

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL RETIREE HEALTH & WELFARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/2014
2a Plan sponsor's name (employer, if for a single-employer plan): BD OF TRTS - CHGO & VICIN LABORERS' DISTRICT COUNCIL RETIREE H&W FUND
2b Employer Identification Number (EIN): 46-5243652
2c Plan Sponsor's telephone number: 708-562-0200
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include James P. Connolly (plan administrator), David H. Lorig (employer/plan sponsor), and a row for DFE signature.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5976
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	6195
	<b>6c</b>	
	<b>6d</b>	6195
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	1144

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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

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

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL RETIREE HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRTS - CHGO &amp; VICIN LABORERS' DISTRICT COUNCIL RETIREE H&amp;W FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>46-5243652</b>	

**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

**NEWTOWER TRUST COMPANY**

**30-0872552**

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

**INTERCONTINENTAL REAL ESTATE CORP**

**04-2895544**

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

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

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

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

HEALTHCARE SERVICE CORPORATION

36-1236610

(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?
12 73	NONE	923908	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	374875	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)

ZELIS PAYMENTS HOLDINGS LLC

84-3069529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	346783	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)

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51 52	NONE	249395	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VITECH SYSTEMS GROUP INC

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	228645	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)

LOOMIS SAYLES & COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	208070	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)

NATIONAL INV. SERV. OF AMERICA LLC

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	192963	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)

SEGAL

13-1975125

(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 49	NONE	173309	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)

DELTA DENTAL PLAN OF ILLINOIS

36-2612058

(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?
12	NONE	133914	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	131604	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)

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	107887	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)

R. TORANO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107761	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)

P. WALLACE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106310	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)

G. R. LISKA

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89082	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)

L. WILLIAMS

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88949	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)

M. CHRISTOPHER

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87448	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)

V. HOANG

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86282	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)

A. CAROLLO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85911	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)

G. HARKNESS

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83234	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)

C. WENSKUS

46-5243652

(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?
14	ADMINISTRATOR	81226	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)

R. MARCELLO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81165	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)

S. SCHUMANN

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79730	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)

J. GILLERAN

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78146	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)

A. GROSSI

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75908	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"/>

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

T. MARSHALL

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73952	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)

FIS WORKFLOW SOLUTIONS

51-0267091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	73325	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)

Y. MELTSER

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72390	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)

R. LACEY

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66859	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)

S. CHEUNG

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65849	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)

K. DECIANNI

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65551	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"/>

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

VISION SERVICE PLAN

20-0891619

(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?
12	NONE	64225	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)

L. HOWARD

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63047	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)

BNY MELLON

84-7062700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 68	NONE	59476	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"/>

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

M. MILLS

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59248	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)

S. PAGURKO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58368	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)

D. PANZO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57907	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"/>

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

K. JACKSON

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57810	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)

J. SUERO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57613	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)

D. WILLIAMS

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55163	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"/>

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

M. PECK

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54581	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)

S. COLLINS

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54502	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)

P. LOMBARDI

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54340	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"/>

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

M. CORNEJO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53616	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)

M. CANNELLA

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52795	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)

L. ANDRADE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52201	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"/>

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

N. GALLUZZI

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52192	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)

K. BURDINE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51028	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)

ALLISON, SLUTSKY & KENNEDY, PC

36-3994099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	50795	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)

J. COLLETTI

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49961	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)

E. MCKINLEY

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49781	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)

R. MOHICA

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49618	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)

V. MUNOZ

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49353	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)

J. CAPRIO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48289	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)

D. TRILLO COLON

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48193	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)

S. SPECHT

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48178	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)

K. FLORES

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47311	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)

K. BOSQUE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46818	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)

M. LOPEZ

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46409	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)

O. COLON

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46081	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)

G. AREVALO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46047	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"/>

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

V. VO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45795	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)

M. CUMMINS

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45743	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)

J. CROASDALE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45552	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"/>

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

V. ADESZKO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45298	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)

M. VARCHETTO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45027	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)

R. BOSQUE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44777	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"/>

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

R. BOSQUE-OVALLE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44772	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)

M. TRUESDALE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44770	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)

M. THOMAS

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44654	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"/>

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

J. CORROZZO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44650	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)

CVS CAREMARK

75-2882129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	44511	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)

T. MACIEL

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44505	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"/>

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

B. MCANALLY

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43459	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)

M. SERRANO

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42033	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)

K. EARLEY

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41588	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"/>

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

C. CRUZ

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41312	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)

BMO HARRIS BANK

36-2085229

(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	NONE	41264	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)

W. FIGUEROA

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40998	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"/>

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

S. BRECKENRIDGE

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40888	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)

D. GIANNOLA

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40888	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)

K. NASON

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40101	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)

REINHART BOERNER VAN DEUREN, S.C.

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	39914	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)

L. NIEVES

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38864	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)

E. CARDENAS

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38608	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)

MARQUETTE ASSOCIATES INC

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27	NONE	37500	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)

L. LOPEZ

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36361	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)

K. KRZYSIAK

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36274	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)

V. VENTURA

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36110	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)

J. RIVERA

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36106	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)

J. PALACIOS HERRERA

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36087	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)

COMPSYCH

36-3739783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	31020	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)

C. ANDERSON

46-5243652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30624	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)

DOWD BLOCH BENNETT CERVONE AUERBACH

36-3371377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	27584	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)

U.S. BANK NATIONAL ASSOCIATION

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 62 72	NONE	18481	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ACTIVEHEALTH MANAGEMENT

52-2182411

(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?
16	NONE	11581	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)

THE DANIEL AND HENRY CO.

43-0634945

(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?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9924	Yes <input type="checkbox"/> No <input checked="" 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)

ACCESS INFORMATION

04-3408536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7126	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)

SOMMERS & FAHRENBACH INC.

36-1796440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7020	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RICHARD J. WOLF & CO., INC.

36-3182363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	7005	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)

RECRUITING CONSULTANTS INC

45-2441994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5869	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)

SIKICH LLP

99-2733489

(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?
16	NONE	5044	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.

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

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

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

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

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

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

<b>A</b> Name of plan <u>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL RETIREE HEALTH &amp; WELFARE PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BD OF TRTS - CHGO &amp; VICIN LABORERS' DISTRICT COUNCIL RETIREE H&amp;W FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>46-5243652</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS CORE FIXED INCOME QP FUND, LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA LLC</u>		
<b>c</b> EIN-PN <u>82-4028492-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>96768247</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS HIGH YIELD QP FUND, LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA LLC</u>		
<b>c</b> EIN-PN <u>82-4051841-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6717162</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO INFRASTRUCTURE TAX EXEMPT FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT ADVISORS INC</u>		
<b>c</b> EIN-PN <u>90-0622302-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23279635</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM AFL-CIO CF SL BRD MKT STK IDX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>84-7062700-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>292965266</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM CF SL AGGREGATE BOND INDEX FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-1849938-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31696855</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON CF SL ACWI EX-US FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>35-6787005-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81329002</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT CORE PLUS FIXED INCOME TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>20-8080381-018</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>103539528</u>

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL RETIREE HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRTS - CHGO &amp; VICIN LABORERS' DISTRICT COUNCIL RETIREE H&amp;W FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>46-5243652</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	5390946	646866
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	14273762	14957442
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	12987610	12305013
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	11244788	29995097
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	47810319	49584335
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	656810017	613016060
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	21685561	23279635
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		106444380
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	898676	826824
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	771101679	851055652
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	8885400	10746200
<b>h</b> Operating payables.....	<b>1h</b>	542568	631217
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	2095839	852490
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	11523807	12229907
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	759577872	838825745

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	107034631	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	8127413	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		115162044
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2131226	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	1582847	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3714073
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3382902	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3382902
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1744157	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1377155	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		367002
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	57575	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		57416243
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		1974759
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-1869375
<b>c</b> Other income .....	<b>2c</b>		19749748
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		199954971

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	113290485	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		113290485
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	4011525	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	226003	
(4) IQPA audit fees .....	<b>2i(4)</b>	39756	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1122279	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	59077	
(7) Actuarial fees .....	<b>2i(7)</b>	171544	
(8) Legal fees .....	<b>2i(8)</b>	120869	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1665560	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		7416613
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		120707098

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		79247873
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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		49584335
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan**

Financial Statements

May 31, 2025

**Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan**

Financial Statements with Supplementary Information

May 31, 2025 and 2024

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## **Report of Independent Auditors**

To the Participants and Trustees of  
Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan

### ***Opinion***

We have audited the financial statements of Chicago & Vicinity Laborers' District Council Retiree Health & Welfare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and benefit obligations of Chicago & Vicinity Laborers' District Council Retiree Health & Welfare Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

***Responsibilities of Management for the Financial Statements (continued)***

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

*Legacy Professionals LLP*

Westchester, Illinois

November 5, 2025

**Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan**

**Statements of Net Assets Available for Benefits**

May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
Investments - at fair value		
Common and collective trusts	\$ 613,016,060	\$ 656,810,017
Mutual fund	106,444,380	-
Limited partnerships and limited liability companies	72,863,970	69,495,880
Short-term investments	29,995,097	11,244,788
Total investments	822,319,507	737,550,685
Cash	646,866	5,390,946
Receivables		
Employer contributions - net	14,957,442	14,273,762
Prescription drug rebates and government subsidies	10,488,693	10,780,522
Accrued interest and dividends	968,925	1,372,253
Due from related organizations - net	630,890	642,801
Total receivables	27,045,950	27,069,338
Prepaid expenses	216,505	192,034
Property and equipment		
Office and computer equipment	1,491,382	2,325,936
Less accumulated depreciation	(664,558)	(1,427,260)
Net property and equipment	826,824	898,676
Total assets	851,055,652	771,101,679
<b>Liabilities and Net Assets</b>		
Liabilities		
Accounts payable and accrued liabilities	631,217	542,568
Accrued pension liability - Staff Pension Plan	852,490	2,095,839
Total liabilities	1,483,707	2,638,407
Net assets available for benefits	\$ 849,571,945	\$ 768,463,272

See accompanying notes to financial statements.

**Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan**

**Statements of Changes in Net Assets Available for Benefits**

Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 49,748,480	\$ 67,417,694
Interest, dividends and other investment income	15,294,699	11,338,962
	<u>65,043,179</u>	<u>78,756,656</u>
Less investment expenses	(1,140,092)	(929,239)
Investment income - net	63,903,087	77,827,417
Employer contributions	107,034,631	106,650,628
Retiree medical premiums	8,127,413	7,890,885
Prescription drug rebates	15,504,472	14,173,544
Medicare Part D subsidies	2,400,000	2,275,000
Change in accrued pension liability - Staff Pension Plan	1,243,349	1,936,202
Other income	601,927	267,275
Total additions	<u>198,814,879</u>	<u>211,020,951</u>
<b>Deductions</b>		
Cost of benefits		
Medical	60,556,607	54,544,043
Prescription drug	43,090,189	38,654,676
Dental	4,521,422	4,363,764
Vision	1,960,565	1,906,684
Death	1,300,902	761,014
Total cost of benefits	111,429,685	100,230,181
Fees mandated by the ACA	20,957	18,746
Administrative expenses	6,255,564	5,979,169
Total deductions	<u>117,706,206</u>	<u>106,228,096</u>
<b>Net increase</b>	81,108,673	104,792,855
<b>Net assets available for benefits</b>		
Beginning of year	<u>768,463,272</u>	<u>663,670,417</u>
End of year	<u>\$ 849,571,945</u>	<u>\$ 768,463,272</u>

See accompanying notes to financial statements.

**Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan**

**Statements of Benefit Obligations**

May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 10,746,200	\$ 8,885,400
Postretirement benefit obligations		
Current retirees, beneficiaries, and dependents	1,404,588,012	1,232,335,230
Other participants fully eligible for benefits	921,568,685	943,595,356
Participants not yet fully eligible for benefits	<u>1,109,028,465</u>	<u>962,152,257</u>
Total postretirement benefit obligations	<u>3,435,185,162</u>	<u>3,138,082,843</u>
 Total benefit obligations	 <u>\$ 3,445,931,362</u>	 <u>\$ 3,146,968,243</u>

See accompanying notes to financial statements.

**Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan**

**Statements of Changes in Benefit Obligations**

Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Balance at beginning of year	\$ 8,885,400	\$ 8,026,100
Increase during the year attributable to changes in:		
Claims payable and claims incurred but not reported	1,860,800	859,300
Balance at end of year	10,746,200	8,885,400
Postretirement benefit obligations		
Balance at beginning of year	3,138,082,843	2,839,599,893
Increase during the year attributable to:		
Changes in actuarial assumptions	68,308,959	135,291,557
Actuarial experience loss	67,942,424	-
Plan amendments	-	13,850,610
Benefits earned and other changes	160,850,936	149,340,783
Balance at end of year	3,435,185,162	3,138,082,843
Total benefit obligations	\$ 3,445,931,362	\$ 3,146,968,243

See accompanying notes to financial statements.

**Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan**

**Notes to Financial Statements**

May 31, 2025 and 2024

**Note 1. Summary of Significant Accounting Policies**

**Method of Accounting** - The accompanying financial statements of Chicago & Vicinity Laborers' District Council Retiree Health & Welfare Plan (the Plan) have been prepared using the accrual basis of accounting.

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

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

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

**Contributions Receivable** - Employer contributions due and not paid prior to the year-end are recorded as contributions receivable. Employer contributions and any late fees due as determined by payroll compliance audits are recorded upon settlement with the employer. The receivable is shown net of an allowance for uncollectible accounts of \$285,783 and \$393,097 at May 31, 2025 and 2024, respectively, as determined by a review of historical losses, the aging of receivables and adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events.

**Prescription Drug Rebates and Subsidies** - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds from the PBM due at year end have been reported as a receivable.

**Property and Equipment** - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation expense is computed by the straight-line method over estimated useful lives of five years and was \$309,669 and \$251,548 for the years ended May 31, 2025 and 2024, respectively.

## **Note 1. Summary of Significant Accounting Policies (continued)**

**Benefit Obligations** - Benefit obligations are estimated by the Plan's consulting actuary using accepted actuarial principles, based on paid and incurred claim cost studies, Plan benefits, eligibility counts and other data as considered necessary.

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits (net of self-contributions amounts) that are attributed to participant service rendered to May 31. Postretirement benefits include future benefits expected to be paid for currently retired or terminated participants and their beneficiaries and dependents, and active participants and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

**Revenue Recognition** - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction primarily located in the Chicagoland area.

**Reciprocal Contributions** - The Plan is signatory to reciprocity agreements with various other multiemployer welfare plans for its participants who perform work outside the geographic jurisdiction of the Plan's participating local unions. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of approximately \$7,219,000 and \$6,291,000 for the years ended May 31, 2025 and 2024, respectively, from various other welfare plans under the terms of reciprocity agreements. The Plan remitted a total of approximately \$4,977,000 and \$6,024,000 in reciprocal contributions to various other welfare plans under the terms of reciprocity agreements for the years ended May 31, 2025 and 2024, respectively. Reciprocal contributions payable at May 31, 2025 and 2024 are not considered to be material to these financial statements.

## **Note 1. Summary of Significant Accounting Policies (continued)**

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

**Reclassifications** - Certain prior year amounts have been reclassified to conform to the current year presentation.

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

**Subsequent Events** - Subsequent events have been evaluated through November 5, 2025, which is the date the financial statements were available to be issued.

## **Note 2. Description of the Plan**

The Plan was established pursuant to a collective bargaining agreement between various employers and unions to provide health and welfare benefits for eligible participants. The Plan is a multiemployer welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides medical, prescription drug, dental, vision and death benefits for eligible participants and their beneficiaries and covered dependents. The Plan is self-insured for all benefits.

Generally, participants are eligible to receive benefits from the Plan if they are at least 50 years of age, are receiving benefits from Chicago & Vicinity Laborers' District Council Pension Plan (Pension Plan) or Laborers' International Union of North America Industrial Pension Fund, have earned at least 15 years of participation in Chicago & Vicinity Laborers' District Council Health & Welfare Plan (Health & Welfare Plan), and had at least 500 hours reported to the Health & Welfare Plan in three of the last five fiscal years immediately preceding their pension retirement effective date.

