		6957469
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		9817056
g Employer contributions. Total from column (b) of line 3.....	9g		8090146
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	20159589	2969663
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		885778
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	10296263	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	99561458	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		21762643
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		14805174
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.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan BUILDING SERVICE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF BUILDING SERVICE PENSION PLAN PENSION TRUST	D Employer Identification Number (EIN) 91-6034670	

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

BAIRD ADVISORS	777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202
-----------------------	--

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

BLACKROCK	50 HUDSON YARDS NEW YORK, NY 10001
------------------	---

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

DOUBLELINE	333 SOUTH GRAND AVENUE, SUITE 1800 LOS ANGELES, CA 90071
-------------------	---

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

HARDING LOEVNER	400 CROSSING BLVD, 4TH FLR BRIDGEWATER, NJ 08807
------------------------	---

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

DIMENSIONAL FUND ADVISORS

6300 BEE CAVE ROAD, BUILDING ONE
AUSTIN, TX 78746

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

DODGE & COX

555 CALIFORNIA STREET, 40TH FLR
SAN FRANCISCO, CA 94104

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

SCHWAB ASSET MANAGEMENT

3000 SCHWAB WAY
WESTLAKE, TX 76262-8104

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

VANGUARD

100 VANGUARD BLVD
MALVERN, PA 19355

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

PIMCO

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

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

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

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

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

NORTHWEST ADMINISTRATORS, INC.

91-0680697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	357977	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	136499	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)

MONDRESS MONACO PARR LOCKWOOD PLLC

91-1917286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	97811	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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 38 50	NONE	86993	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)

SELLWOOD INVESTMENT PARTNERS LLC

80-0827237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	51272	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)

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62 68	NONE	19788	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)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	11501	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)

SERVICE PRINTING CO, INC.

91-0830372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	8928	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan BUILDING SERVICE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF BUILDING SERVICE PENSION PLAN PENSION TRUST	D Employer Identification Number (EIN) 91-6034670

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1356497	1315420
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	674100	658669
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	71778	75253
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	84993380	96997669
(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	87095755	99047011
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	74078	83788
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	74078	83788
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	87021677	98963223

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)	8090146	
(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)		8090146
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	48868	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48868
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3071728	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3071728
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5784268
c Other income	2c		14871
d Total income. Add all income amounts in column (b) and enter total.....	2d		17009881

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4012719	
(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)		4012719
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	354284	
(3) Recordkeeping fees	2i(3)	115179	
(4) IQPA audit fees	2i(4)	21320	
(5) Investment advisory and investment management fees	2i(5)	51272	
(6) Bank or trust company trustee/custodial fees	2i(6)	31289	
(7) Actuarial fees	2i(7)	86993	
(8) Legal fees	2i(8)	97811	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2527	
(11) Other expenses.....	2i(11)	294941	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1055616
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5068335

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		11941546
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 567082.

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.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan BUILDING SERVICE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF BUILDING SERVICE PENSION PLAN PENSION TRUST	D Employer Identification Number (EIN) 91-6034670	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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	10

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **AMERICAN BUILDING MA**

b EIN **91-0889531** **c** Dollar amount contributed by employer **3038864**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

a Name of contributing employer **SBM SITE SERVICES**

b EIN **26-1375586** **c** Dollar amount contributed by employer **986776**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

a Name of contributing employer **ALLIANCE BUILDING SERVICES**

b EIN **20-5203980** **c** Dollar amount contributed by employer **862012**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

a Name of contributing employer **PACIFIC BUILDING SERVICES**

b EIN **91-2171236** **c** Dollar amount contributed by employer **706365**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

a Name of contributing employer **GDI SERVICES, INC.**

b EIN **43-1964269** **c** Dollar amount contributed by employer **684332**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

a Name of contributing employer **SEATTLE MAINTENANCE**

b EIN **26-3031677** **c** Dollar amount contributed by employer **345554**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **FLAGSHIP FACILITY SE**

b EIN **77-0184592** **c** Dollar amount contributed by employer **243366**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

a Name of contributing employer **ABLE BUILDING MAINTENANCE**

b EIN **94-1500734** **c** Dollar amount contributed by employer **239702**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

a Name of contributing employer **A&A MAINTENANCE ENTE**

b EIN **13-3149505** **c** Dollar amount contributed by employer **215527**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

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

a Name of contributing employer **C W FACILITY SERVICE**

b EIN **77-0698582** **c** Dollar amount contributed by employer **142977**

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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.08**

(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	2187
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	2190
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	2236

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.04
b The corresponding number for the second preceding plan year.....	15b	1.08

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 45.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 39.6 %
 High-Yield Debt: 0.0 % Real Assets: 4.7 % Cash or Cash Equivalents: 10.0 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**Building Service Pension Plan
Financial Statements
April 30, 2025 and 2024
With Independent Auditor's Report**

Building Service Pension Plan
Table of Contents
April 30, 2025 and 2024

Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	11

Independent Auditor's Report

To the Trustees and Participants of
Building Service Pension Plan:

Opinion

We have audited the financial statements of Building Service Pension 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 April 30, 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 as of April 30, 2025 and 2024, and the changes in net assets available for benefits for the years then ended, in accordance with the accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of April 30, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith & Brown, PC

February 12, 2026

Building Service Pension Plan
Statements of Net Assets Available for Benefits
April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Cash and cash equivalents	\$ 1,315,420	\$ 1,356,497
Investments at fair value		
Money market funds	3,558	5,261
Mutual funds	96,994,111	84,988,119
Total Investments at fair value	<u>96,997,669</u>	<u>84,993,380</u>
Receivables		
Employer contributions	658,669	674,100
Other current assets		
Prepaid benefits and expenses	75,253	71,778
Total assets	<u>99,047,011</u>	<u>87,095,755</u>
Liabilities		
Accounts payable and accrued expenses	83,788	74,078
Total liabilities	<u>83,788</u>	<u>74,078</u>
Net assets available for benefits	<u>\$ 98,963,223</u>	<u>\$ 87,021,677</u>

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

**Building Service Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended April 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Additions		
Investment income, net		
Net appreciation in fair value of investments	\$ 5,784,268	\$ 2,926,153
Interest, dividends and other investment income	3,120,596	2,563,307
Investment expenses	(82,561)	(72,414)
Total investment income, net	<u>8,822,303</u>	<u>5,417,046</u>
Contributions		
Employer contributions	8,090,146	8,086,558
Other revenue		
Other income	14,871	8,338
Total additions	<u>16,927,320</u>	<u>13,511,942</u>
Deductions		
Pension benefits	4,012,719	3,718,288
Administrative expenses		
Administrative fees	354,284	331,853
PPO network fees	262,663	247,625
Collection fees	115,179	56,294
Legal fees	97,811	47,597
Actuarial fees	86,993	66,852
Audit fees	21,320	20,280
Insurance	20,250	19,930
Office and printing	12,028	15,297
Travel and meeting expense	2,527	1,995
Total Administrative expenses	<u>973,055</u>	<u>807,723</u>
Total deductions	<u>4,985,774</u>	<u>4,526,011</u>
Net change in net assets available for benefits	11,941,546	8,985,931
Net assets available for benefits		
Beginning of year	87,021,677	78,035,746
End of year	<u>\$ 98,963,223</u>	<u>\$ 87,021,677</u>

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

Building Service Pension Plan Notes to Financial Statements April 30, 2025 and 2024

1. Description of Plan

The following brief description of Building Service Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General

The Plan was established effective on May 1, 1967, as a result of a collective bargaining agreement ("CBA") between Building Service Employees International Union, Local 6 and the Building Owners and Managers Association and the Maintenance Contractors Association to provide retirement and death benefits for eligible participants. On February 9, 2011, the Board of Trustees approved a rehabilitation plan in accordance with requirements of the Pension Protection Act of 2006 ("PPA"), which requires plans certified as critical to develop and implement a plan to eliminate funding deficiencies. Plan benefit amounts for those eligible participants who retire prior to May 1, 2013 will not change from those in effect prior to the adoption of the rehabilitation plan. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Pension Benefits

Under current provisions of the Plan, an employee is eligible for a normal retirement pension upon attaining age 65 with five years of service, including one year of credited future service, or upon reaching the fifth anniversary of the Plan participation date and earning at least 425 hours of service during the current Plan year. The Plan permits a reduced early retirement at ages 55-64. A participant elects to receive monthly benefits as either a 36-month certain and a life annuity, a 50% joint and survivor annuity, a 75% joint and survivor annuity, or a 100% joint and survivor annuity. If the participant retired or left covered employment before May 1, 2013, the participant would be covered by the provisions of the Plan in effect when the participant retired.

Death Benefits

The eligible spouse of a participant will be eligible for a survivor's death benefit if the participant dies after having qualified for a deferred vested benefit but prior to the participant's annuity starting date. Death benefits are included with retirement benefits on the statements of changes in net assets available for benefits.

Vesting

Pension benefits are vested after five years of service, including one year of credited future service, or if the participant reaches age 65 and has reached the fifth anniversary of Plan participation with at least 425 hours of service during the current Plan year.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

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

Investment Valuation, Transactions, and Income Recognition

General

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

Building Service Pension Plan Notes to Financial Statements April 30, 2025 and 2024

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

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

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

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

Inputs and Valuation Methods

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

Money Market Funds: The fair value of the money market funds is based on amortized cost (Level 1).

Mutual Funds: The fair value of mutual funds is generally based on quoted prices in active markets (Level 1).

Valuation Methods, Consistency

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

Transactions and Income Recognition

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

Contributions Receivable

Employer contributions due and not paid prior to the year-end are recorded as employer contributions receivable. Management has evaluated contributions receivable and believes all amounts are fully collectible. Therefore, an estimate for current expected credit losses is not provided.

Contributions due as a result of payroll audits have been recorded net of an allowance equal to the amount due because collectability is uncertain. In determining the amount of allowance as of the financial statement date, management developed a loss rate based on management's historical collection experience, adjusted for management's expectations about current and future economic conditions. At April 30, 2025, management believes its historical loss rate is a reasonable and supportive forecast for current and future economic and industry conditions.

Contributions

Employers are required to make monthly contributions based on the number of hours worked multiplied by a participant's hourly contribution rate.

Actuarial Present Value of Accumulated Plan Benefits

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

Building Service Pension Plan Notes to Financial Statements April 30, 2025 and 2024

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Cash

Cash consists of monies held in demand-deposit checking accounts and highly liquid interest-bearing account without significant withdrawal restrictions.

Administrative Expenses

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

Risks and Uncertainties

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

The Plan invests in various securities. These investments are exposed to various risks, such as interest rate, market and credit. Some estimated fair values may differ from the values that would have been used had a ready market existed for the investment. Due to the level of risk associated with certain investments and the level of uncertainty with respect to the changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated subsequent events and transactions that occurred after April 30, 2025, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through February 12, 2026, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. Funding Policy

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of May 1, 2025.

4. 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's pensions. The PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided, while other benefits may not be provided at all.