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

## **Note 3. Priorities upon Termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants and beneficiaries.

#### **Note 4. Tax Status**

The Plan obtained a notice of exemption as of June 1, 2014, in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

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

#### **Note 5. Funding Policy**

The Plan is primarily funded by contributions from employers at rates specified in the collective bargaining agreements. The hourly contribution rate in effect during the years ended May 31, 2025 and 2024 was \$5.71 and \$5.47, respectively. Participants are also required to make monthly contributions to maintain their coverage. These monthly amounts ranged from \$0 to \$400 during the years ended May 31, 2025 and 2024, based on the number of years the participant worked prior to retirement and the type of coverage selected.

#### **Note 6. Concentration of Cash**

The Plan maintains its cash balances at a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. Balances may at times exceed insured limits.

#### **Note 7. Fair Value Measurements**

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

## Note 7. Fair Value Measurements (continued)

### Basis of Fair Value Measurement

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

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

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

		Fair Value Measurements at 5/31/25 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Total		
Mutual Fund	\$ 106,444,380	\$ 106,444,380	\$ -	\$ -
Short-term investments	29,995,097	-	29,995,097	-
	136,439,477	<u>\$ 106,444,380</u>	<u>\$ 29,995,097</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common and collective trusts	613,016,060			
Limited partnerships and limited liability companies	72,863,970			
Total	<u>\$ 958,758,984</u>			
		Fair Value Measurements at 5/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Total		
Short-term investments	\$ 11,244,788	\$ -	\$ 11,244,788	\$ -
Investments measured at net asset value:				
Common and collective trusts	656,810,017			
Limited partnerships and limited liability companies	69,495,880			
Total	<u>\$ 737,550,685</u>			

## Note 7. Fair Value Measurements (continued)

### Level 1 Measurements

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

### Level 2 Measurements

Short-term investments are valued at cost, which approximates their fair value.

### Measurements Using Net Asset Value as a Practical Expedient

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

The common and collective trusts are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. No significant redemption restrictions exist for these investments.

One limited partnership fund is also a DFE. The fair value of this investment fund was \$23,279,635 and \$21,685,561 at May 31, 2025 and 2024, respectively. This investment requires a 45-day notice period for redemptions, subject to a redemption queue.

The following table summarizes investments at fair value based on net asset value per share, other than DFEs, as of May 31, 2025 and 2024:

Description	Fair Value		Underlying Assets	Redemption	
	2025	2024		Frequency	Notice Period
Limited partnership	\$ 22,171,458	\$ 20,130,862	Infrastructure assets	Semi-annual	90 days
Limited partnership	\$ 13,688,781	\$ 13,870,923	Real estate investment fund	Quarterly	45 days
Limited liability company	\$ 13,724,096	\$ 13,808,534	Real estate investment properties	Quarterly	90 days

## Note 8. Investment Concentrations

As of May 31, 2025 and 2024, the Plan held units in the BNY AFL-CIO Stock Fund with a fair value of \$292,965,266 (approximately 34% of net assets available for benefits) and \$268,065,142 (approximately 35% of net assets available for benefits), respectively. This Fund has a large diversification of equity securities.

## **Note 9. Capital Commitments**

The Plan had outstanding capital commitments of approximately \$8,700,000 on one investment fund as of May 31, 2025.

## **Note 10. Postretirement Benefit Obligations**

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for self-contribution payments, the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following significant assumptions were used in the valuations as of May 31, 2025 and 2024:

Weighted-average discount rate:

2025 - 5.75%

2024 - 5.50%

Average retirement age:

Approximately 62

Mortality rates healthy:

105% of Pri-2012 Healthy Retiree Blue Collar Headcount-weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021

Mortality rates disabled:

Pri-2012 Disabled Retiree Headcount-weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021

Medical cost trend rates:

2025 Non-Medicare - 9.00% graded to 4.50% over 15 years

2024 Non-Medicare - 7.70% graded to 4.50% over 11 years

2025 Medicare - 9.40% graded to 4.50% over 14 years

2024 Medicare - 8.30% graded to 4.50% over 11 years

The medical cost trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point in each year, the accumulated postretirement obligation would increase by approximately \$613,926,000 as of May 31, 2025 and by approximately \$605,991,000 as of May 31, 2024.

## **Note 10. Postretirement Benefit Obligations (continued)**

The increase in the obligation due to the changes in actuarial assumptions for the year ended May 31, 2025 is primarily due to the increases in health trend rates offset by the increase in the discount rate from 5.50% to 5.75%. The increase in the obligation due to the changes in actuarial assumptions for the year ended May 31, 2024 is primarily due to the increases in health trend rates offset by the increase in the discount rate from 5.00% to 5.50%.

The effect of the Plan amendments for the year ended May 31, 2024 was primarily due to an increase in the death benefit for all retirees to \$10,000.

The foregoing 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 the actuarial present value of the postretirement benefit obligation.

The cost of the postretirement benefit obligations is shared by the Plan's participating employers and retirees. The cost of the postretirement benefits is estimated annually by the Plan's consulting actuary. The Plan's Trustees then periodically adjust the portion to be paid by the participants. Projected retiree contributions reduced the obligation by approximately \$139,154,000 and \$138,578,000 as of May 31, 2025 and 2024, respectively.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 added a prescription drug benefit under Medicare Part D, providing a federal subsidy to Plan sponsors of retiree health care benefit plans that provide a prescription drug benefit to Medicare eligible retirees. The Plan has been determined to be actuarially equivalent to the Medicare Part D Standard Benefit. The Plan's postretirement benefit obligations in the statements of benefit obligations as of May 31, 2025 and 2024 include a reduction for the subsidy of approximately \$172,000,000 and \$147,000,000 respectively.

The Plan's excess of benefit obligations over net assets relates primarily to the postretirement benefit obligations, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. The Plan empowers the Board of Trustees to increase or decrease annually the amount of self-payments by eligible retired participants, and to modify the terms and conditions under which retiree eligibility may be maintained; therefore, the annual cost of the Plan can be reduced or eliminated prospectively by action of the Board of Trustees.

## **Note 11. Related Party Transactions**

The Plan is related to Chicago & Vicinity Laborers' District Council Health & Welfare Plan (Health & Welfare Plan) and Chicago & Vicinity Laborers' District Council Pension Plan (Pension Plan).

Certain shared administrative expenses are initially paid by the Health & Welfare Plan. These expenses are allocated based on estimates of time spent, space used and costs incurred. Total shared expenses allocated to the Plan were approximately \$2,438,000 and \$2,208,000 for the years ended May 31, 2025 and 2024, respectively. The amounts due to the Health & Welfare Plan totaled \$392,551 and \$303,733 at May 31, 2025 and 2024, respectively.

**Note 11. Related Party Transactions (continued)**

In addition, certain shared administrative expenses, mainly payroll costs, are initially paid by the Pension Plan. These expenses are allocated based on estimates of employees' time. Total shared expenses allocated to the Plan were approximately \$2,544,000 and \$2,479,000 for the years ended May 31, 2025 and 2024, respectively. In addition, certain retiree medical premiums are withheld from participants' monthly pensions and remitted to the Plan. The total retiree medical premiums withheld during the years ended May 31, 2025 and 2024 were \$8,024,789 and \$7,767,227 respectively. The net amounts due from the Pension Plan were \$1,023,441 and \$946,534 at May 31, 2025 and 2024, respectively.

The Plan, together with the Health & Welfare Plan, leases office space with the Pension Plan under a lease that expires in May 2027. Under generally accepted accounting principles (GAAP), a right-of-use asset and lease liability would be recognized; however, the Plan has determined that the recognition of these items would not be material to the Plan's financial statements. The Plan's share of monthly rent required under the lease was \$7,568 as of June 1, 2025. Rent expense for the year ended May 31, 2025 was \$88,171. Prior to June 1, 2024, the Plan paid the Pension Plan for office space under a shared expense agreement. Amounts paid related to the Pension Plan for occupancy under this agreement were approximately \$135,000 during the year ended May 31, 2024.

In addition, contributions to the Plan are received by a lockbox account maintained by the Pension Plan and are allocated to the Plan based on the various contracts in effect. No amounts were due to the Plan for lockbox contributions at May 31, 2025 and 2024.

**Note 12. Staff Pension Plan**

The Plan, along with the Pension Plan and the Health & Welfare Plan, participates in the Chicago & Vicinity Laborers' District Council Fund Office Staff Pension Plan (Staff Pension Plan), a defined benefit pension plan covering substantially all employees of these three Plans. Benefits are generally based upon years of service and the employee's compensation.

Contributions to the Staff Pension Plan are determined annually by the consulting actuary and the Plan's funding policy is to meet the annual minimum funding standards of ERISA. The Plan's share of contributions to the Staff Pension Plan for the years ended May 31, 2025 and 2024 was \$760,834 and \$912,787 respectively.

The following sets forth the Staff Pension Plan's funded status at May 31, 2025 and 2024, as stated in the actuary's report dated October 13, 2025. The Plan's share of the obligation was approximately 26% at both May 31, 2025 and 2024.

**Note 12. Staff Pension Plan (continued)**

	<u>2025</u>	<u>2024</u>
Projected benefit obligation	\$ 86,863,904	\$ 85,847,926
Fair value of plan assets	<u>84,255,458</u>	<u>77,787,007</u>
Funded status of plan	<u>\$ (2,608,446)</u>	<u>\$ (8,060,919)</u>
Net periodic pension cost and service costs	<u>\$ 1,916,996</u>	<u>\$ 2,301,476</u>

The changes in the projected benefit obligation and fair value of plan assets used in determining the change in the accrued pension liability for the years ended May 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Projected benefit obligation:		
Balance at beginning of year	\$ 85,847,926	\$ 84,482,008
Service cost	2,258,363	2,261,082
Interest cost	4,735,180	4,546,291
Actuarial (gain)	(2,210,970)	(1,855,246)
Benefits paid	<u>(3,766,595)</u>	<u>(3,586,209)</u>
Balance at end of year	<u>\$ 86,863,904</u>	<u>\$ 85,847,926</u>
Fair value of assets:		
Balance at beginning of year	\$ 77,787,007	\$ 68,974,157
Actual return on plan assets	7,308,762	8,940,630
Employer contributions	2,926,284	3,458,429
Benefits paid	<u>(3,766,595)</u>	<u>(3,586,209)</u>
Balance at end of year	<u>\$ 84,255,458</u>	<u>\$ 77,787,007</u>

The weighted average assumptions at May 31, 2025 and 2024 include the following:

	<u>2025</u>	<u>2024</u>
Discount rate to determine benefit obligations	5.90%	5.69%
Discount rate to determine net periodic benefit cost	5.69%	5.44%
Expected long-term return on plan assets	6.75%	6.75%
Rate of compensation increase	3.75%	3.75%

## Note 12. Staff Pension Plan (continued)

The expected long-term rate of return on plan assets reflects the average rate of earnings expected on the funds invested to provide for benefits included in the projected benefit obligations. Factors used in determining that rate include historical returns on plan assets and current market information on long-term returns.

The projected total benefit payments are as follows:

Year ending May 31,	
2026	\$ 4,139,846
2027	4,432,336
2028	4,765,838
2029	5,041,773
2030	5,306,292
2031 - 2035	<u>29,600,413</u>
Total	<u>\$ 53,286,498</u>

The projected total employer contributions for the year ending May 31, 2026 is \$3,073,000.

The Staff Pension Plan's target asset allocations are established by the Staff Pension Plan trustees in the investment policy. The Staff Pension Plan trustees are responsible for establishing the investment policy, selecting investment managers and allocating plan assets among various investment managers. The investment managers are responsible for the management of the assets given to them by the trustees that include allocations among allowable asset classes, selection and disposal of individual securities, and diversifying portfolio assets. The target allocation for the Staff Pension Plan investment portfolio is 42.5% domestic equities, 30% fixed income, 17.5% real estate, and 10% foreign equities. The Staff Pension Plan trustees recognize that the asset mix adopted for the Staff Pension Plan is a target for the allocation of assets, and that since the fair value of securities fluctuates, it is not possible to meet these specific targets at all times.

The Staff Pension Plan's management has been assigned the responsibility of monitoring the actual asset mix compared to the target allocations on a quarterly basis. If the fair value of any of the publicly traded asset classes (equity and fixed income) are beyond the ranges set forth in the policy, the Staff Pension Plan's management in consultation with the investment consultant will recommend transferring assets among the manager accounts to bring the asset allocation into compliance with the allocation targets and to maintain sufficient liquidity to fund benefit payments.

The fair values of the Staff Pension Plan's investment assets are measured and classified in accordance with the fair value hierarchy described in Note 7.

## Note 12. Staff Pension Plan (continued)

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

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

		<u>Fair Value Measurements at 5/31/25 Using</u>		
		Quoted Prices		
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
Total				
Short-term investment	\$ 1,166,590	-	\$ 1,166,590	-
Investments measured at net asset value:				
Common and collective funds	67,313,250			
Private equity partnerships	5,031,910			
Real estate investment funds	10,801,431			
Pooled fund	6,646			
Total	<u>\$ 84,319,827</u>			

		<u>Fair Value Measurements at 5/31/24 Using</u>		
		Quoted Prices		
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
Total				
Short-term investments	\$ 987,383	-	\$ 987,383	-
Investments measured at net asset value:				
Common and collective funds	63,805,627			
Private equity partnerships	2,038,019			
Real estate investment funds	10,692,684			
Pooled fund	5,573			
Total	<u>\$ 77,529,286</u>			

## Note 12. Staff Pension Plan (continued)

### Level 2 Measurements

Short-term investments are valued at cost, which approximates their fair value.

### Measurements Using Net Asset Value as a Practical Expedient

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

The common and collective funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. No significant redemption restrictions exist for these investments.

The following table summarizes investments at fair value based on net asset value per share, other than DFEs, as of May 31, 2025 and 2024:

Description	Fair Value		Underlying Assets	Redemption	
	5/31/2024	5/31/2024		Frequency	Notice Period
Private equity partnerships	\$ 637,251	\$ 768,223	Private equity	None	N/A
Private equity partnerships	\$ 4,394,659	\$ 1,269,796	Private equity	Quarterly	90 days
Real estate investment fund	\$ 3,474,771	\$ 3,867,717	Real estate investment properties	Quarterly	90 days
Real estate investment fund	\$ 7,326,660	\$ 6,824,967	Real estate investment	Quarterly	45 days
Pooled fund	\$ 6,646	\$ 5,573	Private equity	Currently liquidating	

## Note 13. Risks and Uncertainties

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

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the underlying investments at estimated fair values using various subjective techniques. Due to inherent uncertainties involved in the valuation of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

**Note 13. Risks and Uncertainties (continued)**

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

**Note 14. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 849,571,945	\$ 768,463,272
Less - benefit obligations currently payable	<u>(10,746,200)</u>	<u>(8,885,400)</u>
Net assets available for benefits per the Form 5500	<u>\$ 838,825,745</u>	<u>\$ 759,577,872</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended May 31, 2025:

Total benefits paid per the financial statements	\$ 111,429,685
Add - amounts currently payable at end of year	10,746,200
Less - amounts currently payable at beginning of year	<u>(8,885,400)</u>
Total benefits paid per the Form 5500	<u>\$ 113,290,485</u>

**Report of Independent Auditors on Supplemental Schedules**

To the Participants and Trustees of  
Chicago & Vicinity Laborers' District Council  
Retiree Health & Welfare Plan

We have audited the financial statements of Chicago & Vicinity Laborers' District Council Retiree Health & Welfare Plan (the Plan) as of and for the years ended May 31, 2025 and 2024, and our report thereon dated November 5, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Legacy Professionals LLP*

Westchester, Illinois

November 5, 2025

**Chicago & Vicinity Laborers' District Council Retiree Health & Welfare Plan**  
**Schedule of Assets Held**  
**EIN: 46-5243652 Plan: 501**  
**May 31, 2025**