**Building Service Pension Plan
Notes to Financial Statements
April 30, 2025 and 2024**

5. Tax Status

The Plan obtained its latest determination letter, dated November 20, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

U.S. GAAP requires management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed the tax positions taken by the Plan and has concluded that, as of April 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits as calculated by Milliman, the consulting actuaries, as of May 1, 2024, is as follows:

Actuarial present value of accumulated plan benefits

Vested benefits

Active participants	\$ 30,056,449
Retired participants	26,128,553
Terminated vested participants	22,563,101
Beneficiaries	2,089,934
Disabled participants	766,221
Total vested benefits	<u>81,604,258</u>
Nonvested benefits	459,455
Total actuarial present value of accumulated plan benefits	<u><u>\$ 82,063,713</u></u>

As reported by the actuary, the changes in the actuarial present value of accumulated Plan benefits for the year ended May 1, 2024, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 79,599,835
Change during the year attributable to	
Accrual of accumulated benefits	2,381,110
Interest accrual	4,277,106
Benefits paid	(3,718,288)
Actuarial gain	(476,050)
Net change	<u>2,463,878</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 82,063,713</u></u>

The computations of the actuarial present value of accumulated Plan benefits were made as of May 1, 2024. Had the valuation been made as of April 30, 2024, there would be no material differences. No amendments were adopted on May 1, 2024.

**Building Service Pension Plan
Notes to Financial Statements
April 30, 2025 and 2024**

The actuarial valuation was made using the unit credit method. Some of the more significant actuarial assumptions used in the April 30, 2024, valuation were:

Mortality Rates For 2024 and 2023, Gender specific blue collar Pri-2012 employee amount weighted mortality table, projected forward using Scale MP-2021 on a generational basis.

Disability For 2024 and 2023, No future disability benefits were assumed as disability benefits were discontinued April 30, 2013, in accordance with the rehabilitation plan.

Retirement: For 2024 and 2023, Weighted-average retirement age of 65 for active participants. Age 65 for terminated participants.

Investment Rate of Return:

For 2024 and 2023, 5.50% per annum, net of investment expenses.

Expenses:

For 2024, the annual operating expense assumptions total \$825,000.

For 2023, the annual operating expense assumptions total \$735,000.

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

Because information on the accumulated Plan benefits at April 30, 2025, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of April 30, 2025, and the changes in its financial status for the year then ended, but only present the net assets available for benefits and the changes therein as of and for the year ended April 30, 2025. The complete financial status is presented as of April 30, 2024.

7. Actuarial Funding Status

Under the PPA, the Plan was certified by the actuary to be in critical status for the Plan years beginning May 1, 2019, due to a projected funding deficiency. The Plan has adopted and maintained a rehabilitation plan. The contributing employers have adopted the rehabilitation schedule that was adopted by the Plan on February 9, 2011. In addition, the Plan adopted a funding improvement plan on February 18, 2021. The funding improvement plan is for the ten year period beginning May 1, 2022 and ending April 30, 2032. The Plan was certified as emerging from critical status to endangered status for the Plan year beginning May 1, 2020, was certified as endangered status for the Plan year beginning May 1, 2021, and was certified as neither critical nor endangered status for the Plan year beginning May 1, 2022. For the Plan year beginning May 1, 2025, the Plan was certified as neither critical nor endangered status.

8. Fair Value Measurements

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at April 30, 2025 and 2024, are as follows:

	April 30, 2025			Total Fair Value
	Level 1	Level 2	Level 3	
Money market funds	\$ 3,558	\$ -	\$ -	\$ 3,558
Mutual funds	96,994,111	-	-	96,994,111
Total investments at fair value	\$ 96,997,669	\$ -	\$ -	\$ 96,997,669

**Building Service Pension Plan
Notes to Financial Statements
April 30, 2025 and 2024**

	April 30, 2024			
	Level 1	Level 2	Level 3	Total Fair Value
Money market funds	\$ 5,261	\$ -	\$ -	\$ 5,261
Mutual funds	84,988,119	-	-	84,988,119
Total investments at fair value	\$ 84,993,380	\$ -	\$ -	\$ 84,993,380

9. Party-In-Interest Transactions

The Plan investments are managed by U.S. Bank. U.S. Bank is the custodian of the investments as defined by the Plan and, therefore, fees paid to U.S. Bank qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

10. Concentrations

The Plan's assets consist primarily of financial instruments including cash equivalents and government securities. The financial instruments may subject the Plan to concentrations of risk as, from time to time, cash balances exceed amounts insured by the Federal Deposit Insurance Corporation, and the investments are subject to changes in market values. The Plan had three employers that together accounted for approximately 60% and 61% of employer contributions during the years ended April 30, 2025 and 2024, respectively. Economic changes to these employers might result in a significant financial impact to the Plan.

11. Employer Withdrawal Liability

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (the "MPPAA"), which requires imposition of withdrawal liability on a contributing employer who partially or totally withdraws from the Plan. Under the provisions of the MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer.

No employers withdrew from the Plan during the years ended April 30, 2025 and 2024.

Supplementary Information

Building Service Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 91-6034670 Plan Number: 001
April 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	First Am Govt Ob Fd CI Y	Money Market Fund	\$ 3,558	\$ 3,558
	DFA International Small Co	Mutual Fund - Equity	1,700,891	2,035,192
	DFA US Small Cap Portfolio	Mutual Fund - Equity	1,466,453	1,775,728
	Dodge Cox International Stock Fd I	Mutual Fund - Equity	6,343,589	7,989,561
	Harding Loevner International Equity	Mutual Fund - Equity	7,249,271	7,932,655
	Schwab Fundamental US Lg Co Idx Fd	Mutual Fund - Equity	6,349,265	7,925,021
	Vanguard Real Estate Index Adm	Mutual Fund - Equity	4,305,612	4,761,820
	Vanguard Institutional Index I	Mutual Fund - Equity	12,406,492	16,241,127
	Baird Aggregate Bond Fd Instl	Mutual Fund - Fixed Income	10,929,529	9,619,857
	DoubleLine Core Fixed Income I	Mutual Fund - Fixed Income	16,374,985	14,469,259
	Vanguard Total Bond Market index I	Mutual Fund - Fixed Income	10,560,293	9,742,598
	Vanguard Short Term Inflation	Mutual Fund - Fixed Income	4,639,387	4,738,177
	Blackrock Multi Asset Income	Mutual Fund - Balanced	4,989,324	4,874,293
	Pimco All Asset Fund Institu	Mutual Fund - Balanced	5,238,948	4,888,823
	Total		\$ 92,557,597	\$ 96,997,669

*Denotes a party-in-interest.