	<b>Market Value</b>	<b>Cost Value</b>
<hr/>		
<b>Interest-bearing cash</b>		
US Bank Page 2 - Short Term Investments	29,975,793	29,975,793
US Bank Page 2 - Investment Cash	711	711
US Bank Page 2 - Prefunding Cash	18,593	18,593
	<u>29,995,097</u>	<u>29,995,097</u>
<b>Mutual Funds</b>		
US Bank Page 2 - Baird Core Plus Bond Fund Institute	<u>106,444,380</u>	See Attached
<b>Partnerships</b>		
US Bank Page 3 - Intercontinental US Real Estate Inv Fund, Ltd.	13,724,096	See Attached
US Bank Page 4 - BGO Diversified	13,688,781	See Attached
US Bank Page 3 - IIF ERISA Hedged LP	22,171,458	See Attached
	<u>49,584,335</u>	
<b>Value of interest in common/collective trusts</b>		
US Bank Page 4 - NHIT Core Plus Fixed Income Trust	103,539,528	See Attached
US Bank Page 3 - NIS Core Plus Fixed Income QP Fund	96,768,247	See Attached
US Bank Page 3 - NIS High Yield Fixed Income QP Fund	6,717,162	See Attached
US Bank Page 4 - BNYM Mellon CF SF ACWI ex-US Fund	81,329,002	See Attached
US Bank Page 4 - BNYM Mellon AFL-CIO CF SL Broad Market Stock Index Fund	292,965,266	See Attached
US Bank Page 4 - BNYM Mellon CF SL Aggregate Bond Index Fund	31,696,855	See Attached
	<u>613,016,060</u>	
<b>Value of interest in 103-12 investment entities</b>		
US Bank Page 3 - Ullico Infrastructure Tax Exempt	23,279,635	See Attached
	<u>23,279,635</u>	



CHILAB RETIREE FUND - COMBI ACCOUNT

Page 10 of 238  
 Period from June 1, 2024 to May 31, 2025

**ASSET DETAIL**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
<b>Cash And Equivalents</b>						
<b>Money Markets</b>						
First Am Govt Ob Fd CI X 31846V336 Asset Minor Code 1	29,975,792.370	29,975,792.37 1.0000	29,975,792.37	.00 .00	107,130.62	4.20
First Am Govt Ob Fd CI X 31846V336 Asset Minor Code 1	711.320	711.32 1.0000	711.32	.00 .00	2.55	4.20
First Am Govt Ob Fd CI X 31846V336 Asset Minor Code 1	18,593.270	18,593.27 1.0000	18,593.27	.00 .00	1,459.99	4.20
<b>Total First Am Govt Ob Fd CI X</b>	<b>29,995,096.960</b>	<b>29,995,096.96</b>	<b>29,995,096.96</b>	<b>.00 .00</b>	<b>108,593.16</b>	<b>4.19</b>
<b>Total Money Markets</b>	<b>29,995,096.960</b>	<b>29,995,096.96</b>	<b>29,995,096.96</b>	<b>.00 .00</b>	<b>108,593.16</b>	<b>4.19</b>
<b>Total Cash And Equivalents</b>	<b>29,995,096.960</b>	<b>29,995,096.96</b>	<b>29,995,096.96</b>	<b>.00 .00</b>	<b>108,593.16</b>	<b>4.19</b>
<b>Mutual Funds</b>						
<b>Mutual Funds-Fixed Income</b>						
Baird Core Plus Bond Fund Institut 057071870 Asset Minor Code 99	10,549,492.568	106,444,380.01 10.0900	108,313,754.64	- 1,869,374.63 - 1,869,374.63	.00	4.19



CHILAB RETIREE FUND - COMBI ACCOUNT

Page 11 of 238  
 Period from June 1, 2024 to May 31, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
<b>Total Mutual Funds-Fixed Income</b>	<b>10,549,492.568</b>	<b>106,444,380.01</b>	<b>108,313,754.64</b>	<b>- 1,869,374.63</b> <b>- 1,869,374.63</b>	<b>.00</b>	<b>4.19</b>
<b>Total Mutual Funds</b>	<b>10,549,492.568</b>	<b>106,444,380.01</b>	<b>108,313,754.64</b>	<b>- 1,869,374.63</b> <b>- 1,869,374.63</b>	<b>.00</b>	<b>4.19</b>

**Miscellaneous**

**Partnerships/Joint Ventures**

lif Erisa Hedged LP *** 95MSE32F9 Asset Minor Code 77 Date Last Priced: 03/31/25 AC	22,419,893.210	22,171,458.37 .9889 @	19,406,489.94	2,764,968.43 619,410.69	.00	0.00
Nis Core Fixed Income Qp Fund LLC *** 95MSE32K8 Asset Minor Code 77	8,464.186	96,768,246.55 11,432.6699	91,155,000.00	5,613,246.55 3,690,287.13	.00	0.00
Nis High Yield Qp Fund LLC *** 95MSE32M4 Asset Minor Code 77	465.012	6,717,161.76 14,445.1333	5,474,810.99	1,242,350.77 431,918.47	.00	0.00
Ullico Infrastructure Tax-Exempt Fd *** 95MSE33L5 Asset Minor Code 76 Date Last Priced: 03/31/25	76,626.287	23,279,635.42 303.8074 @	16,798,861.33	6,480,774.09 1,827,824.24	.00	0.00
US Real Estate Investment Fund LLC *** 95MSE33Q4 Asset Minor Code 76 Date Last Priced: 03/31/25	11,818.603	13,724,096.02 1,161.2282 @	16,754,383.00	- 3,030,286.98 - 244,891.44	.00	0.00



CHILAB RETIREE FUND - COMBI ACCOUNT

Page 12 of 238  
 Period from June 1, 2024 to May 31, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Bgo Diversified US Property Fund-B *** 95MSE3335 Asset Minor Code 76 Date Last Priced: 03/31/25	5,705.916	13,688,780.84 2,399.0502 @	16,058,355.46	- 2,369,574.62 - 199,579.93	.00	0.00
<b>Total Partnerships/Joint Ventures</b>	<b>22,522,973.214</b>	<b>176,349,378.96</b>	<b>165,647,900.72</b>	<b>10,701,478.24</b> <b>6,124,969.16</b>	<b>.00</b>	<b>0.00</b>
<b>Collective Investment Funds</b>						
Bnymm Afl-Cio Cf Sl Brd Mkt *** 9SPMTKNQ8 Asset Minor Code 17	22,523,055.225	285,960,502.11 12.6963	229,616,997.38	56,343,504.73 20,382,844.30	374,689.06	0.00
Bnym-M Cf Sl Acwi Exusf *** 9SPMTKNU9 Asset Minor Code 17	575,337.481	81,329,001.53 141.3588	74,581,847.51	6,747,154.02 8,305,106.14	365,560.49	0.00
Bnym-M Cf Sl Aggregate Bif *** 9SPMTKNW5 Asset Minor Code 17	305,881.059	31,696,855.30 103.6248	33,168,952.30	- 1,472,097.00 55,995.21	110,904.64	0.00
Bnym-M Cf Sl Aggregate Bif 9SPMTKNX3 Asset Minor Code 17	.000	.00 104.9369	.00	.00 21,496,015.53	.00	0.00
Loomis Nhit Core Plus Fixed Inc Tr-A *** 9SPMTKP45 Asset Minor Code 17	7,265,931.762	103,539,527.61 14.2500	98,417,997.69	5,121,529.92 4,652,008.39	.00	0.00
Bnymm Afl-Cio Cf Sl Brd Mkt *** 95MSEE6P9 Asset Minor Code 17	551,714.922	7,004,763.54 12.6963	6,887,965.54	116,798.00 116,798.00	9,178.12	0.00



CHILAB RETIREE FUND - COMBI ACCOUNT

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
<b>Total Collective Investment Funds</b>	<b>31,221,920.449</b>	<b>509,530,650.09</b>	<b>442,673,760.42</b>	<b>66,856,889.67</b> <b>55,008,767.57</b>	<b>860,332.31</b>	<b>0.00</b>
<b>Total Miscellaneous</b>	<b>53,744,893.663</b>	<b>685,880,029.05</b>	<b>608,321,661.14</b>	<b>77,558,367.91</b> <b>61,133,736.73</b>	<b>860,332.31</b>	<b>0.00</b>
<b>Total Assets</b>	<b>94,289,483.191</b>	<b>822,319,506.02</b>	<b>746,630,512.74</b>	<b>75,688,993.28</b> <b>59,264,362.10</b>	<b>968,925.47</b>	<b>0.69</b>
<b>Accrued Income</b>	<b>.000</b>	<b>968,925.47</b>	<b>968,925.47</b>			
<b>Grand Total</b>	<b>94,289,483.191</b>	<b>823,288,431.49</b>	<b>747,599,438.21</b>			

**ASSET DETAIL MESSAGES**

Time of trade execution and trading party (if not disclosed) will be provided upon request.

Publicly traded assets are valued in accordance with market quotations or valuation methodologies from financial industry services believed by us to be reliable. Assets that are not publicly traded may be reflected at values from other external sources. Assets for which a current value is not available may be reflected at a previous value or as not valued, at par value, or at a nominal value. Values shown do not necessarily reflect prices at which assets could be bought or sold. Values are updated based on internal policy and may be updated less frequently than statement generation.

For further information, please contact your account manager or relationship manager.

We provide a cash management administrative service for the temporary investment of principal and income balances in your account. The fee for providing this service will not exceed \$0.42 per month for each \$1,000 of the average daily balance invested under the cash management administrative service. The charge for this service has been deducted from your account.

FOOTNOTES

STATEMENT 1

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

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 2
NAME	SERVICE CODES	
J.P. MORGAN INVESTMENT MANAGEMENT	27	
J.P. MORGAN INVESTMENT MANAGEMENT	28	
J.P. MORGAN INVESTMENT MANAGEMENT	51	
J.P. MORGAN INVESTMENT MANAGEMENT	52	

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 3
DESCRIPTION	BEGINNING	ENDING
PRESCRIPTION REBATE AND MEDICARE SUB	10,780,522.	10,488,693.
ACCRUED INTEREST AND DIVIDENDS	1,372,253.	968,925.
DUE FROM RELATED ORGANIZATIONS - NET	642,801.	630,890.
PREPAID EXPENSES	192,034.	216,505.
TOTAL TO SCHEDULE H, LINE 1B(3)	12,987,610.	12,305,013.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4	
DESCRIPTION		BEGINNING	ENDING
ACCRUED PENSION LIABILITY		2,095,839.	852,490.
TOTAL TO SCHEDULE H, LINE 1J		2,095,839.	852,490.

SCHEDULE H	OTHER INCOME	STATEMENT 5	
DESCRIPTION		AMOUNT	
PRESCRIPTION DRUG REBATES		15,504,472.	
MEDICARE PART D SUBSIDIES		2,400,000.	
CHANGE IN ACCRUED PENSION LIABILITY - STAFF PLAN		1,243,349.	
OTHER INCOME		601,927.	
TOTAL TO SCHEDULE H, LINE 2C		19,749,748.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 6	
DESCRIPTION		AMOUNT	
COMPUTER MAINTENANCE		291,716.	
DEPRECIATION EXPENSE		309,669.	
EMPLOYEE EDUCATION AND TRAINING		6,242.	
EQUIPMENT RENTAL AND MAINTENANCE		33,020.	
GENERAL EXPENSE		15,050.	
INSURANCE - GENERAL		91,419.	
LICENSE FEES		12,734.	
OFFICE SUPPLIES AND EXPENSE		36,136.	
PAYROLL PROCESSING		10,254.	
POSTAGE		206,981.	
PRINTING		180,534.	
RENTAL EXPENSE		88,171.	
TELEPHONE		8,011.	
401(K) PLAN ADMINISTRATIVE EXPENSE		5,371.	
FEES MANDATED BY THE ACA		20,957.	
LEGAL SERVICES - INTERNAL		57,282.	
OUTSIDE SERVICES		90,941.	
PAYROLL TAXES		185,921.	
FIELD REP EXPENSES		15,151.	
TOTAL TO SCHEDULE H, LINE 2I(11)		1,665,560.	

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL          RETIREE HEALTH &amp; WELFARE PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> 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) <b>BD OF TRTS - CHGO &amp; VICIN LABORERS' DISTRICT COUNCI</b>  <b>11465 W CERMAK ROAD</b>  <b>WESTCHESTER IL 60154-5768</b>	<b>1c</b> Effective date of plan <b>06/01/2014</b>
	<b>2b</b> Employer Identification Number (EIN) <b>46-5243652</b>
	<b>2c</b> Plan Sponsor's telephone number <b>708-562-0200</b>
	<b>2d</b> Business code (see instructions) <b>525100</b>

**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.

<b>SIGN HERE</b>		<u>3-6-26</u>	<b>JAMES P CONNOLLY</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>2/23/26</u>	<b>DAVID H LORIG</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN <b>4d</b> PN
--	-------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5,976
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ):		
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	0
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	6,195
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b>	<b>6d</b>	6,195
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b>	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	1,144

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
**4A 4B 4D 4E**

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>BEGINNING MARKET VALUE</b>					- 2,208.96		
<b>COMPARATIVE VALUE (5%)</b>					- 110.44		
<b>CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE</b>							
Issue: 057071870 - Baird Core Plus Bond Fund Institut							
08/15/2024	B	8,746,355.686	10.2900		- 90,000,000 *	90,000,000	
08/27/2024	R	27,555.478	10.3400		- 284,924 *	284,924	
08/30/2024	B	211,733.287	10.3000		- 2,180,853 *	2,180,853	
09/25/2024	R	29,041.336	10.4400		- 303,192 *	303,192	
10/28/2024	R	30,864.454	10.1500		- 313,274 *	313,274	
12/02/2024	R	32,551.115	10.1800		- 331,370 *	331,370	
12/10/2024	B	293,542.073	10.2200		- 3,000,000 *	3,000,000	
12/30/2024	R	48,301.037	9.9800		- 482,044 *	482,044	
01/29/2025	R	29,185.728	10.0400		- 293,025 *	293,025	
02/21/2025	B	641,658.440	10.1300		- 6,500,000 *	6,500,000	
02/27/2025	R	32,326.530	10.1900		- 329,407 *	329,407	