BUILDING SERVICE PENSION PLAN

EIN 91-6034670

Plan No. 001

Plan Year Ended April 30, 2025

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

BUILDING SERVICE PENSION PLAN

EIN 91-6034670

Plan No. 001

Plan Year Ended April 30, 2025

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

Schedule of Assets (Held at Year End)

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

Changes in Actuarial Assumptions Since Prior Valuation

The assumed operating expenses were updated from \$735,000 to 825,000 to better reflect anticipated future experience.

The current liability interest rate and mortality were updated according to statutory requirements.

Exhibit 11

Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning May 1, 2024 are determined below.

1. Charges as of May 1, 2024

	Date <u>Established</u>	Description	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	May 1, 2012	Actuarial loss	\$230,238	3	\$655,331
b.	May 1, 2014	Actuarial loss	8,976	5	40,436
c.	May 1, 2014	Change in assumptions	263,042	5	1,185,042
d.	May 1, 2015	Actuarial loss	96,360	6	507,843
e.	May 1, 2015	Change in assumptions	504,589	6	2,659,330
f.	May 1, 2016	Actuarial loss	206,561	7	1,238,442
g.	May 1, 2016	Change in assumptions	348,317	7	2,088,346
h.	May 1, 2017	Actuarial loss	89,269	8	596,579
i.	May 1, 2017	Change in assumptions	190,279	8	1,271,626
j.	May 1, 2018	Actuarial loss	117,140	9	859,174
k.	May 1, 2018	Change in assumptions	638,433	9	4,682,625
l.	May 1, 2020	Actuarial loss	141,773	11	1,210,408
m.	May 1, 2020	Change in assumptions	490,286	11	4,185,880
n.	May 1, 2023	Actuarial loss	103,100	14	1,043,066
o.	May 1, 2024	Actuarial loss	<u>42,456</u>	15	<u>449,593</u>
p.	Total		3,470,819		22,673,721

2. Credits as of May 1, 2024

	Date <u>Established</u>	Description	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	May 1, 2010	Actuarial gain	\$777,215	1	\$777,215
b.	May 1, 2011	Actuarial gain	83,035	2	161,742
c.	May 1, 2012	Plan amendment	83,928	3	238,886
d.	May 1, 2013	Actuarial gain	97,397	4	360,170
e.	May 1, 2013	Change in assumptions	14,239	4	52,656
f.	May 1, 2019	Actuarial gain	275,767	10	2,192,956
g.	May 1, 2021	Actuarial gain	169,721	12	1,543,195
h.	May 1, 2022	Actuarial gain	45,638	13	438,969
i.	May 1, 2023	Change in assumptions	<u>1,422,723</u>	14	<u>14,393,800</u>
j.	Total		2,969,663		20,159,589

3.	Net outstanding balance [(1p) - (2j)]				2,514,132
4.	Credit Balance as of May 1, 2024				9,817,056
5.	Waived funding deficiency				0
6.	Balance test result [(3) - (4) - (5)]				(7,302,924)
7.	Unfunded Actuarial Accrued Liability as of May 1, 2024				(7,302,924)

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

The following table provides the projected employer contributions and withdrawal liability payments expected to be received for the entire plan year. This projection is consistent with the details underlying the May 1, 2024 actuarial certification. Please refer to the formal certification for a summary of the data, methods and assumptions on which these are based.

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$7,560,000	\$0	\$7,560,000
2025	7,560,000	0	7,560,000
2026	7,560,000	0	7,560,000
2027	7,560,000	0	7,560,000
2028	7,560,000	0	7,560,000
2029	7,560,000	0	7,560,000
2030	7,560,000	0	7,560,000
2031	7,560,000	0	7,560,000
2032	7,560,000	0	7,560,000
2033	7,560,000	0	7,560,000

Schedule of Active Participant Data

The number of active participants and the average accrued monthly benefits summarized by attained age and years of credited service as of May 1, 2024 is shown below. Note that the Plan does not have a cash balance benefit and benefits are not based on compensation.

Age	Years of Credited Service							
	Under 1		1 to 4		5 to 9		10 to 14	
	Count	Average Monthly Benefit	Count	Average Monthly Benefit	Count	Average Monthly Benefit	Count	Average Monthly Benefit
Under 25	41	\$ 3	43	\$ 26	2	\$ *	-	\$ -
25 to 29	48	4	94	34	35	78	-	-
30 to 34	49	4	123	35	60	81	11	*
35 to 39	50	4	121	34	93	82	19	*
40 to 44	50	5	174	35	85	82	32	147
45 to 49	81	3	189	33	118	83	48	148
50 to 54	34	4	195	33	117	84	46	147
55 to 59	47	5	173	34	124	86	42	152
60 to 64	25	5	141	34	101	82	51	159
65 to 69	33	4	62	36	69	82	26	152
70 & Up	19	*	39	36	22	81	7	*
Totals	477	4	1,354	34	826	83	282	150

Age	Years of Credited Service							
	15 to 19		20 to 24		25 to 29		30 to 34	
	Count	Average Monthly Benefit	Count	Average Monthly Benefit	Count	Average Monthly Benefit	Count	Average Monthly Benefit
Under 25	-	\$ -	-	\$ -	-	\$ -	-	\$ -
25 to 29	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-
35 to 39	8	*	-	-	-	-	-	-
40 to 44	23	205	4	*	-	-	-	-
45 to 49	37	202	10	*	1	*	-	-
50 to 54	41	202	24	312	13	*	5	*
55 to 59	58	204	33	302	9	*	4	*
60 to 64	66	217	50	306	26	416	13	*
65 to 69	54	204	37	297	12	*	5	*
70 & Up	12	*	21	287	4	*	6	*
Totals	299	206	179	302	65	409	33	563

Age	Years of Credited Service					
	35 to 40		40 & Up		All Years	
	Count	Average Monthly Benefit	Count	Average Monthly Benefit	Count	Average Monthly Benefit
Under 25	-	\$ -	-	\$ -	86	\$ 16
25 to 29	-	-	-	-	177	35
30 to 34	-	-	-	-	243	45
35 to 39	-	-	-	-	291	57
40 to 44	-	-	-	-	368	65
45 to 49	-	-	-	-	484	70
50 to 54	-	-	-	-	475	99
55 to 59	3	*	-	-	493	108
60 to 64	4	*	2	*	479	154
65 to 69	6	*	2	*	306	155
70 & Up	2	*	2	*	134	155
Totals	15	*	6	*	3,536	95

* Average accrued monthly benefits are not shown if there are less than 20 participants in a group.

Schedule of Projection of Expected Benefit Payments

The following table provides the projected benefit payments in each of the next fifty years starting with the current plan year assuming (1) no additional accruals, (2) experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, (3) no new entrants are covered by the plan, and (4) benefits are paid in the form assumed for valuation purposes. Expected expenses are not included.

Note: Numbers may not sum to total due to rounding.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$389,983	\$421,341	\$3,244,121	\$4,055,445
2025	654,248	619,763	3,115,299	4,389,310
2026	911,056	814,846	2,984,585	4,710,487
2027	1,145,783	971,927	2,852,472	4,970,182
2028	1,376,050	1,106,086	2,719,377	5,201,513
2029	1,572,381	1,233,983	2,585,679	5,392,042
2030	1,762,042	1,357,524	2,451,749	5,571,315
2031	1,933,380	1,471,466	2,317,952	5,722,797
2032	2,066,284	1,575,077	2,184,645	5,826,006
2033	2,180,878	1,666,515	2,052,202	5,899,595
2034	2,282,139	1,732,683	1,920,998	5,935,819
2035	2,367,855	1,790,058	1,791,414	5,949,327
2036	2,428,270	1,832,637	1,663,839	5,924,746
2037	2,479,048	1,866,256	1,538,672	5,883,976
2038	2,510,888	1,881,298	1,416,322	5,808,508
2039	2,534,630	1,888,469	1,297,217	5,720,316
2040	2,546,451	1,880,629	1,181,839	5,608,919
2041	2,546,145	1,869,040	1,070,709	5,485,894
2042	2,540,724	1,844,280	964,363	5,349,367
2043	2,519,736	1,814,918	863,331	5,197,984
2044	2,489,259	1,777,891	768,107	5,035,258
2045	2,445,877	1,736,680	679,132	4,861,688
2046	2,398,258	1,689,960	596,752	4,684,970
2047	2,344,186	1,636,318	521,197	4,501,700
2048	2,279,627	1,576,391	452,575	4,308,594
2049	2,212,058	1,513,326	390,878	4,116,263

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	2,134,732	1,448,384	335,977	3,919,093
2051	2,056,881	1,382,227	287,627	3,726,735
2052	1,974,689	1,311,690	245,485	3,531,864
2053	1,886,756	1,240,838	209,117	3,336,711
2054	1,803,748	1,167,642	178,028	3,149,418
2055	1,717,427	1,095,972	151,682	2,965,082
2056	1,631,467	1,027,244	129,529	2,788,239
2057	1,547,540	959,407	111,020	2,617,967
2058	1,464,299	893,222	95,627	2,453,148
2059	1,382,093	828,574	82,861	2,293,529
2060	1,301,083	767,536	72,275	2,140,894
2061	1,224,194	708,273	63,476	1,995,944
2062	1,148,452	652,630	56,126	1,857,208
2063	1,077,286	599,181	49,941	1,726,408
2064	1,008,816	549,108	44,690	1,602,614
2065	941,313	501,129	40,186	1,482,627
2066	876,368	456,333	36,280	1,368,981
2067	814,087	414,355	32,855	1,261,297
2068	752,332	374,799	29,822	1,156,953
2069	694,706	338,148	27,113	1,059,967
2070	639,960	304,385	24,675	969,021
2071	585,951	272,849	22,471	881,271
2072	535,337	243,679	20,471	799,487
2073	486,478	216,848	18,652	721,978

Note: This summary reflects plan changes included in the Rehabilitation Plan, generally effective for all participants in April of 2013.

Plan Identification

EIN: 91-6034670

Plan Number: 001

Plan Year: May 1 to April 30

Effective Date: May 1, 1961; revised May 1, 1995; most recently amended effective April 30, 2013 per the terms of the rehabilitation Plan.

Eligible Employees

Any employee of a Participating Employer on whose behalf the Participating Employer is required to make contributions to the Plan.

Participation

425 Hours of Service in a plan year.

Service and Credited Service

Covered Employment is defined as including an employee's employment with an employer while a member of a collective bargaining unit represented by Local No. 6 or other recognized locals of the Service Employees' International Union.

Effective July 1, 1999, Credited Service is based on contributory hours in each Plan Year as follows:

Service Crediting Table	
Contributory Hours	Credited Service
1,700 or more	1 year
1,275 to 1,699	9 months
850 to 1,274	6 months
425 to 849	3 months
Under 425	0

Accrued Benefit

A monthly benefit payable as a life annuity starting at Normal Retirement Age, determined as follows:

- For Building Service employees:
 - (a) a base retirement benefit equal to \$12.00 per month per year of service for all service; plus
 - (b) a supplemental retirement benefit equal to \$15.00 per month per year of service for all service. The supplemental retirement benefit was eliminated prospectively for service earned after July 31, 2003.
- For employees of Catholic Community Service (CCS), a retirement benefit equal to \$5.00 per month per year of service after January 1, 2000.

Normal Retirement Age

The Normal Retirement Date for any Participant is the first day of the month coinciding with or next following the 65th birthday.