CHILAB RETIREE FUND - COMBI ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/28/2025	R	35,588.112	10.1000		- 359,440 *	359,440	
04/28/2025	R	33,406.966	10.1200		- 338,079 *	338,079	
05/28/2025	R	34,641.512	10.0500		- 348,147 *	348,147	
05/29/2025	B	322,740.814	10.0700		- 3,250,000 *	3,250,000	
Issue: 31846V336 - First Am Govt Ob Fd CI X							
06/04/2024	B	11,331,212.080	1.0000		- 11,331,212 *	11,331,212	
06/05/2024	B	976.640	1.0000		- 977 *	977	
06/12/2024	B	6,000,000.000	1.0000		- 6,000,000 *	6,000,000	
06/13/2024	B	3,600,000.000	1.0000		- 3,600,000 *	3,600,000	
06/14/2024	B	600,000.000	1.0000		- 600,000 *	600,000	
06/17/2024	B	152,572.860	1.0000		- 152,573 *	152,573	
06/18/2024	B	99,129.970	1.0000		- 99,130 *	99,130	
06/20/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
06/21/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
06/24/2024	B	200,000.000	1.0000		- 200,000 *	200,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/26/2024	S	- 333,350.360	1.0000		333,350 *	333,350	
06/28/2024	S	- 328,947.230	1.0000		328,947 *	328,947	
07/02/2024	B	72,065.620	1.0000		- 72,066 *	72,066	
07/02/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
07/03/2024	S	- 2,424,881.360	1.0000		2,424,881 *	2,424,881	
07/05/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
07/08/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
07/09/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
07/10/2024	S	- 215,487.540	1.0000		215,488 *	215,488	
07/11/2024	B	1,100,000.000	1.0000		- 1,100,000 *	1,100,000	
07/12/2024	B	2,700,000.000	1.0000		- 2,700,000 *	2,700,000	
07/15/2024	B	1,300,000.000	1.0000		- 1,300,000 *	1,300,000	
07/16/2024	S	- 16,578.050	1.0000		16,578 *	16,578	
07/17/2024	B	700,000.000	1.0000		- 700,000 *	700,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/18/2024	S	- 1,371,207.150	1.0000		1,371,207 *	1,371,207	
07/19/2024	B	534,447.520	1.0000		- 534,448 *	534,448	
07/22/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
07/23/2024	S	- 605,791.600	1.0000		605,792 *	605,792	
07/24/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
07/29/2024	S	- 544,787.150	1.0000		544,787 *	544,787	
07/30/2024	B	150,000.000	1.0000		- 150,000 *	150,000	
07/31/2024	S	- 968,662.670	1.0000		968,663 *	968,663	
08/01/2024	B	254,671.860	1.0000		- 254,672 *	254,672	
08/02/2024	B	105,120.390	1.0000		- 105,120 *	105,120	
08/02/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
08/06/2024	S	- 2,844,688.400	1.0000		2,844,688 *	2,844,688	
08/07/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
08/08/2024	B	850,000.000	1.0000		- 850,000 *	850,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/09/2024	B	650,000.000	1.0000		- 650,000 *	650,000	
08/12/2024	B	700,000.000	1.0000		- 700,000 *	700,000	
08/13/2024	B	28,252,095.990	1.0000		- 28,252,096 *	28,252,096	
08/14/2024	B	1,800,000.000	1.0000		- 1,800,000 *	1,800,000	
08/15/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
08/16/2024	B	9,277,957.170	1.0000		- 9,277,957 *	9,277,957	
08/16/2024	B	100,000,000.000	1.0000		- 100,000,000 *	100,000,000	
08/16/2024	S	- 100,000,000.000	1.0000		100,000,000 *	100,000,000	
08/16/2024	S	- 984.620	1.0000		985 *	985	
08/16/2024	B	984.620	1.0000		- 985 *	985	
08/19/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
08/20/2024	S	- 1,622,439.720	1.0000		1,622,440 *	1,622,440	
08/21/2024	S	- 642,517.150	1.0000		642,517 *	642,517	
08/22/2024	B	300,000.000	1.0000		- 300,000 *	300,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/23/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
08/27/2024	S	- 868,884.740	1.0000		868,885 *	868,885	
08/28/2024	S	- 456,194.190	1.0000		456,194 *	456,194	
08/29/2024	B	17,180,852.860	1.0000		- 17,180,853 *	17,180,853	
08/30/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
08/30/2024	S	- 15,000,000.000	1.0000		15,000,000 *	15,000,000	
09/03/2024	B	100,020.470	1.0000		- 100,020 *	100,020	
09/03/2024	S	- 2,180,852.860	1.0000		2,180,853 *	2,180,853	
09/04/2024	B	207,059.600	1.0000		- 207,060 *	207,060	
09/04/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
09/04/2024	B	3,082.760	1.0000		- 3,083 *	3,083	
09/05/2024	S	- 2,447,583.530	1.0000		2,447,584 *	2,447,584	
09/06/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
09/09/2024	B	400,000.000	1.0000		- 400,000 *	400,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/10/2024	B	541,525.150	1.0000		- 541,525 *	541,525	
09/11/2024	B	1,800,000.000	1.0000		- 1,800,000 *	1,800,000	
09/12/2024	B	2,200,000.000	1.0000		- 2,200,000 *	2,200,000	
09/13/2024	B	1,400,000.000	1.0000		- 1,400,000 *	1,400,000	
09/16/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
09/17/2024	S	- 1,752,784.950	1.0000		1,752,785 *	1,752,785	
09/18/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
09/19/2024	B	3,600,000.000	1.0000		- 3,600,000 *	3,600,000	
09/20/2024	B	240,000.000	1.0000		- 240,000 *	240,000	
09/23/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
09/24/2024	S	- 919,512.820	1.0000		919,513 *	919,513	
09/25/2024	S	- 155,806.690	1.0000		155,807 *	155,807	
09/26/2024	B	84,680.310	1.0000		- 84,680 *	84,680	
10/01/2024	S	- 906,135.140	1.0000		906,135 *	906,135	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/02/2024	B	270,339.760	1.0000		- 270,340 *	270,340	
10/02/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
10/02/2024	B	638.250	1.0000		- 638 *	638	
10/03/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
10/04/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
10/07/2024	S	- 2,523,663.990	1.0000		2,523,664 *	2,523,664	
10/08/2024	B	900,000.000	1.0000		- 900,000 *	900,000	
10/09/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
10/10/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
10/11/2024	B	1,700,000.000	1.0000		- 1,700,000 *	1,700,000	
10/15/2024	B	751,609.010	1.0000		- 751,609 *	751,609	
10/16/2024	B	1,300,000.000	1.0000		- 1,300,000 *	1,300,000	
10/17/2024	B	900,000.000	1.0000		- 900,000 *	900,000	
10/18/2024	B	200,000.000	1.0000		- 200,000 *	200,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/22/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
10/23/2024	S	- 2,718,656.100	1.0000		2,718,656 *	2,718,656	
10/24/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
10/24/2024	S	- 10,000,000.000	1.0000		10,000,000 *	10,000,000	
10/25/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
10/28/2024	S	- 1,055,371.540	1.0000		1,055,372 *	1,055,372	
10/29/2024	B	234,986.900	1.0000		- 234,987 *	234,987	
10/30/2024	B	684,458.790	1.0000		- 684,459 *	684,459	
11/01/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
11/04/2024	B	274,528.290	1.0000		- 274,528 *	274,528	
11/05/2024	S	- 2,536,011.660	1.0000		2,536,012 *	2,536,012	
11/06/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
11/07/2024	B	600,000.000	1.0000		- 600,000 *	600,000	
11/08/2024	B	850,000.000	1.0000		- 850,000 *	850,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/12/2024	S	- 188,559.110	1.0000		188,559 *	188,559	
11/13/2024	B	3,000,000.000	1.0000		- 3,000,000 *	3,000,000	
11/14/2024	S	- 930,462.360	1.0000		930,462 *	930,462	
11/14/2024	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
11/15/2024	B	800,000.000	1.0000		- 800,000 *	800,000	
11/19/2024	B	700,000.000	1.0000		- 700,000 *	700,000	
11/20/2024	S	- 2,340,755.510	1.0000		2,340,756 *	2,340,756	
11/21/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
11/22/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
11/25/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
11/26/2024	S	- 1,436,874.860	1.0000		1,436,875 *	1,436,875	
12/02/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
12/03/2024	B	235,776.610	1.0000		- 235,777 *	235,777	
12/03/2024	S	- 1,974,141.420	1.0000		1,974,141 *	1,974,141	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/04/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
12/05/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
12/06/2024	B	600,000.000	1.0000		- 600,000 *	600,000	
12/09/2024	S	- 11,590,235.770	1.0000		11,590,236 *	11,590,236	
12/09/2024	B	10,000,000.000	1.0000		- 10,000,000 *	10,000,000	
12/10/2024	B	900,000.000	1.0000		- 900,000 *	900,000	
12/10/2024	S	- 3,500,000.000	1.0000		3,500,000 *	3,500,000	
12/11/2024	B	1,000,000.000	1.0000		- 1,000,000 *	1,000,000	
12/11/2024	S	- 3,000,000.000	1.0000		3,000,000 *	3,000,000	
12/12/2024	B	2,300,000.000	1.0000		- 2,300,000 *	2,300,000	
12/13/2024	B	1,400,000.000	1.0000		- 1,400,000 *	1,400,000	
12/13/2024	S	- 3,500,000.000	1.0000		3,500,000 *	3,500,000	
12/16/2024	S	- 241,749.890	1.0000		241,750 *	241,750	
12/17/2024	S	- 676,919.660	1.0000		676,920 *	676,920	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/18/2024	B	600,000.000	1.0000		- 600,000 *	600,000	
12/19/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
12/20/2024	B	246.440	1.0000		- 246 *	246	
12/20/2024	B	3,751,682.720	1.0000		- 3,751,683 *	3,751,683	
12/26/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
12/27/2024	S	- 953,362.830	1.0000		953,363 *	953,363	
01/02/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
01/03/2025	B	220,210.210	1.0000		- 220,210 *	220,210	
01/03/2025	B	400,000.000	1.0000		- 400,000 *	400,000	
01/03/2025	B	2,943.360	1.0000		- 2,943 *	2,943	
01/06/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
01/07/2025	S	- 3,394,861.140	1.0000		3,394,861 *	3,394,861	
01/08/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
01/09/2025	B	600,000.000	1.0000		- 600,000 *	600,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/10/2025	B	700,000.000	1.0000		- 700,000 *	700,000	
01/13/2025	B	1,100,000.000	1.0000		- 1,100,000 *	1,100,000	
01/14/2025	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
01/15/2025	S	- 231,028.780	1.0000		231,029 *	231,029	
01/16/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
01/17/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
01/21/2025	S	- 2,815,777.380	1.0000		2,815,777 *	2,815,777	
01/22/2025	S	- 9,900,000.000	1.0000		9,900,000 *	9,900,000	
01/22/2025	B	10,000,000.000	1.0000		- 10,000,000 *	10,000,000	
01/23/2025	B	400,000.000	1.0000		- 400,000 *	400,000	
01/23/2025	S	- 6,000,000.000	1.0000		6,000,000 *	6,000,000	
01/24/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
01/27/2025	S	- 1,258,242.770	1.0000		1,258,243 *	1,258,243	
01/28/2025	B	100,000.000	1.0000		- 100,000 *	100,000	



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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/29/2025	S	- 297,438.400	1.0000		297,438 *	297,438	
01/31/2025	B	1,700,000.000	1.0000		- 1,700,000 *	1,700,000	
01/31/2025	S	- 4,000,000.000	1.0000		4,000,000 *	4,000,000	
02/04/2025	B	203,461.610	1.0000		- 203,462 *	203,462	
02/04/2025	S	- 3,175,031.750	1.0000		3,175,032 *	3,175,032	
02/04/2025	B	4,992.660	1.0000		- 4,993 *	4,993	
02/05/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
02/06/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
02/07/2025	B	400,000.000	1.0000		- 400,000 *	400,000	
02/10/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
02/11/2025	B	600,000.000	1.0000		- 600,000 *	600,000	
02/12/2025	B	732,919.370	1.0000		- 732,919 *	732,919	
02/13/2025	B	700,000.000	1.0000		- 700,000 *	700,000	
02/14/2025	B	200,000.000	1.0000		- 200,000 *	200,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/19/2025	S	- 2,852,006.820	1.0000		2,852,007 *	2,852,007	
02/19/2025	B	6,000,000.000	1.0000		- 6,000,000 *	6,000,000	
02/20/2025	S	- 4,000,000.000	1.0000		4,000,000 *	4,000,000	
02/20/2025	S	- 6,000,000.000	1.0000		6,000,000 *	6,000,000	
02/20/2025	B	10,000,000.000	1.0000		- 10,000,000 *	10,000,000	
02/21/2025	S	- 1,000,000.000	1.0000		1,000,000 *	1,000,000	
02/24/2025	S	- 390,521.840	1.0000		390,522 *	390,522	
02/24/2025	S	- 6,500,000.000	1.0000		6,500,000 *	6,500,000	
02/25/2025	S	- 1,608,307.760	1.0000		1,608,308 *	1,608,308	
02/26/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
02/27/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
02/28/2025	S	- 2,500,000.000	1.0000		2,500,000 *	2,500,000	
03/04/2025	B	151,003.590	1.0000		- 151,004 *	151,004	
03/04/2025	S	- 2,330,931.050	1.0000		2,330,931 *	2,330,931	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/04/2025	B	706.530	1.0000		- 707 *	707	
03/04/2025	B	5,554.640	1.0000		- 5,555 *	5,555	
03/06/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
03/07/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
03/10/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
03/11/2025	S	- 501,251.710	1.0000		501,252 *	501,252	
03/12/2025	B	1,300,000.000	1.0000		- 1,300,000 *	1,300,000	
03/13/2025	B	600,000.000	1.0000		- 600,000 *	600,000	
03/14/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
03/17/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
03/18/2025	S	- 2,642,033.210	1.0000		2,642,033 *	2,642,033	
03/19/2025	B	523,931.440	1.0000		- 523,931 *	523,931	
03/20/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
03/25/2025	S	- 18,233.250	1.0000		18,233 *	18,233	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/26/2025	S	- 1,737,109.830	1.0000		1,737,110 *	1,737,110	
03/26/2025	B	18,233.250	1.0000		- 18,233 *	18,233	
04/02/2025	B	140,618.530	1.0000		- 140,619 *	140,619	
04/02/2025	S	- 3,591,610.870	1.0000		3,591,611 *	3,591,611	
04/07/2025	S	- 1,120,540.760	1.0000		1,120,541 *	1,120,541	
04/08/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
04/09/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
04/10/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
04/11/2025	B	1,200,000.000	1.0000		- 1,200,000 *	1,200,000	
04/14/2025	B	1,200,000.000	1.0000		- 1,200,000 *	1,200,000	
04/15/2025	B	696,974.200	1.0000		- 696,974 *	696,974	
04/16/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
04/17/2025	S	- 425,390.940	1.0000		425,391 *	425,391	
04/23/2025	S	- 1,808,947.000	1.0000		1,808,947 *	1,808,947	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/23/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
04/24/2025	S	- 1,347,817.320	1.0000		1,347,817 *	1,347,817	
04/28/2025	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
04/28/2025	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
04/29/2025	S	- 1,403,773.900	1.0000		1,403,774 *	1,403,774	
04/29/2025	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
04/30/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
05/01/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
05/02/2025	B	119,259.080	1.0000		- 119,259 *	119,259	
05/02/2025	B	298.080	1.0000		- 298 *	298	
05/06/2025	S	- 1,071,363.790	1.0000		1,071,364 *	1,071,364	
05/07/2025	S	- 1,623,461.870	1.0000		1,623,462 *	1,623,462	
05/09/2025	B	500,000.000	1.0000		- 500,000 *	500,000	
05/12/2025	B	700,000.000	1.0000		- 700,000 *	700,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/13/2025	B	2,200,000.000	1.0000		- 2,200,000 *	2,200,000	
05/14/2025	B	223,514.680	1.0000		- 223,515 *	223,515	
05/15/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
05/16/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
05/16/2025	B	5,000,000.000	1.0000		- 5,000,000 *	5,000,000	
05/19/2025	B	400,000.000	1.0000		- 400,000 *	400,000	
05/19/2025	S	- 5,000,000.000	1.0000		5,000,000 *	5,000,000	
05/20/2025	S	- 2,364,227.100	1.0000		2,364,227 *	2,364,227	
05/21/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
05/27/2025	S	- 812,581.690	1.0000		812,582 *	812,582	
05/28/2025	B	4,979.970	1.0000		- 4,980 *	4,980	
05/28/2025	B	3,250,000.000	1.0000		- 3,250,000 *	3,250,000	
05/30/2025	B	800,000.000	1.0000		- 800,000 *	800,000	
05/30/2025	S	- 3,250,000.000	1.0000		3,250,000 *	3,250,000	

Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf Sl Brd Mkt



CHILAB RETIREE FUND - COMBI ACCOUNT

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/03/2024	B	34,132.105	11.3752		- 388,260 *	388,260	
07/01/2024	B	28,259.529	11.7130		- 331,005 *	331,005	
08/01/2024	B	19,231.480	11.9208		- 229,254 *	229,254	
08/13/2024	S	- 3,828,556.182	11.4926		44,000,000 *	37,731,464	6,268,536
09/03/2024	B	26,455.993	12.1648		- 321,831 *	321,831	
10/31/2024	B	22,363.357	12.4023		- 277,357 *	277,357	
11/30/2024	B	16,025.825	12.2996		- 197,112 *	197,112	
12/31/2024	B	26,109.979	13.1014		- 342,076 *	342,076	
01/31/2025	B	24,991.619	12.6847		- 317,011 *	317,011	
01/31/2025	B	1,136,095.549	13.2031		- 15,000,000 *	15,000,000	
02/28/2025	B	16,139.070	13.0758		- 211,031 *	211,031	
03/31/2025	B	25,108.527	12.8100		- 321,639 *	321,639	
03/31/2025	B	281,548.218	12.4313		- 3,500,000 *	3,500,000	
03/31/2025	B	522,875.263	12.4313		- 6,500,000 *	6,500,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/30/2025	B	29,609.612	12.0465		- 356,692 *	356,692	
04/30/2025	B	168,270.474	11.8856		- 2,000,000 *	2,000,000	
04/30/2025	B	252,405.711	11.8856		- 3,000,000 *	3,000,000	
05/31/2025	B	16,927.814	11.9561		- 202,390 *	202,390	
05/31/2025	B	139,309.319	12.5620		- 1,750,000 *	1,750,000	
Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf							
06/03/2024	B	3,461.962	127.4969		- 441,389 *	441,389	
07/01/2024	B	1,528.674	127.0755		- 194,257 *	194,257	
08/01/2024	B	1,366.092	129.7529		- 177,254 *	177,254	
08/16/2024	S	- 70,994.232	126.7709		9,000,000 *	9,198,963	- 198,963
09/03/2024	B	1,494.070	132.9862		- 198,691 *	198,691	
10/31/2024	B	1,831.489	136.2631		- 249,564 *	249,564	
11/30/2024	B	548.250	129.6423		- 71,076 *	71,076	
12/31/2024	B	951.959	128.3445		- 122,179 *	122,179	
01/31/2025	S	- 116,509.333	128.7451		15,000,000 *	15,098,809	- 98,809