Normal Retirement Benefit

A Participant who retires on his or her Normal Retirement Date is eligible for a retirement benefit that is the actuarial equivalent of his or her Accrued Benefit.

Early Retirement Age

Attainment of age 55 and 10 years of Credited Service.

Early Retirement Benefit

The Early Retirement Benefit is the accrued benefit reduced according to the following table (straight-line interpolation is used for partial ages):

Age at Retirement	Early Retirement Reduction Factor
65	100%
64	92
63	84
62	76
61	68
60	60
59	55
58	50
57	45
56	40
55	35

Optional Form of Benefit, Upon Election

If married, Single Life or actuarially equivalent 50%, 75%, or 100% Joint and Survivor Annuities.

Disability Benefit

In accordance with the rehabilitation Plan, disability benefits are discontinued effective April 30, 2013.

Preretirement Death Benefit

The surviving spouse of a Vested Participant who dies before retiring is entitled to a life annuity equal to that which would have been payable had the Participant retired early on the day preceding death with a 50% joint and survivor annuity. The benefit is actuarially reduced if the participant was not eligible for early retirement at the time of death.

Late Retirement

Participants working past Normal Retirement Age will continue to earn accrued benefits payable upon subsequent termination with increases of 8% for each year of delay. Inactive vested participants that commence benefits after Normal Retirement Age will be entitled to retroactive benefit payments.

Employer Contributions

Participating Employers will make contributions in accordance with collective bargaining agreements with the Union.

Employee Contributions

The Trust does not require or permit employees to make contributions.

Vested Benefit

A Participant who terminates his or her employment with a Participating Employer is eligible for a vested percentage of his or her Early Retirement Benefit, with such Early Retirement Benefit based on his or her Years of Vesting Service (generally a plan year with 1,000 hours) and the benefit levels in effect for each employer for whom he or she has worked as of his or her termination of employment. Such vested percentage is based on the Participant's Years of Service completed to the date of termination of Covered Employment in accordance with the following table:

Termination of Covered Employment Prior to May 1, 1992	
Years of Service	Vested Percentage
Less than 5	0%
5 but less than 6	50
6 but less than 7	60
7 but less than 8	70
8 but less than 9	80
9 but less than 10	90
10 or more	100
Termination of Covered Employment After April 30, 1992	
Years of Service	Vested Percentage
5 or more	100%

Forfeiture of Service Credits

The Credited Service of any Participant is forfeited at the expiration of any Plan Year in which the Participant has failed to work at least 425 compensable hours of Covered Employment unless he or she qualified for a vested benefit, is absent from employment for certain reasons specified in the Plan, or returns to Covered Employment before the number of his or her consecutive one-year breaks in service equals or exceeds the greater of 1) his or her years of pre-break service, or 2) five years.

Actuarial Equivalence

Actuarial Equivalence is a method of adjusting benefits differing in time, period, and/or manner of payment from another form of benefit but having the same value. Unless otherwise specified, actuarial equivalence is computed based upon the following interest and mortality assumptions:

Interest: 7.00% per annum, compounded annually.

Mortality: 1984 UP Unisex (-1,-2).

Other Benefits

None.

Amendment and Termination

In the event that the Plan is terminated, the Board of Trustees shall arrange for the withdrawal or segregation of a pro rata share of the assets in the Trust Fund in a manner specified by the Plan.

Method of Funding

No special method of funding is prescribed by the Plan.

Reciprocity Agreements

The existence of a Reciprocity Agreement with a related plan may entitle a Participant to benefits under this Plan which would otherwise have been forfeited.

Plan Changes Since Prior Valuation

None.

The following details the principal actuarial assumptions used in our valuation. The rationale for all significant economic assumptions is noted below. All significant demographic assumptions are based on analysis of the Plan's experience, in particular, a study of demographic assumptions was performed in conjunction with our May 1, 2024 Actuarial Valuation.

Investment Return (Interest)

Funding: 5.50% per year (adopted May 1, 2023). This represents the expected geometric mean return on assets based on the Plan's investment policy and asset allocation, and the actuary's capital market assumptions.

Withdrawal Liability: 5.50% per year (adopted April 30, 2023). This represents the expected geometric mean return on assets based on the Plan's investment policy and asset allocation, and the actuary's capital market assumptions.

Current Liability: 3.56% per year (adopted May 1, 2024). This rate is required by law.

Inflation

No explicit assumption.

Operating Expenses

Expected operating expenses payable from the Trust are explicitly loaded to the normal cost and are assumed to be paid evenly throughout the year. For the current valuation, the loading for operating expenses is \$825,000 based on recent actual operating expenses (adopted May 1, 2024).

Pay Increases

Not applicable.

Rates for Active Participants

Death – Gender specific blue collar Pri-2012 employee amount-weighted mortality table, projected forward using Scale MP-2021 on a generational basis (adopted May 1, 2023).

Withdrawal – Active participants who are not eligible for retirement are assumed to terminate employment based on duration from hire. Termination rates are shown on the following table (adopted May 1, 2023).

Retirement – Active participants who are eligible for retirement are assumed to retire at the rates shown in the following table (adopted May 1, 2023).

Disability – In accordance with the rehabilitation plan, disability benefits are discontinued effective April 30, 2013. Accordingly, no future disability benefits are assumed.

Age	Retirement Rate
55-61	3.0 %
62-64	9.0
65-71	18.0
72	100.0

Duration from Hire	Termination Rate
0	40.0 %
1	35.0
2	25.0
3	17.0
4	15.0
5	12.0
6	12.0
7	12.0
8	10.0
9	10.0
10+	7.0

Lump Sums

A lump-sum distribution option is provided upon retirement for benefits valued under \$7,000. However, there is no explicit assumption for this. These benefits are valued as annuities.

Weighted Average Retirement Age

The weighted average retirement age for participants is 65. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
55	0.0300	1.0000	0.0300	1.6500
56	0.0300	0.9700	0.0291	1.6296
57	0.0300	0.9409	0.0282	1.6089
58	0.0300	0.9127	0.0274	1.5881
59	0.0300	0.8853	0.0266	1.5670
60	0.0300	0.8587	0.0258	1.5457
61	0.0300	0.8330	0.0250	1.5243
62	0.0900	0.8080	0.0727	4.5085
63	0.0900	0.7353	0.0662	4.1689
64	0.0900	0.6691	0.0602	3.8540
65	0.1800	0.6089	0.1096	7.1238
66	0.1800	0.4993	0.0899	5.9314
67	0.1800	0.4094	0.0737	4.9374
68	0.1800	0.3357	0.0604	4.1091
69	0.1800	0.2753	0.0496	3.4190
70	0.1800	0.2257	0.0406	2.8442
71	0.1800	0.1851	0.0333	2.3656
72	1.0000	0.1518	0.1518	<u>10.9284</u>
Weighted Average Retirement Age:				65.3041
Rounded Age:				65

Records with No Birth Date

Dates of birth were not reported for some participants. These individuals are assumed to be the same age as the average of the remaining participants in the appropriate age group.

Marriage

Survivor benefits are provided for spouses of Plan participants. 85% of active and terminated vested participants are assumed to be married. Spouses of deceased participants are assumed to commence their survivor annuity at the earliest time allowed by the Plan. Wives are assumed to be three years younger than husbands.

Assumed Form of Payment

Future retirees are assumed to elect a single life annuity form of payment.

Mortality Rates after Leaving Active Participation

Healthy Lives: Gender specific blue collar Pri-2012 retiree amount-weighted mortality table, projected forward using Scale MP-2021 on a generational basis (adopted May 1, 2023).

Deferred Lives: Gender specific blue collar Pri-2012 employee amount-weighted mortality table, projected forward using Scale MP-2021 on a generational basis (adopted May 1, 2023).

Disabled Lives: Gender specific Pri-2012 disabled amount-weighted mortality table, projected forward using Scale MP-2021 on a generational basis (adopted May 1, 2023).

Postretirement Benefit Increases

None. (The Plan does not provide for any future postretirement benefit increases.)

Retirement Age of Terminated Participants

If eligible for retirement, terminated participants are assumed to retire at the same rates as active participants.

Other

Participants of unknown gender are valued as males.

Terminated vested participants reported to us as over age 72 are valued with 50% of their accrued benefit.

Mortality for Current Liability

Mortality Tables for current liability as prescribed by law.

Expected Hours Worked and Contributions for Future Years

The Pension Protection Act designates responsibility to the Trustees for the assumed hours used in the PPA Certification. The purpose is to make sure any industry knowledge the Trustees have is reflected in the projections. The assumption used in our next certification may differ from that shown below.

Expected annual hours are based on input from the Board of Trustees. Current assumed hours adopted May 1, 2024 are:

- 6.0 million participant hours
- 1.0 million non-participant hours

For purposes of projecting plan year contributions, we multiply the expected hours by the current hourly contribution rate of \$1.08/hour. We estimated that the total annual contributions as of May 1, 2024 would be \$7,560,000.

Background

Before we explain our cost method, we must first define the term "actuarial present value."

An actuarial present value is the value, on a given date, of a series of future benefit payments, future compensation payments, or future contributions, where each amount in the series is:

- adjusted for the probability of increase (or decrease) due to such events as death, changes in marital status, etc.;
- multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, retirement, death, disability, termination of employment, etc.; and
- discounted at an assumed rate of investment return.

Our actuarial assumptions estimate these probabilities and the investment return.

Actuarial Cost Method

The actuarial cost method used to calculate the funding requirements of the Plan is called the **traditional unit credit** actuarial cost method.

The actuarial cost method is used to calculate the normal cost and unfunded actuarial accrued liability, which in turn determine the funding requirements of the Plan (minimum amount required and maximum amount deductible). The cost method allocates the total cost of the Plan over time: the normal cost is that portion of the cost allocated to the current year, and the actuarial accrued liability is the actuarial present value of costs allocated to prior years. The unfunded **actuarial accrued liability** is equal to the excess, if any, of the actuarial accrued liability over the **actuarial value of assets**.

Under the traditional unit credit cost method, the normal cost is the actuarial present value of all benefits expected to be earned during the plan year; for active employees, these earned benefits are generally due to additional covered hours worked. The actuarial accrued liability is the actuarial present value of all benefits accrued to date, generally based on service to date.

Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

- Experience gains and losses. After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Certain exceptions apply as noted below.
- Method changes. Changes related to the actuarial cost method or asset valuation method are amortized over 10 years.

Funding Requirements

Each year contributions must fund the normal cost and amortize a portion of the unfunded actuarial accrued liability. IRS minimum and maximum funding rules specify amortization schedules for the unfunded actuarial accrued liability, depending on the source of increase or decrease (Plan improvements, assumption changes, gains/losses, etc.).

Two other factors can also affect funding requirements. First, the excess, if any, of past contributions over the accumulated minimum required amount creates a **credit balance**, which may be used to offset the minimum required contribution. Second, contribution requirements may be affected by comparing the Plan's assets to the **current liability**. The current liability is the actuarial value of all benefits accrued under the Plan, based on service to date calculated using a discount rate and mortality specified by the IRS. The Full Funding Limitation cannot be less than the limitation based on 90% of the current liability. Additionally, deductible contributions are permitted up to the amount that would fund 140% of current liability.

Asset Valuation Method

The **actuarial value of assets** is the asset value used to determine funding requirements. The actuarial asset method is a part of the Plan's cost method and may include smoothing to reduce large year-to-year swings in funding requirements due to asset gains and losses.