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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2025	B	701.346	125.7609		- 88,202 *	88,202	
02/28/2025	B	425.924	130.8082		- 55,714 *	55,714	
03/31/2025	B	822.066	132.4839		- 108,911 *	108,911	
04/30/2025	B	2,495.620	132.0284		- 329,493 *	329,493	
05/31/2025	B	2,112.500	135.7904		- 286,857 *	286,857	
Issue: 9SPMTKNW5 - Bnym-M Cf Sl Aggregate Bif							
06/30/2024	B	287.080	102.2157		- 29,344 *	29,344	
07/31/2024	B	287.227	102.8610		- 29,544 *	29,544	
08/31/2024	B	160,443.993	105.9560		- 17,000,000 *	17,000,000	
08/31/2024	B	289.398	104.9369		- 30,369 *	30,369	
08/31/2024	B	207,633.402	105.9560		- 22,000,000 *	22,000,000	
09/30/2024	B	1,474.408	106.1080		- 156,446 *	156,446	
10/31/2024	B	1,468.025	107.1866		- 157,353 *	157,353	
11/30/2024	B	1,531.159	104.1717		- 159,503 *	159,503	
12/31/2024	B	1,513.387	104.9357		- 158,808 *	158,808	



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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2025	B	1,595.120	102.8652		- 164,082 *	164,082	
02/28/2025	S	- 48,403.711	103.2979		5,000,000 *	5,250,551	- 250,551
02/28/2025	B	1,600.676	103.0603		- 164,966 *	164,966	
03/31/2025	S	- 57,490.324	104.3654		6,000,000 *	6,235,564	- 235,564
03/31/2025	B	1,365.319	104.9897		- 143,344 *	143,344	
04/30/2025	B	1,246.781	104.6716		- 130,503 *	130,503	
04/30/2025	S	- 28,599.707	104.8962		3,000,000 *	3,101,635	- 101,635
05/31/2025	S	- 31,373.950	103.5891		3,250,000 *	3,402,110	- 152,110
05/31/2025	B	1,131.584	104.7333		- 118,515 *	118,515	
Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif							
06/03/2024	B	4,136.133	102.2157		- 422,778 *	422,778	
07/01/2024	B	4,138.247	102.8611		- 425,665 *	425,665	
08/01/2024	B	4,169.528	104.9369		- 437,537 *	437,537	
08/13/2024	S	- 207,670.098	105.9373		22,000,000 *	24,643,781	- 2,643,781
08/15/2024	S	- 938,948.487	106.5021		100,000,000 *	111,423,075	- 11,423,075



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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/29/2024	S	- 160,796.950	106.8481		17,180,853 *	19,081,441	- 1,900,589
Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A							
07/18/2024	S	- 3,189.195	13.8200		44,075 *	42,797	1,278
08/16/2024	B	707,213.579	14.1400		- 10,000,000 *	10,000,000	
10/31/2024	S	- 3,488.569	14.1700		49,433 *	47,087	2,346
12/31/2024	B	248,051.028	14.1100		- 3,500,000 *	3,500,000	
01/31/2025	S	- 3,765.167	13.8400		52,110 *	50,905	1,205
01/31/2025	B	433,212.996	13.8500		- 6,000,000 *	6,000,000	
02/28/2025	B	70,972.321	14.0900		- 1,000,000 *	1,000,000	
04/30/2025	S	- 3,918.236	14.0800		55,169 *	53,073	2,096
Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt							
10/31/2024	B	801,032.514	12.4839		- 10,000,000 *	10,000,000	
11/30/2024	B	646.137	12.2996		- 7,947 *	7,947	
12/31/2024	B	1,052.714	13.1014		- 13,792 *	13,792	
01/31/2025	B	1,007.624	12.6847		- 12,781 *	12,781	



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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/28/2025	S	- 75,428.900	13.2575		1,000,000 *	941,749	58,251
02/28/2025	B	615.618	13.0758		- 8,050 *	8,050	
03/31/2025	S	- 40,223.617	12.4305		500,000 *	502,218	- 2,218
03/31/2025	B	867.940	12.8100		- 11,118 *	11,118	
04/30/2025	B	931.621	12.0465		- 11,223 *	11,223	
05/31/2025	S	- 139,309.319	12.5620		1,750,000 *	1,739,228	10,772
05/31/2025	B	522.590	11.9561		- 6,248 *	6,248	
Issue: 95MSE32F9 - lif Erisa Hedged LP							
06/28/2024	B	122,118.740	.9532		- 116,404 *	116,404	
06/28/2024	B	303,991.160	.9532		- 289,765 *	289,765	
06/28/2024	S	- 42,215.120	.9610		40,569 *	35,951	4,619
06/28/2024	S	- 137,893.200	.9610		132,517 *	117,431	15,086
06/28/2024	B	103,477.180	.9478		- 98,076 *	98,076	
10/31/2024	B	137,893.200	.9610		- 132,517 *	132,517	
10/31/2024	B	267,384.440	.9610		- 256,960 *	256,960	



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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2024	S	- 39,733.420	.9839		39,094 *	34,015	5,079
10/31/2024	S	- 155,800.410	.9839		153,292 *	133,376	19,916
10/31/2024	S	- 396,418.420	.9873		391,388 *	339,361	52,027
01/31/2025	B	155,800.410	.9839		- 153,292 *	153,292	
01/31/2025	B	458,609.990	.9839		- 451,225 *	451,225	
01/31/2025	S	- 42,161.470	.9616		40,541 *	36,244	4,297
01/31/2025	S	- 53,734.100	.9616		51,669 *	46,193	5,476
01/31/2025	S	- 140,774.040	.9616		135,364 *	121,017	14,347
01/31/2025	B	893,579.270	.9601		- 857,905 *	857,905	
04/30/2025	B	140,774.040	.9616		- 135,364 *	135,364	
04/30/2025	B	319,401.280	.9616		- 307,127 *	307,127	
04/30/2025	S	- 41,841.830	.9889		41,378 *	36,218	5,160
04/30/2025	S	- 155,474.240	.9889		153,751 *	134,577	19,174
04/30/2025	S	- 396,281.100	.9918		393,049 *	343,018	50,031

Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/03/2024	B	1,250.196	11,314.2232		- 14,145,000 *	14,145,000	
12/31/2024	B	298.909	11,257.5993		- 3,365,000 *	3,365,000	
02/28/2025	B	331.663	11,201.1457		- 3,715,000 *	3,715,000	
03/31/2025	B	207.698	11,458.9728		- 2,380,000 *	2,380,000	
Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC							
09/03/2024	B	61.881	13,816.8197		- 855,000 *	855,000	
12/31/2024	B	9.581	14,089.9460		- 135,000 *	135,000	
02/28/2025	B	20.106	14,174.8027		- 285,000 *	285,000	
03/31/2025	B	8.412	14,264.6569		- 120,000 *	120,000	
Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd							
09/30/2024	B	737.027	279.1414		- 205,735 *	205,735	
09/30/2024	S	- 737.027	279.1414		205,735 *	156,390	49,344
09/30/2024	S	- 277.020	279.1414		77,328 *	58,781	18,547
10/31/2024	S	- 275.561	284.0595		78,276 *	54,460	23,816
02/28/2025	S	- 254.648	290.6950		74,025 *	55,553	18,471



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2025	S	- 253.146	297.6634		75,352 *	50,030	25,322
Issue: 95MSE33Q4 - US Real Estate Investment Fund LLC							
09/30/2024	B	66.387	1,172.9343		- 77,867 *	77,867	
12/31/2024	B	52.277	1,153.4628		- 60,299 *	60,299	
04/30/2025	B	56.124	1,153.1492		- 64,719 *	64,719	
Issue: 95MSE3335 - Bgo Diversified US Property Fund-B							
09/30/2024	B	1.780	2,407.8301		- 4,287 *	4,287	
12/31/2024	B	1.788	2,406.1287		- 4,303 *	4,303	
04/30/2025	B	1.782	2,411.4739		- 4,298 *	4,298	
<b>GRAND TOTAL</b>				<b>0</b>	<b>1,059,857,690</b>	<b>1,070,189,787</b>	<b>- 10,332,099</b>

**CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE**

Broker: Direct From Issuer

Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt							
06/03/2024	B	34,132.105	11.3752		- 388,260 *	388,260	
Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf							
06/03/2024	B	3,461.962	127.4969		- 441,389 *	441,389	



CHILAB RETIREE FUND - COMBI ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/03/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif B	4,136.133	102.2157		- 422,778 *	422,778	
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	122,118.740	.9532		- 116,404 *	116,404	
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	303,991.160	.9532		- 289,765 *	289,765	
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 42,215.120	.9610		40,569 *	35,951	4,619
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 137,893.200	.9610		132,517 *	117,431	15,086
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	103,477.180	.9478		- 98,076 *	98,076	
06/30/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	287.080	102.2157		- 29,344 *	29,344	
07/01/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	28,259.529	11.7130		- 331,005 *	331,005	
07/01/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	1,528.674	127.0755		- 194,257 *	194,257	
07/01/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif B	4,138.247	102.8611		- 425,665 *	425,665	
07/18/2024	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A S	- 3,189.195	13.8200		44,075 *	42,797	1,278



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	287.227	102.8610		- 29,544 *	29,544	
08/01/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	19,231.480	11.9208		- 229,254 *	229,254	
08/01/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	1,366.092	129.7529		- 177,254 *	177,254	
08/01/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif B	4,169.528	104.9369		- 437,537 *	437,537	
08/13/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt S	- 3,828,556.182	11.4926		44,000,000 *	37,731,464	6,268,536
08/13/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif S	- 207,670.098	105.9373		22,000,000 *	24,643,781	- 2,643,781
08/15/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif S	- 938,948.487	106.5021		100,000,000 *	111,423,075	- 11,423,075
08/16/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf S	- 70,994.232	126.7709		9,000,000 *	9,198,963	- 198,963
08/16/2024	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A B	707,213.579	14.1400		- 10,000,000 *	10,000,000	
08/29/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif S	- 160,796.950	106.8481		17,180,853 *	19,081,441	- 1,900,589
08/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	160,443.993	105.9560		- 17,000,000 *	17,000,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	289.398	104.9369		- 30,369 *	30,369	
08/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	207,633.402	105.9560		- 22,000,000 *	22,000,000	
09/03/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	26,455.993	12.1648		- 321,831 *	321,831	
09/03/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	1,494.070	132.9862		- 198,691 *	198,691	
09/03/2024	Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC B	1,250.196	11,314.2232		- 14,145,000 *	14,145,000	
09/03/2024	Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC B	61.881	13,816.8197		- 855,000 *	855,000	
09/30/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,474.408	106.1080		- 156,446 *	156,446	
09/30/2024	Issue: 95MSE3335 - Bgo Diversified US Property Fund-B B	1.780	2,407.8301		- 4,287 *	4,287	
09/30/2024	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd B	737.027	279.1414		- 205,735 *	205,735	
09/30/2024	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 737.027	279.1414		205,735 *	156,390	49,344
09/30/2024	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 277.020	279.1414		77,328 *	58,781	18,547



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/2024	Issue: 95MSE33Q4 - US Real Estate Investment Fund LLC B	66.387	1,172.9343		- 77,867 *	77,867	
10/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,468.025	107.1866		- 157,353 *	157,353	
10/31/2024	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	801,032.514	12.4839		- 10,000,000 *	10,000,000	
10/31/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	22,363.357	12.4023		- 277,357 *	277,357	
10/31/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	1,831.489	136.2631		- 249,564 *	249,564	
10/31/2024	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A S	- 3,488.569	14.1700		49,433 *	47,087	2,346
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	137,893.200	.9610		- 132,517 *	132,517	
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	267,384.440	.9610		- 256,960 *	256,960	
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 39,733.420	.9839		39,094 *	34,015	5,079
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 155,800.410	.9839		153,292 *	133,376	19,916
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 396,418.420	.9873		391,388 *	339,361	52,027



CHILAB RETIREE FUND - COMBI ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2024	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 275.561	284.0595		78,276 *	54,460	23,816
11/30/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,531.159	104.1717		- 159,503 *	159,503	
11/30/2024	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	646.137	12.2996		- 7,947 *	7,947	
11/30/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	16,025.825	12.2996		- 197,112 *	197,112	
11/30/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	548.250	129.6423		- 71,076 *	71,076	
12/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,513.387	104.9357		- 158,808 *	158,808	
12/31/2024	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	1,052.714	13.1014		- 13,792 *	13,792	
12/31/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	26,109.979	13.1014		- 342,076 *	342,076	
12/31/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	951.959	128.3445		- 122,179 *	122,179	
12/31/2024	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A B	248,051.028	14.1100		- 3,500,000 *	3,500,000	
12/31/2024	Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC B	298.909	11,257.5993		- 3,365,000 *	3,365,000	



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Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/31/2024	Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC B	9.581	14,089.9460		- 135,000 *	135,000	
12/31/2024	Issue: 95MSE3335 - Bgo Diversified US Property Fund-B B	1.788	2,406.1287		- 4,303 *	4,303	
12/31/2024	Issue: 95MSE33Q4 - US Real Estate Investment Fund LLC B	52.277	1,153.4628		- 60,299 *	60,299	
01/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,595.120	102.8652		- 164,082 *	164,082	
01/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	1,007.624	12.6847		- 12,781 *	12,781	
01/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	24,991.619	12.6847		- 317,011 *	317,011	
01/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	1,136,095.549	13.2031		- 15,000,000 *	15,000,000	
01/31/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf S	- 116,509.333	128.7451		15,000,000 *	15,098,809	- 98,809
01/31/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	701.346	125.7609		- 88,202 *	88,202	
01/31/2025	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A S	- 3,765.167	13.8400		52,110 *	50,905	1,205
01/31/2025	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A B	433,212.996	13.8500		- 6,000,000 *	6,000,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	155,800.410	.9839		- 153,292 *	153,292	
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	458,609.990	.9839		- 451,225 *	451,225	
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 42,161.470	.9616		40,541 *	36,244	4,297
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 53,734.100	.9616		51,669 *	46,193	5,476
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 140,774.040	.9616		135,364 *	121,017	14,347
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	893,579.270	.9601		- 857,905 *	857,905	
02/28/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif S	- 48,403.711	103.2979		5,000,000 *	5,250,551	- 250,551
02/28/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,600.676	103.0603		- 164,966 *	164,966	
02/28/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt S	- 75,428.900	13.2575		1,000,000 *	941,749	58,251
02/28/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	615.618	13.0758		- 8,050 *	8,050	
02/28/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	16,139.070	13.0758		- 211,031 *	211,031	



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Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/28/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	425.924	130.8082		- 55,714 *	55,714	
02/28/2025	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A B	70,972.321	14.0900		- 1,000,000 *	1,000,000	
02/28/2025	Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC B	331.663	11,201.1457		- 3,715,000 *	3,715,000	
02/28/2025	Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC B	20.106	14,174.8027		- 285,000 *	285,000	
02/28/2025	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 254.648	290.6950		74,025 *	55,553	18,471
03/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif S	- 57,490.324	104.3654		6,000,000 *	6,235,564	- 235,564
03/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,365.319	104.9897		- 143,344 *	143,344	
03/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt S	- 40,223.617	12.4305		500,000 *	502,218	- 2,218
03/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	867.940	12.8100		- 11,118 *	11,118	
03/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	25,108.527	12.8100		- 321,639 *	321,639	
03/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	281,548.218	12.4313		- 3,500,000 *	3,500,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	522,875.263	12.4313		- 6,500,000 *	6,500,000	
03/31/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	822.066	132.4839		- 108,911 *	108,911	
03/31/2025	Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC B	207.698	11,458.9728		- 2,380,000 *	2,380,000	
03/31/2025	Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC B	8.412	14,264.6569		- 120,000 *	120,000	
04/30/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,246.781	104.6716		- 130,503 *	130,503	
04/30/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif S	- 28,599.707	104.8962		3,000,000 *	3,101,635	- 101,635
04/30/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	931.621	12.0465		- 11,223 *	11,223	
04/30/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	29,609.612	12.0465		- 356,692 *	356,692	
04/30/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	168,270.474	11.8856		- 2,000,000 *	2,000,000	
04/30/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	252,405.711	11.8856		- 3,000,000 *	3,000,000	
04/30/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	2,495.620	132.0284		- 329,493 *	329,493	



CHILAB RETIREE FUND - COMBI ACCOUNT

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Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/30/2025	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A S	- 3,918.236	14.0800		55,169 *	53,073	2,096
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	140,774.040	.9616		- 135,364 *	135,364	
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	319,401.280	.9616		- 307,127 *	307,127	
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 41,841.830	.9889		41,378 *	36,218	5,160
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 155,474.240	.9889		153,751 *	134,577	19,174
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 396,281.100	.9918		393,049 *	343,018	50,031
04/30/2025	Issue: 95MSE3335 - Bgo Diversified US Property Fund-B B	1.782	2,411.4739		- 4,298 *	4,298	
04/30/2025	Issue: 95MSE33Q4 - US Real Estate Investment Fund LLC B	56.124	1,153.1492		- 64,719 *	64,719	
05/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif S	- 31,373.950	103.5891		3,250,000 *	3,402,110	- 152,110
05/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,131.584	104.7333		- 118,515 *	118,515	
05/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt S	- 139,309.319	12.5620		1,750,000 *	1,739,228	10,772



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Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	522.590	11.9561		- 6,248 *	6,248	
05/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	16,927.814	11.9561		- 202,390 *	202,390	
05/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	139,309.319	12.5620		- 1,750,000 *	1,750,000	
05/31/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	2,112.500	135.7904		- 286,857 *	286,857	
05/31/2025	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 253.146	297.6634		75,352 *	50,030	25,322
<b>Total For Direct From Issuer</b>				<b>0</b>	<b>368,054,272</b>	<b>378,386,369</b>	<b>- 10,332,099</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>368,054,272</b>	<b>378,386,369</b>	<b>- 10,332,099</b>

**CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE**

Issue: 057071870 - Baird Core Plus Bond Fund Institut							
08/15/2024	B	8,746,355.686	10.2900		- 90,000,000 *	90,000,000	
08/30/2024	B	211,733.287	10.3000		- 2,180,853 *	2,180,853	
12/10/2024	B	293,542.073	10.2200		- 3,000,000 *	3,000,000	
02/21/2025	B	641,658.440	10.1300		- 6,500,000 *	6,500,000	



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/29/2025	B	322,740.814	10.0700		- 3,250,000 *	3,250,000	
<b>Total For Buys</b>				<b>0</b>	<b>104,930,853</b>	<b>104,930,853</b>	<b>0</b>
08/27/2024	R	27,555.478	10.3400		- 284,924 *	284,924	
09/25/2024	R	29,041.336	10.4400		- 303,192 *	303,192	
10/28/2024	R	30,864.454	10.1500		- 313,274 *	313,274	
12/02/2024	R	32,551.115	10.1800		- 331,370 *	331,370	
12/30/2024	R	48,301.037	9.9800		- 482,044 *	482,044	
01/29/2025	R	29,185.728	10.0400		- 293,025 *	293,025	
02/27/2025	R	32,326.530	10.1900		- 329,407 *	329,407	
03/28/2025	R	35,588.112	10.1000		- 359,440 *	359,440	
04/28/2025	R	33,406.966	10.1200		- 338,079 *	338,079	
05/28/2025	R	34,641.512	10.0500		- 348,147 *	348,147	
<b>Total For Reinvestments</b>				<b>0</b>	<b>3,382,902</b>	<b>3,382,902</b>	<b>0</b>



CHILAB RETIREE FUND - COMBI ACCOUNT

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total Baird Core Plus Bond Fund Institut</b>				<b>0</b>	<b>108,313,755</b>	<b>108,313,755</b>	<b>0</b>
Issue: 31846V336 - First Am Govt Ob Fd CI X							
06/04/2024	B	11,331,212.080	1.0000		- 11,331,212 *	11,331,212	
06/05/2024	B	1.000	1.0000		- 1	1	
06/05/2024	B	976.640	1.0000		- 977 *	977	
06/12/2024	B	6,000,000.000	1.0000		- 6,000,000 *	6,000,000	
06/13/2024	B	3,600,000.000	1.0000		- 3,600,000 *	3,600,000	
06/14/2024	B	600,000.000	1.0000		- 600,000 *	600,000	
06/17/2024	B	152,572.860	1.0000		- 152,573 *	152,573	
06/18/2024	B	99,129.970	1.0000		- 99,130 *	99,130	
06/20/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
06/21/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
06/24/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
07/02/2024	B	72,065.620	1.0000		- 72,066 *	72,066	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/02/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
07/02/2024	B	3.630	1.0000		- 4	4	
07/05/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
07/08/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
07/09/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
07/11/2024	B	1,100,000.000	1.0000		- 1,100,000 *	1,100,000	
07/12/2024	B	2,700,000.000	1.0000		- 2,700,000 *	2,700,000	
07/15/2024	B	1,300,000.000	1.0000		- 1,300,000 *	1,300,000	
07/17/2024	B	700,000.000	1.0000		- 700,000 *	700,000	
07/19/2024	B	534,447.520	1.0000		- 534,448 *	534,448	
07/22/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
07/24/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
07/30/2024	B	150,000.000	1.0000		- 150,000 *	150,000	
08/01/2024	B	254,671.860	1.0000		- 254,672 *	254,672	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/02/2024	B	105,120.390	1.0000		- 105,120 *	105,120	
08/02/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
08/02/2024	B	4.350	1.0000		- 4	4	
08/07/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
08/08/2024	B	850,000.000	1.0000		- 850,000 *	850,000	
08/09/2024	B	650,000.000	1.0000		- 650,000 *	650,000	
08/12/2024	B	700,000.000	1.0000		- 700,000 *	700,000	
08/13/2024	B	28,252,095.990	1.0000		- 28,252,096 *	28,252,096	
08/14/2024	B	1,800,000.000	1.0000		- 1,800,000 *	1,800,000	
08/15/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
08/16/2024	B	9,277,957.170	1.0000		- 9,277,957 *	9,277,957	
08/16/2024	B	100,000,000.000	1.0000		- 100,000,000 *	100,000,000	
08/16/2024	B	984.620	1.0000		- 985 *	985	
08/19/2024	B	400,000.000	1.0000		- 400,000 *	400,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/22/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
08/23/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
08/29/2024	B	17,180,852.860	1.0000		- 17,180,853 *	17,180,853	
08/30/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
09/03/2024	B	100,020.470	1.0000		- 100,020 *	100,020	
09/04/2024	B	207,059.600	1.0000		- 207,060 *	207,060	
09/04/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
09/04/2024	B	3,082.760	1.0000		- 3,083 *	3,083	
09/06/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
09/09/2024	B	400,000.000	1.0000		- 400,000 *	400,000	
09/10/2024	B	541,525.150	1.0000		- 541,525 *	541,525	
09/11/2024	B	1,800,000.000	1.0000		- 1,800,000 *	1,800,000	
09/12/2024	B	2,200,000.000	1.0000		- 2,200,000 *	2,200,000	
09/13/2024	B	1,400,000.000	1.0000		- 1,400,000 *	1,400,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/16/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
09/18/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
09/19/2024	B	3,600,000.000	1.0000		- 3,600,000 *	3,600,000	
09/20/2024	B	240,000.000	1.0000		- 240,000 *	240,000	
09/23/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
09/26/2024	B	84,680.310	1.0000		- 84,680 *	84,680	
10/02/2024	B	270,339.760	1.0000		- 270,340 *	270,340	
10/02/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
10/02/2024	B	638.250	1.0000		- 638 *	638	
10/03/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
10/04/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
10/08/2024	B	900,000.000	1.0000		- 900,000 *	900,000	
10/09/2024	B	500,000.000	1.0000		- 500,000 *	500,000	
10/10/2024	B	500,000.000	1.0000		- 500,000 *	500,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/11/2024	B	1,700,000.000	1.0000		- 1,700,000 *	1,700,000	
10/15/2024	B	751,609.010	1.0000		- 751,609 *	751,609	
10/16/2024	B	1,300,000.000	1.0000		- 1,300,000 *	1,300,000	
10/17/2024	B	900,000.000	1.0000		- 900,000 *	900,000	
10/18/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
10/22/2024	B	300,000.000	1.0000		- 300,000 *	300,000	
10/24/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
10/25/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
10/29/2024	B	234,986.900	1.0000		- 234,987 *	234,987	
10/30/2024	B	684,458.790	1.0000		- 684,459 *	684,459	
10/31/2024	B	19.040	1.0000		- 19	19	
11/01/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
11/04/2024	B	274,528.290	1.0000		- 274,528 *	274,528	
11/06/2024	B	300,000.000	1.0000		- 300,000 *	300,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/07/2024	B	600,000.000	1.0000		- 600,000 *	600,000	
11/08/2024	B	850,000.000	1.0000		- 850,000 *	850,000	
11/13/2024	B	3,000,000.000	1.0000		- 3,000,000 *	3,000,000	
11/14/2024	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
11/15/2024	B	800,000.000	1.0000		- 800,000 *	800,000	
11/19/2024	B	700,000.000	1.0000		- 700,000 *	700,000	
11/21/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
11/22/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
11/25/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
12/02/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
12/03/2024	B	235,776.610	1.0000		- 235,777 *	235,777	
12/03/2024	B	17.900	1.0000		- 18	18	
12/04/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
12/05/2024	B	300,000.000	1.0000		- 300,000 *	300,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/06/2024	B	600,000.000	1.0000		- 600,000 *	600,000	
12/09/2024	B	10,000,000.000	1.0000		- 10,000,000 *	10,000,000	
12/10/2024	B	900,000.000	1.0000		- 900,000 *	900,000	
12/11/2024	B	1,000,000.000	1.0000		- 1,000,000 *	1,000,000	
12/12/2024	B	2,300,000.000	1.0000		- 2,300,000 *	2,300,000	
12/13/2024	B	1,400,000.000	1.0000		- 1,400,000 *	1,400,000	
12/18/2024	B	600,000.000	1.0000		- 600,000 *	600,000	
12/19/2024	B	100,000.000	1.0000		- 100,000 *	100,000	
12/20/2024	B	246.440	1.0000		- 246 *	246	
12/20/2024	B	3,751,682.720	1.0000		- 3,751,683 *	3,751,683	
12/20/2024	B	.020	1.0000				
12/26/2024	B	200,000.000	1.0000		- 200,000 *	200,000	
01/02/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
01/03/2025	B	220,210.210	1.0000		- 220,210 *	220,210	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/03/2025	B	400,000.000	1.0000		- 400,000 *	400,000	
01/03/2025	B	2,943.360	1.0000		- 2,943 *	2,943	
01/06/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
01/08/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
01/09/2025	B	600,000.000	1.0000		- 600,000 *	600,000	
01/10/2025	B	700,000.000	1.0000		- 700,000 *	700,000	
01/13/2025	B	1,100,000.000	1.0000		- 1,100,000 *	1,100,000	
01/14/2025	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
01/16/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
01/17/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
01/22/2025	B	10,000,000.000	1.0000		- 10,000,000 *	10,000,000	
01/23/2025	B	400,000.000	1.0000		- 400,000 *	400,000	
01/24/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
01/28/2025	B	100,000.000	1.0000		- 100,000 *	100,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2025	B	1,700,000.000	1.0000		- 1,700,000 *	1,700,000	
02/04/2025	B	203,461.610	1.0000		- 203,462 *	203,462	
02/04/2025	B	4,992.660	1.0000		- 4,993 *	4,993	
02/05/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
02/06/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
02/07/2025	B	400,000.000	1.0000		- 400,000 *	400,000	
02/10/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
02/11/2025	B	600,000.000	1.0000		- 600,000 *	600,000	
02/12/2025	B	732,919.370	1.0000		- 732,919 *	732,919	
02/13/2025	B	700,000.000	1.0000		- 700,000 *	700,000	
02/14/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
02/19/2025	B	6,000,000.000	1.0000		- 6,000,000 *	6,000,000	
02/20/2025	B	10,000,000.000	1.0000		- 10,000,000 *	10,000,000	
02/26/2025	B	100,000.000	1.0000		- 100,000 *	100,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/27/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
03/04/2025	B	151,003.590	1.0000		- 151,004 *	151,004	
03/04/2025	B	706.530	1.0000		- 707 *	707	
03/04/2025	B	5,554.640	1.0000		- 5,555 *	5,555	
03/06/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
03/07/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
03/10/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
03/12/2025	B	1,300,000.000	1.0000		- 1,300,000 *	1,300,000	
03/13/2025	B	600,000.000	1.0000		- 600,000 *	600,000	
03/14/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
03/17/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
03/19/2025	B	523,931.440	1.0000		- 523,931 *	523,931	
03/20/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
03/26/2025	B	18,233.250	1.0000		- 18,233 *	18,233	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/02/2025	B	140,618.530	1.0000		- 140,619 *	140,619	
04/02/2025	B	2.310	1.0000		- 2	2	
04/02/2025	B	61.940	1.0000		- 62	62	
04/08/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
04/09/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
04/10/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
04/11/2025	B	1,200,000.000	1.0000		- 1,200,000 *	1,200,000	
04/14/2025	B	1,200,000.000	1.0000		- 1,200,000 *	1,200,000	
04/15/2025	B	696,974.200	1.0000		- 696,974 *	696,974	
04/16/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
04/23/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
04/28/2025	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
04/30/2025	B	100,000.000	1.0000		- 100,000 *	100,000	
05/01/2025	B	100,000.000	1.0000		- 100,000 *	100,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
 ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/02/2025	B	119,259.080	1.0000		- 119,259 *	119,259	
05/02/2025	B	2.480	1.0000		- 2	2	
05/02/2025	B	298.080	1.0000		- 298 *	298	
05/09/2025	B	500,000.000	1.0000		- 500,000 *	500,000	
05/12/2025	B	700,000.000	1.0000		- 700,000 *	700,000	
05/13/2025	B	2,200,000.000	1.0000		- 2,200,000 *	2,200,000	
05/14/2025	B	223,514.680	1.0000		- 223,515 *	223,515	
05/15/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
05/16/2025	B	300,000.000	1.0000		- 300,000 *	300,000	
05/16/2025	B	5,000,000.000	1.0000		- 5,000,000 *	5,000,000	
05/19/2025	B	400,000.000	1.0000		- 400,000 *	400,000	
05/21/2025	B	200,000.000	1.0000		- 200,000 *	200,000	
05/28/2025	B	4,979.970	1.0000		- 4,980 *	4,980	
05/28/2025	B	3,250,000.000	1.0000		- 3,250,000 *	3,250,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/30/2025	B	800,000.000	1.0000		- 800,000 *	800,000	
<b>Total For Buys</b>				<b>0</b>	<b>306,742,438</b>	<b>306,742,438</b>	<b>0</b>
06/06/2024	S	- 6.000	1.0000		6	6	
06/26/2024	S	- 333,350.360	1.0000		333,350 *	333,350	
06/28/2024	S	- 328,947.230	1.0000		328,947 *	328,947	
07/03/2024	S	- 2,424,881.360	1.0000		2,424,881 *	2,424,881	
07/10/2024	S	- 215,487.540	1.0000		215,488 *	215,488	
07/16/2024	S	- 16,578.050	1.0000		16,578 *	16,578	
07/18/2024	S	- 1,371,207.150	1.0000		1,371,207 *	1,371,207	
07/23/2024	S	- 605,791.600	1.0000		605,792 *	605,792	
07/29/2024	S	- 544,787.150	1.0000		544,787 *	544,787	
07/31/2024	S	- 968,662.670	1.0000		968,663 *	968,663	
08/06/2024	S	- 2,844,688.400	1.0000		2,844,688 *	2,844,688	
08/16/2024	S	- 100,000,000.000	1.0000		100,000,000 *	100,000,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/16/2024	S	- 984.620	1.0000		985 *	985	
08/20/2024	S	- 1,622,439.720	1.0000		1,622,440 *	1,622,440	
08/21/2024	S	- 642,517.150	1.0000		642,517 *	642,517	
08/27/2024	S	- 868,884.740	1.0000		868,885 *	868,885	
08/28/2024	S	- 456,194.190	1.0000		456,194 *	456,194	
08/30/2024	S	- 15,000,000.000	1.0000		15,000,000 *	15,000,000	
09/03/2024	S	- 2,180,852.860	1.0000		2,180,853 *	2,180,853	
09/05/2024	S	- 2,447,583.530	1.0000		2,447,584 *	2,447,584	
09/17/2024	S	- 1,752,784.950	1.0000		1,752,785 *	1,752,785	
09/24/2024	S	- 919,512.820	1.0000		919,513 *	919,513	
09/25/2024	S	- 155,806.690	1.0000		155,807 *	155,807	
10/01/2024	S	- 906,135.140	1.0000		906,135 *	906,135	
10/07/2024	S	- 2,523,663.990	1.0000		2,523,664 *	2,523,664	
10/23/2024	S	- 2,718,656.100	1.0000		2,718,656 *	2,718,656	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/24/2024	S	- 10,000,000.000	1.0000		10,000,000 *	10,000,000	
10/28/2024	S	- 1,055,371.540	1.0000		1,055,372 *	1,055,372	
11/05/2024	S	- 2,536,011.660	1.0000		2,536,012 *	2,536,012	
11/12/2024	S	- 188,559.110	1.0000		188,559 *	188,559	
11/14/2024	S	- 930,462.360	1.0000		930,462 *	930,462	
11/20/2024	S	- 2,340,755.510	1.0000		2,340,756 *	2,340,756	
11/26/2024	S	- 1,436,874.860	1.0000		1,436,875 *	1,436,875	
12/03/2024	S	- 1,974,141.420	1.0000		1,974,141 *	1,974,141	
12/09/2024	S	- 11,590,235.770	1.0000		11,590,236 *	11,590,236	
12/10/2024	S	- 3,500,000.000	1.0000		3,500,000 *	3,500,000	
12/11/2024	S	- 3,000,000.000	1.0000		3,000,000 *	3,000,000	
12/13/2024	S	- 3,500,000.000	1.0000		3,500,000 *	3,500,000	
12/16/2024	S	- 241,749.890	1.0000		241,750 *	241,750	
12/17/2024	S	- 676,919.660	1.0000		676,920 *	676,920	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/27/2024	S	- 953,362.830	1.0000		953,363 *	953,363	
01/07/2025	S	- 3,394,861.140	1.0000		3,394,861 *	3,394,861	
01/15/2025	S	- 231,028.780	1.0000		231,029 *	231,029	
01/21/2025	S	- 2,815,777.380	1.0000		2,815,777 *	2,815,777	
01/22/2025	S	- 9,900,000.000	1.0000		9,900,000 *	9,900,000	
01/23/2025	S	- 6,000,000.000	1.0000		6,000,000 *	6,000,000	
01/27/2025	S	- 1,258,242.770	1.0000		1,258,243 *	1,258,243	
01/29/2025	S	- 297,438.400	1.0000		297,438 *	297,438	
01/31/2025	S	- 4,000,000.000	1.0000		4,000,000 *	4,000,000	
02/04/2025	S	- 3,175,031.750	1.0000		3,175,032 *	3,175,032	
02/19/2025	S	- 2,852,006.820	1.0000		2,852,007 *	2,852,007	
02/20/2025	S	- 4,000,000.000	1.0000		4,000,000 *	4,000,000	
02/20/2025	S	- 6,000,000.000	1.0000		6,000,000 *	6,000,000	
02/21/2025	S	- 1,000,000.000	1.0000		1,000,000 *	1,000,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/24/2025	S	- 390,521.840	1.0000		390,522 *	390,522	
02/24/2025	S	- 6,500,000.000	1.0000		6,500,000 *	6,500,000	
02/25/2025	S	- 1,608,307.760	1.0000		1,608,308 *	1,608,308	
02/28/2025	S	- 2,500,000.000	1.0000		2,500,000 *	2,500,000	
03/04/2025	S	- 2,330,931.050	1.0000		2,330,931 *	2,330,931	
03/11/2025	S	- 501,251.710	1.0000		501,252 *	501,252	
03/18/2025	S	- 2,642,033.210	1.0000		2,642,033 *	2,642,033	
03/25/2025	S	- 18,233.250	1.0000		18,233 *	18,233	
03/26/2025	S	- 1,737,109.830	1.0000		1,737,110 *	1,737,110	
04/02/2025	S	- 3,591,610.870	1.0000		3,591,611 *	3,591,611	
04/07/2025	S	- 1,120,540.760	1.0000		1,120,541 *	1,120,541	
04/17/2025	S	- 425,390.940	1.0000		425,391 *	425,391	
04/23/2025	S	- 1,808,947.000	1.0000		1,808,947 *	1,808,947	
04/24/2025	S	- 1,347,817.320	1.0000		1,347,817 *	1,347,817	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/28/2025	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
04/29/2025	S	- 1,403,773.900	1.0000		1,403,774 *	1,403,774	
04/29/2025	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
05/06/2025	S	- 1,071,363.790	1.0000		1,071,364 *	1,071,364	
05/07/2025	S	- 1,623,461.870	1.0000		1,623,462 *	1,623,462	
05/19/2025	S	- 5,000,000.000	1.0000		5,000,000 *	5,000,000	
05/20/2025	S	- 2,364,227.100	1.0000		2,364,227 *	2,364,227	
05/27/2025	S	- 812,581.690	1.0000		812,582 *	812,582	
05/30/2025	S	- 3,250,000.000	1.0000		3,250,000 *	3,250,000	
<b>Total For Sells</b>				<b>0</b>	<b>276,747,343</b>	<b>276,747,343</b>	<b>0</b>
<b>Total First Am Govt Ob Fd Cl X</b>				<b>0</b>	<b>583,489,781</b>	<b>583,489,781</b>	<b>0</b>

Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf Sl Brd Mkt

06/03/2024	B	34,132.105	11.3752		- 388,260 *	388,260	
07/01/2024	B	28,259.529	11.7130		- 331,005 *	331,005	



CHILAB RETIREE FUND - COMBI ACCOUNT  
 ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/01/2024	B	19,231.480	11.9208		- 229,254 *	229,254	
09/03/2024	B	26,455.993	12.1648		- 321,831 *	321,831	
10/31/2024	B	22,363.357	12.4023		- 277,357 *	277,357	
11/30/2024	B	16,025.825	12.2996		- 197,112 *	197,112	
12/31/2024	B	26,109.979	13.1014		- 342,076 *	342,076	
01/31/2025	B	24,991.619	12.6847		- 317,011 *	317,011	
01/31/2025	B	1,136,095.549	13.2031		- 15,000,000 *	15,000,000	
02/28/2025	B	16,139.070	13.0758		- 211,031 *	211,031	
03/31/2025	B	25,108.527	12.8100		- 321,639 *	321,639	
03/31/2025	B	281,548.218	12.4313		- 3,500,000 *	3,500,000	
03/31/2025	B	522,875.263	12.4313		- 6,500,000 *	6,500,000	
04/30/2025	B	29,609.612	12.0465		- 356,692 *	356,692	
04/30/2025	B	168,270.474	11.8856		- 2,000,000 *	2,000,000	
04/30/2025	B	252,405.711	11.8856		- 3,000,000 *	3,000,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2025	B	16,927.814	11.9561		- 202,390 *	202,390	
05/31/2025	B	139,309.319	12.5620		- 1,750,000 *	1,750,000	
<b>Total For Buys</b>				<b>0</b>	<b>35,245,658</b>	<b>35,245,658</b>	<b>0</b>
08/13/2024	S	- 3,828,556.182	11.4926		44,000,000 *	37,731,464	6,268,536
<b>Total For Sells</b>				<b>0</b>	<b>44,000,000</b>	<b>37,731,464</b>	<b>6,268,536</b>
<b>Total Bnymm Afl-Cio Cf SI Brd Mkt</b>				<b>0</b>	<b>79,245,658</b>	<b>72,977,122</b>	<b>6,268,536</b>

Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf

06/03/2024	B	3,461.962	127.4969		- 441,389 *	441,389	
07/01/2024	B	1,528.674	127.0755		- 194,257 *	194,257	
08/01/2024	B	1,366.092	129.7529		- 177,254 *	177,254	
09/03/2024	B	1,494.070	132.9862		- 198,691 *	198,691	
10/31/2024	B	1,831.489	136.2631		- 249,564 *	249,564	
11/30/2024	B	548.250	129.6423		- 71,076 *	71,076	
12/31/2024	B	951.959	128.3445		- 122,179 *	122,179	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2025	B	701.346	125.7609		- 88,202 *	88,202	
02/28/2025	B	425.924	130.8082		- 55,714 *	55,714	
03/31/2025	B	822.066	132.4839		- 108,911 *	108,911	
04/30/2025	B	2,495.620	132.0284		- 329,493 *	329,493	
05/31/2025	B	2,112.500	135.7904		- 286,857 *	286,857	
<b>Total For Buys</b>				<b>0</b>	<b>2,323,587</b>	<b>2,323,587</b>	<b>0</b>
08/16/2024	S	- 70,994.232	126.7709		9,000,000 *	9,198,963	- 198,963
01/31/2025	S	- 116,509.333	128.7451		15,000,000 *	15,098,809	- 98,809
<b>Total For Sells</b>				<b>0</b>	<b>24,000,000</b>	<b>24,297,772</b>	<b>- 297,772</b>
<b>Total Bnym-M Cf SI Acwi Exusf</b>				<b>0</b>	<b>26,323,587</b>	<b>26,621,359</b>	<b>- 297,772</b>
Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif							
06/30/2024	B	287.080	102.2157		- 29,344 *	29,344	
07/31/2024	B	287.227	102.8610		- 29,544 *	29,544	
08/31/2024	B	160,443.993	105.9560		- 17,000,000 *	17,000,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
 ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/31/2024	B	289.398	104.9369		- 30,369 *	30,369	
08/31/2024	B	207,633.402	105.9560		- 22,000,000 *	22,000,000	
09/30/2024	B	1,474.408	106.1080		- 156,446 *	156,446	
10/31/2024	B	1,468.025	107.1866		- 157,353 *	157,353	
11/30/2024	B	1,531.159	104.1717		- 159,503 *	159,503	
12/31/2024	B	1,513.387	104.9357		- 158,808 *	158,808	
01/31/2025	B	1,595.120	102.8652		- 164,082 *	164,082	
02/28/2025	B	1,600.676	103.0603		- 164,966 *	164,966	
03/31/2025	B	1,365.319	104.9897		- 143,344 *	143,344	
04/30/2025	B	1,246.781	104.6716		- 130,503 *	130,503	
05/31/2025	B	1,131.584	104.7333		- 118,515 *	118,515	
<b>Total For Buys</b>				<b>0</b>	<b>40,442,777</b>	<b>40,442,777</b>	<b>0</b>
02/28/2025	S	- 48,403.711	103.2979		5,000,000 *	5,250,551	- 250,551
03/31/2025	S	- 57,490.324	104.3654		6,000,000 *	6,235,564	- 235,564



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/30/2025	S	- 28,599.707	104.8962		3,000,000 *	3,101,635	- 101,635
05/31/2025	S	- 31,373.950	103.5891		3,250,000 *	3,402,110	- 152,110
<b>Total For Sells</b>				<b>0</b>	<b>17,250,000</b>	<b>17,989,860</b>	<b>- 739,860</b>
<b>Total Bnym-M Cf SI Aggregate Bif</b>				<b>0</b>	<b>57,692,777</b>	<b>58,432,637</b>	<b>- 739,860</b>
Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif							
06/03/2024	B	4,136.133	102.2157		- 422,778 *	422,778	
07/01/2024	B	4,138.247	102.8611		- 425,665 *	425,665	
08/01/2024	B	4,169.528	104.9369		- 437,537 *	437,537	
<b>Total For Buys</b>				<b>0</b>	<b>1,285,980</b>	<b>1,285,980</b>	<b>0</b>
08/13/2024	S	- 207,670.098	105.9373		22,000,000 *	24,643,781	- 2,643,781
08/15/2024	S	- 938,948.487	106.5021		100,000,000 *	111,423,075	- 11,423,075
08/29/2024	S	- 160,796.950	106.8481		17,180,853 *	19,081,441	- 1,900,589
<b>Total For Sells</b>				<b>0</b>	<b>139,180,853</b>	<b>155,148,297</b>	<b>- 15,967,445</b>



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total Bnym-M Cf SI Aggregate Bif</b>				<b>0</b>	<b>140,466,833</b>	<b>156,434,277</b>	<b>- 15,967,445</b>
Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A							
08/16/2024	B	707,213.579	14.1400		- 10,000,000 *	10,000,000	
12/31/2024	B	248,051.028	14.1100		- 3,500,000 *	3,500,000	
01/31/2025	B	433,212.996	13.8500		- 6,000,000 *	6,000,000	
02/28/2025	B	70,972.321	14.0900		- 1,000,000 *	1,000,000	
<b>Total For Buys</b>				<b>0</b>	<b>20,500,000</b>	<b>20,500,000</b>	<b>0</b>
07/18/2024	S	- 3,189.195	13.8200		44,075 *	42,797	1,278
10/31/2024	S	- 3,488.569	14.1700		49,433 *	47,087	2,346
01/31/2025	S	- 3,765.167	13.8400		52,110 *	50,905	1,205
04/30/2025	S	- 3,918.236	14.0800		55,169 *	53,073	2,096
<b>Total For Sells</b>				<b>0</b>	<b>200,787</b>	<b>193,862</b>	<b>6,925</b>
<b>Total Loomis Nhit Core Plus Fixed Inc Tr-A</b>				<b>0</b>	<b>20,700,787</b>	<b>20,693,862</b>	<b>6,925</b>

Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt



CHILAB RETIREE FUND - COMBI ACCOUNT  
 ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2024	B	801,032.514	12.4839		- 10,000,000 *	10,000,000	
11/30/2024	B	646.137	12.2996		- 7,947 *	7,947	
12/31/2024	B	1,052.714	13.1014		- 13,792 *	13,792	
01/31/2025	B	1,007.624	12.6847		- 12,781 *	12,781	
02/28/2025	B	615.618	13.0758		- 8,050 *	8,050	
03/31/2025	B	867.940	12.8100		- 11,118 *	11,118	
04/30/2025	B	931.621	12.0465		- 11,223 *	11,223	
05/31/2025	B	522.590	11.9561		- 6,248 *	6,248	
<b>Total For Buys</b>				<b>0</b>	<b>10,071,159</b>	<b>10,071,159</b>	<b>0</b>
02/28/2025	S	- 75,428.900	13.2575		1,000,000 *	941,749	58,251
03/31/2025	S	- 40,223.617	12.4305		500,000 *	502,218	- 2,218
05/31/2025	S	- 139,309.319	12.5620		1,750,000 *	1,739,228	10,772
<b>Total For Sells</b>				<b>0</b>	<b>3,250,000</b>	<b>3,183,195</b>	<b>66,805</b>



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total Bnymm Afl-Cio Cf SI Brd Mkt</b>				<b>0</b>	<b>13,321,159</b>	<b>13,254,354</b>	<b>66,805</b>
Issue: 95MSE32F9 - lif Erisa Hedged LP							
06/28/2024	B	122,118.740	.9532		- 116,404 *	116,404	
06/28/2024	B	303,991.160	.9532		- 289,765 *	289,765	
06/28/2024	B	103,477.180	.9478		- 98,076 *	98,076	
10/31/2024	B	137,893.200	.9610		- 132,517 *	132,517	
10/31/2024	B	267,384.440	.9610		- 256,960 *	256,960	
01/31/2025	B	155,800.410	.9839		- 153,292 *	153,292	
01/31/2025	B	458,609.990	.9839		- 451,225 *	451,225	
01/31/2025	B	893,579.270	.9601		- 857,905 *	857,905	
04/30/2025	B	140,774.040	.9616		- 135,364 *	135,364	
04/30/2025	B	319,401.280	.9616		- 307,127 *	307,127	
<b>Total For Buys</b>				<b>0</b>	<b>2,798,635</b>	<b>2,798,635</b>	<b>0</b>
06/28/2024	S	- 42,215.120	.9610		40,569 *	35,951	4,619