Actuarial assets are based on a five-year smoothing of asset gains/losses, where gains/losses are based on actual return compared to expected return on market value of assets. The method was adopted on May 1, 2006, with the five-year smoothing reflecting asset gains/losses after May 1, 2006. The actuarial value will not be allowed to vary from market value by more than 20%.

As permitted by IRS Notice 2010-83, the actuarial asset method was modified effective May 1, 2009 to smooth the asset losses during the year ending April 30, 2009 over 10 years.

Withdrawal Liability

The Plan's valuation assumptions and market value of assets are used to determine whether an unfunded vested benefit liability exists. In addition, only vested accrued plan benefits are considered for this purpose.

Under Section 432(e)(9) of the Internal Revenue Code, multiemployer plans in critical status must disregard reductions in adjustable benefits in determining the Plan's unfunded vested benefits for purposes of determining an employer's withdrawal liability. We have applied the guidance outlined in PBGC Technical Update 10-3 for this adjustment. The amount of Affected Benefits was established as of April 30, 2013; this is amortized down over 15 years using the Plan's interest rate assumption for funding calculations.

Changes in Actuarial Methods Since Prior Valuation

None.

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
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

▶ **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 BUILDING SERVICE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOT, BUILDING SERVICE PENSION PLAN PENSION TRUST	D Employer Identification Number (EIN) 91-6034670	

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

1a Enter the valuation date: Month 05 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	87,021,677
(2) Actuarial value of assets for funding standard account.....	1b(2)	89,366,637
c (1) Accrued liability for plan using immediate gain methods	1c(1)	82,063,713
(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)	82,063,713
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)	107,364,596
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	3,449,031
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	4,063,060
(3) Expected plan disbursements for the plan year	1d(3)	4,884,093

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		2/6/2026
	Signature of actuary	Date
	REX E. BARKER	2306932
	Type or print name of actuary	Most recent enrollment number
	MILLIMAN, INC.	206-624-7970
	Firm name	Telephone number (including area code)
	1301 FIFTH AVENUE SUITE 3800 SEATTLE WA 98101-2605	
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule MB (Form 5500) 2024 v. 240311**

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	87,021,677
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,362	34,112,244
(2) For terminated vested participants	2,297	30,768,653
(3) For active participants:		
(a) Non-vested benefits		674,357
(b) Vested benefits		41,809,342
(c) Total active	3,536	42,483,699
(4) Total	7,195	107,364,596
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
11/30/2024	8,090,146	0			
Totals ▶			3(b)	8,090,146	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	108.9 %
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:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		<input type="checkbox"/>
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a <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? Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 3.56%

	Pre-retirement			Post-retirement		
	<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
b Rates specified in insurance or annuity contracts						
c Mortality table code for valuation purposes:						
(1) Males	6c(1)	9MP		9MP		
(2) Females	6c(2)	9FP		9FP		
d Valuation liability interest rate	6d	5.50%		5.50%		
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)			5.50%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g			4.4%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h			6.8%		
i Expense load included in normal cost reported in line 9b	6i			<input type="checkbox"/> N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)			%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)			803,207		
(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	449,593	42,456

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval 8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	3,123,938
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)	22,673,721
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	362,712
e Total charges. Add lines 9a through 9d	9e	6,957,469
Credits to funding standard account:		
f Prior year credit balance, if any	9f	9,817,056
g Employer contributions. Total from column (b) of line 3	9g	8,090,146
	Outstanding balance	
h Amortization credits as of valuation date	9h	20,159,589
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	885,778
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	10,296,263
(2) "RPA '94" override (90% current liability FFL)	9j(2)	99,561,458
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	21,762,643
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	14,805,174
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



1301 Fifth Avenue
Suite 3800
Seattle, WA 98101-2605
USA

Tel +1 206 624 7940

milliman.com

February 6, 2026

Blair Fowler
Account Executive
Northwest Administrators, Inc.
2323 Eastlake Avenue East
Seattle, WA 98102

Re: 2024 Schedule MB (Form 5500) Building Service Pension Plan

Dear Blair:

Attached is the signed Schedule MB (Form 5500) with attachments for the Building Service Pension Plan for the plan year ended April 30, 2025. This should be retained with the plan records. Please let us know if you need anything from us to facilitate electronic filing. The Form 5500 filing deadline is February 15, 2026 (if extended).

This is based on our May 1, 2024 Actuarial Valuation and a contribution of \$8,090,146 for the year ending April 30, 2025, as reported to us by Withum.

If you have any questions, please call.

Sincerely,

A handwritten signature in blue ink that reads "Rex Barker".

Rex E. Barker, FSA, EA, MAAA
Consulting Actuary

REB/va

Attachment

cc: Withum
Claire Armstrong-Hann

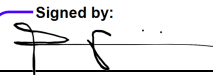
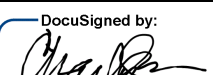
<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	--

Part I Annual Report Identification Information				
For calendar plan year 2024 or fiscal plan year beginning		05/01/2024	and ending	04/30/2025
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
		<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B	This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>		
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	
		<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program	
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>		

Part II Basic Plan Information—enter all requested information			
1a	Name of plan BUILDING SERVICE PENSION PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 05/01/1961
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 BUILDING SERVICE PENSION PLAN PENSION TRUST 2323 EASTLAKE AVENUE E SEATTLE WA 98102	2b	Employer Identification Number (EIN) 91-6034670
		2c	Plan Sponsor's telephone number (206) 329-4900
		2d	Business code (see instructions) 561790

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	Signed by:  Signature of plan administrator	2/13/2026 10:01 AM PST Date	SERGIO SALINAS Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by:  Signature of employer/plan sponsor	2/12/2026 12:09 PM PST Date	CHARLIE JONES 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.

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	7,153
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)	3,541
	6a(2)	3,511
	6b	1,109
	6c	2,488
	6d	7,108
	6e	157
	6f	7,265
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	31

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <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 _____