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/28/2024	S	- 137,893.200	.9610		132,517 *	117,431	15,086
10/31/2024	S	- 39,733.420	.9839		39,094 *	34,015	5,079
10/31/2024	S	- 155,800.410	.9839		153,292 *	133,376	19,916
10/31/2024	S	- 396,418.420	.9873		391,388 *	339,361	52,027
01/31/2025	S	- 42,161.470	.9616		40,541 *	36,244	4,297
01/31/2025	S	- 53,734.100	.9616		51,669 *	46,193	5,476
01/31/2025	S	- 140,774.040	.9616		135,364 *	121,017	14,347
04/30/2025	S	- 41,841.830	.9889		41,378 *	36,218	5,160
04/30/2025	S	- 155,474.240	.9889		153,751 *	134,577	19,174
04/30/2025	S	- 396,281.100	.9918		393,049 *	343,018	50,031
<b>Total For Sells</b>				<b>0</b>	<b>1,572,612</b>	<b>1,377,401</b>	<b>195,212</b>
<b>Total lif Erisa Hedged LP</b>				<b>0</b>	<b>4,371,247</b>	<b>4,176,036</b>	<b>195,212</b>

Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC

09/03/2024	B	1,250.196	11,314.2232		- 14,145,000 *	14,145,000	
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CHILAB RETIREE FUND - COMBI ACCOUNT  
 ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/31/2024	B	298.909	11,257.5993		- 3,365,000 *	3,365,000	
02/28/2025	B	331.663	11,201.1457		- 3,715,000 *	3,715,000	
03/31/2025	B	207.698	11,458.9728		- 2,380,000 *	2,380,000	
<b>Total For Buys</b>				<b>0</b>	<b>23,605,000</b>	<b>23,605,000</b>	<b>0</b>
<b>Total Nis Core Fixed Income Qp Fund LLC</b>				<b>0</b>	<b>23,605,000</b>	<b>23,605,000</b>	<b>0</b>
Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC							
09/03/2024	B	61.881	13,816.8197		- 855,000 *	855,000	
12/31/2024	B	9.581	14,089.9460		- 135,000 *	135,000	
02/28/2025	B	20.106	14,174.8027		- 285,000 *	285,000	
03/31/2025	B	8.412	14,264.6569		- 120,000 *	120,000	
<b>Total For Buys</b>				<b>0</b>	<b>1,395,000</b>	<b>1,395,000</b>	<b>0</b>
<b>Total Nis High Yield Qp Fund LLC</b>				<b>0</b>	<b>1,395,000</b>	<b>1,395,000</b>	<b>0</b>
Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd							
09/30/2024	B	737.027	279.1414		- 205,735 *	205,735	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total For Buys</b>				<b>0</b>	<b>205,735</b>	<b>205,735</b>	<b>0</b>
09/30/2024	S	- 737.027	279.1414		205,735 *	156,390	49,344
09/30/2024	S	- 277.020	279.1414		77,328 *	58,781	18,547
10/31/2024	S	- 275.561	284.0595		78,276 *	54,460	23,816
02/28/2025	S	- 254.648	290.6950		74,025 *	55,553	18,471
05/31/2025	S	- 253.146	297.6634		75,352 *	50,030	25,322
<b>Total For Sells</b>				<b>0</b>	<b>510,716</b>	<b>375,214</b>	<b>135,500</b>
<b>Total Ullico Infrastructure Tax-Exempt Fd</b>				<b>0</b>	<b>716,451</b>	<b>580,949</b>	<b>135,500</b>
Issue: 95MSE33Q4 - US Real Estate Investment Fund LLC							
09/30/2024	B	66.387	1,172.9343		- 77,867 *	77,867	
12/31/2024	B	52.277	1,153.4628		- 60,299 *	60,299	
04/30/2025	B	56.124	1,153.1492		- 64,719 *	64,719	
<b>Total For Buys</b>				<b>0</b>	<b>202,885</b>	<b>202,885</b>	<b>0</b>



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total US Real Estate Investment Fund LLC</b>				<b>0</b>	<b>202,885</b>	<b>202,885</b>	<b>0</b>
Issue: 95MSE3335 - Bgo Diversified US Property Fund-B							
09/30/2024	B	1.780	2,407.8301		- 4,287 *	4,287	
12/31/2024	B	1.788	2,406.1287		- 4,303 *	4,303	
04/30/2025	B	1.782	2,411.4739		- 4,298 *	4,298	
<b>Total For Buys</b>				<b>0</b>	<b>12,888</b>	<b>12,888</b>	<b>0</b>
<b>Total Bgo Diversified US Property Fund-B</b>				<b>0</b>	<b>12,888</b>	<b>12,888</b>	<b>0</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>1,059,857,808</b>	<b>1,070,189,905</b>	<b>- 10,332,099</b>

**CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE**

Broker: Direct From Issuer

Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt							
06/03/2024	B	34,132.105	11.3752		- 388,260 *	388,260	
Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf							
06/03/2024	B	3,461.962	127.4969		- 441,389 *	441,389	
Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif							
06/03/2024	B	4,136.133	102.2157		- 422,778 *	422,778	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	122,118.740	.9532		- 116,404 *	116,404	
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	303,991.160	.9532		- 289,765 *	289,765	
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 42,215.120	.9610		40,569 *	35,951	4,619
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 137,893.200	.9610		132,517 *	117,431	15,086
06/28/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	103,477.180	.9478		- 98,076 *	98,076	
06/30/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	287.080	102.2157		- 29,344 *	29,344	
07/01/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	28,259.529	11.7130		- 331,005 *	331,005	
07/01/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	1,528.674	127.0755		- 194,257 *	194,257	
07/01/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif B	4,138.247	102.8611		- 425,665 *	425,665	
07/18/2024	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A S	- 3,189.195	13.8200		44,075 *	42,797	1,278
07/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	287.227	102.8610		- 29,544 *	29,544	



CHILAB RETIREE FUND - COMBI ACCOUNT  
 ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/01/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	19,231.480	11.9208		- 229,254 *	229,254	
08/01/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	1,366.092	129.7529		- 177,254 *	177,254	
08/01/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif B	4,169.528	104.9369		- 437,537 *	437,537	
08/13/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt S	- 3,828,556.182	11.4926		44,000,000 *	37,731,464	6,268,536
08/13/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif S	- 207,670.098	105.9373		22,000,000 *	24,643,781	- 2,643,781
08/15/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif S	- 938,948.487	106.5021		100,000,000 *	111,423,075	- 11,423,075
08/16/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf S	- 70,994.232	126.7709		9,000,000 *	9,198,963	- 198,963
08/16/2024	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A B	707,213.579	14.1400		- 10,000,000 *	10,000,000	
08/29/2024	Issue: 9SPMTKNX3 - Bnym-M Cf SI Aggregate Bif S	- 160,796.950	106.8481		17,180,853 *	19,081,441	- 1,900,589
08/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	160,443.993	105.9560		- 17,000,000 *	17,000,000	
08/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	289.398	104.9369		- 30,369 *	30,369	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	207,633.402	105.9560		- 22,000,000 *	22,000,000	
09/03/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	26,455.993	12.1648		- 321,831 *	321,831	
09/03/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	1,494.070	132.9862		- 198,691 *	198,691	
09/03/2024	Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC B	1,250.196	11,314.2232		- 14,145,000 *	14,145,000	
09/03/2024	Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC B	61.881	13,816.8197		- 855,000 *	855,000	
09/30/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,474.408	106.1080		- 156,446 *	156,446	
09/30/2024	Issue: 95MSE3335 - Bgo Diversified US Property Fund-B B	1.780	2,407.8301		- 4,287 *	4,287	
09/30/2024	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd B	737.027	279.1414		- 205,735 *	205,735	
09/30/2024	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 737.027	279.1414		205,735 *	156,390	49,344
09/30/2024	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 277.020	279.1414		77,328 *	58,781	18,547
09/30/2024	Issue: 95MSE33Q4 - US Real Estate Investment Fund LLC B	66.387	1,172.9343		- 77,867 *	77,867	



CHILAB RETIREE FUND - COMBI ACCOUNT  
 ACCOUNT

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,468.025	107.1866		- 157,353 *	157,353	
10/31/2024	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	801,032.514	12.4839		- 10,000,000 *	10,000,000	
10/31/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	22,363.357	12.4023		- 277,357 *	277,357	
10/31/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	1,831.489	136.2631		- 249,564 *	249,564	
10/31/2024	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A S	- 3,488.569	14.1700		49,433 *	47,087	2,346
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	137,893.200	.9610		- 132,517 *	132,517	
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP B	267,384.440	.9610		- 256,960 *	256,960	
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 39,733.420	.9839		39,094 *	34,015	5,079
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 155,800.410	.9839		153,292 *	133,376	19,916
10/31/2024	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 396,418.420	.9873		391,388 *	339,361	52,027
10/31/2024	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 275.561	284.0595		78,276 *	54,460	23,816



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/30/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,531.159	104.1717		- 159,503 *	159,503	
11/30/2024	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	646.137	12.2996		- 7,947 *	7,947	
11/30/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	16,025.825	12.2996		- 197,112 *	197,112	
11/30/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	548.250	129.6423		- 71,076 *	71,076	
12/31/2024	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,513.387	104.9357		- 158,808 *	158,808	
12/31/2024	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	1,052.714	13.1014		- 13,792 *	13,792	
12/31/2024	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	26,109.979	13.1014		- 342,076 *	342,076	
12/31/2024	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	951.959	128.3445		- 122,179 *	122,179	
12/31/2024	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A B	248,051.028	14.1100		- 3,500,000 *	3,500,000	
12/31/2024	Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC B	298.909	11,257.5993		- 3,365,000 *	3,365,000	
12/31/2024	Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC B	9.581	14,089.9460		- 135,000 *	135,000	



CHILAB RETIREE FUND - COMBI ACCOUNT  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/31/2024	Issue: 95MSE3335 - Bgo Diversified US Property Fund-B B	1.788	2,406.1287		- 4,303 *	4,303	
12/31/2024	Issue: 95MSE33Q4 - US Real Estate Investment Fund LLC B	52.277	1,153.4628		- 60,299 *	60,299	
01/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,595.120	102.8652		- 164,082 *	164,082	
01/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	1,007.624	12.6847		- 12,781 *	12,781	
01/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	24,991.619	12.6847		- 317,011 *	317,011	
01/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	1,136,095.549	13.2031		- 15,000,000 *	15,000,000	
01/31/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf S	- 116,509.333	128.7451		15,000,000 *	15,098,809	- 98,809
01/31/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	701.346	125.7609		- 88,202 *	88,202	
01/31/2025	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A S	- 3,765.167	13.8400		52,110 *	50,905	1,205
01/31/2025	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A B	433,212.996	13.8500		- 6,000,000 *	6,000,000	
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	155,800.410	.9839		- 153,292 *	153,292	



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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	458,609.990	.9839		- 451,225 *	451,225	
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 42,161.470	.9616		40,541 *	36,244	4,297
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 53,734.100	.9616		51,669 *	46,193	5,476
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 140,774.040	.9616		135,364 *	121,017	14,347
01/31/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	893,579.270	.9601		- 857,905 *	857,905	
02/28/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif S	- 48,403.711	103.2979		5,000,000 *	5,250,551	- 250,551
02/28/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,600.676	103.0603		- 164,966 *	164,966	
02/28/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt S	- 75,428.900	13.2575		1,000,000 *	941,749	58,251
02/28/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	615.618	13.0758		- 8,050 *	8,050	
02/28/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	16,139.070	13.0758		- 211,031 *	211,031	
02/28/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	425.924	130.8082		- 55,714 *	55,714	



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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/28/2025	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A B	70,972.321	14.0900		- 1,000,000 *	1,000,000	
02/28/2025	Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC B	331.663	11,201.1457		- 3,715,000 *	3,715,000	
02/28/2025	Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC B	20.106	14,174.8027		- 285,000 *	285,000	
02/28/2025	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 254.648	290.6950		74,025 *	55,553	18,471
03/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif S	- 57,490.324	104.3654		6,000,000 *	6,235,564	- 235,564
03/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,365.319	104.9897		- 143,344 *	143,344	
03/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt S	- 40,223.617	12.4305		500,000 *	502,218	- 2,218
03/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	867.940	12.8100		- 11,118 *	11,118	
03/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	25,108.527	12.8100		- 321,639 *	321,639	
03/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	281,548.218	12.4313		- 3,500,000 *	3,500,000	
03/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	522,875.263	12.4313		- 6,500,000 *	6,500,000	



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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/31/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	822.066	132.4839		- 108,911 *	108,911	
03/31/2025	Issue: 95MSE32K8 - Nis Core Fixed Income Qp Fund LLC B	207.698	11,458.9728		- 2,380,000 *	2,380,000	
03/31/2025	Issue: 95MSE32M4 - Nis High Yield Qp Fund LLC B	8.412	14,264.6569		- 120,000 *	120,000	
04/30/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,246.781	104.6716		- 130,503 *	130,503	
04/30/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif S	- 28,599.707	104.8962		3,000,000 *	3,101,635	- 101,635
04/30/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	931.621	12.0465		- 11,223 *	11,223	
04/30/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	29,609.612	12.0465		- 356,692 *	356,692	
04/30/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	168,270.474	11.8856		- 2,000,000 *	2,000,000	
04/30/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	252,405.711	11.8856		- 3,000,000 *	3,000,000	
04/30/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	2,495.620	132.0284		- 329,493 *	329,493	
04/30/2025	Issue: 9SPMTKP45 - Loomis Nhit Core Plus Fixed Inc Tr-A S	- 3,918.236	14.0800		55,169 *	53,073	2,096



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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	140,774.040	.9616		- 135,364 *	135,364	
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP B	319,401.280	.9616		- 307,127 *	307,127	
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 41,841.830	.9889		41,378 *	36,218	5,160
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 155,474.240	.9889		153,751 *	134,577	19,174
04/30/2025	Issue: 95MSE32F9 - lif Erisa Hedged LP S	- 396,281.100	.9918		393,049 *	343,018	50,031
04/30/2025	Issue: 95MSE3335 - Bgo Diversified US Property Fund-B B	1.782	2,411.4739		- 4,298 *	4,298	
04/30/2025	Issue: 95MSE33Q4 - US Real Estate Investment Fund LLC B	56.124	1,153.1492		- 64,719 *	64,719	
05/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif S	- 31,373.950	103.5891		3,250,000 *	3,402,110	- 152,110
05/31/2025	Issue: 9SPMTKNW5 - Bnym-M Cf SI Aggregate Bif B	1,131.584	104.7333		- 118,515 *	118,515	
05/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt S	- 139,309.319	12.5620		1,750,000 *	1,739,228	10,772
05/31/2025	Issue: 95MSEE6P9 - Bnymm Afl-Cio Cf SI Brd Mkt B	522.590	11.9561		- 6,248 *	6,248	



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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	16,927.814	11.9561		- 202,390 *	202,390	
05/31/2025	Issue: 9SPMTKNQ8 - Bnymm Afl-Cio Cf SI Brd Mkt B	139,309.319	12.5620		- 1,750,000 *	1,750,000	
05/31/2025	Issue: 9SPMTKNU9 - Bnym-M Cf SI Acwi Exusf B	2,112.500	135.7904		- 286,857 *	286,857	
05/31/2025	Issue: 95MSE33L5 - Ullico Infrastructure Tax-Exempt Fd S	- 253.146	297.6634		75,352 *	50,030	25,322
<b>Total For Direct From Issuer</b>				<b>0</b>	<b>368,054,272</b>	<b>378,386,369</b>	<b>- 10,332,099</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>368,054,272</b>	<b>378,386,369</b>	<b>- 10,332,099</b>