

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: PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan): WILSON-MCSHANE CORPORATION
2b Employer Identification Number (EIN): 81-2748532
2c Plan Sponsor's telephone number: 952-854-0795
2d Business code (see instructions): 238300

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for plan administrator (JEFF STARK), employer/plan sponsor (MARTHA HENRICKSON), and 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>	3698
<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>	3008
	<b>6a(2)</b>	3034
	<b>6b</b>	131
	<b>6c</b>	525
	<b>6d</b>	3690
	<b>6e</b>	4
	<b>6f</b>	3694
	<b>6g(1)</b>	3692
<b>6g(2)</b>	3681	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	351

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2G 2T

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

<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 checked="" 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>PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSI</b>	<b>D</b> Employer Identification Number (EIN) <b>81-2748532</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

**AMERICAN FUNDS**

**95-1411037**

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

**AMERIPRISE TRUST COMPANY**

**41-6219335**

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

**BAIRD ADVISORS**

**39-6037917**

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

**HAND BENEFITS & TRUST CO.**

**74-1977743**

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

MAIRS & POWER

41-0844499

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

AIM INVESTMENT FUNDS

11 GREENWAY PLAZA, SUITE 100  
HOUSTON, TX 77046

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

PACIFIC INVESTMENT MANAGEMENT

95-2632339

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

THE VANGUARD GROUP, INC.

23-1945930

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

ZIEGLER CAPITAL MANAGEMENT, LLC

70 W. MADISON ST., 2400  
CHICAGO, IL 60602

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

NEWTOWER TRUST COMPANY

30-0872552

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

DODGE & COX

94-1441976

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

FIDELITY INVESTMENTS

04-2647786

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

DELAWARE GROUP EQUITY FUNDS

23-2450217

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

J.P. MORGAN INVESTMENT MANAGEMENT I

245 PARK AVENUE  
NEW YORK, NY 10167

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

ARTISAN PARTNERS FUNDS INC

39-1811840

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

GOLDMAN SACHS TRUST COMPANY, N.A.

200 BELLEVUE PARKWAY, SUITE 250  
WILMINGTON, DE 19809

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

RBC FUNDS TRUST

250 NICOLLET MALL, SUITE 1550  
MINNEAPOLIS, MN 55401

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

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

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

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

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	NONE	284533	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)

FIDUCIANT ADVISORS

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	127569	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)

DEARBORN PARTNERS LLC

36-4145621

(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	NONE	72009	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)

WILSON-MCSHANE CORPORATION

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 36	NONE	47713	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)

SHUMAKER, LOOP & KENDRICK, LLP

34-4439491

(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	37309	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)

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	NONE	17750	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)

MATRIX TRUST COMPANY

75-3182674

(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 59 60 62 63 71	NONE	8884	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)

FR SECURE LLC

26-3547185

(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	7880	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>  <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>PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSI</u>	<b>D</b> Employer Identification Number (EIN) <u>81-2748532</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>AFL-CIO HOUSING INVESTMENT TRUST DV</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>HAND BENEFITS &amp; TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>74-2008758-184</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>46894614</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLUMBIA TRUST STABLE INCOME FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AMERIPRISE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>87-2323648-017</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BGO DAILY VALUE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>NEWTOWER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>83-6177544-001</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>9319266</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GOLDMAN SACHS STABLE VALUE COLLECTI</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>GOLMAN SACHS TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>13-4166989-025</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>2337343</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<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>PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSI</b>	<b>D</b> Employer Identification Number (EIN) <b>81-2748532</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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2022922	2336476
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1974914	2331065
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2064	6400
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	209126	278549
<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>	7625065	7919818
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<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>	56982625	58551223
<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>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	183514752	200711556
<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:		(a) Beginning of Year	(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>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	252331468	272135087
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	113676	104240
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	113676	104240
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	252217792	272030847

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	18859645	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<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>		18859645
<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>		
<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>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<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>	536197	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) 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>	36669392	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	35397367	
<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>		
<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>	16067517	
<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>		64976
(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>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		622506
<b>c</b> Other income .....	<b>2c</b>		1108
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		37423974

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	16962944	
(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>		16962944
<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>		
(2) Contract administrator fees .....	<b>2i(2)</b>	44900	
(3) Recordkeeping fees .....	<b>2i(3)</b>	261210	
(4) IQPA audit fees .....	<b>2i(4)</b>	17750	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	199578	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	32207	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	37309	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	11175	
(11) Other expenses .....	<b>2i(11)</b>	43846	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		647975
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		17610919

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		19813055
<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		500000
<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	
<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 \_\_\_\_\_.

<b>SCHEDULE R</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>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <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>PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSI</b>	<b>D</b> Employer Identification Number (EIN) <b>81-2748532</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>75-3182674</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>257</b>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**Painters and Allied Trades DC 82  
Defined Contribution Pension Plan**

Financial Statements

May 31, 2025

**Painters and Allied Trades DC 82  
Defined Contribution Pension 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  
Painters and Allied Trades DC 82  
Defined Contribution Pension Plan

### ***Opinion***

We have audited the financial statements of Painters and Allied Trades DC 82 Defined Contribution Pension 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 as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Painters and Allied Trades DC 82 Defined Contribution Pension Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *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*

Edina, Minnesota

February 25, 2026

**Painters and Allied Trades DC 82  
Defined Contribution Pension 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		
Mutual funds	\$ 200,711,556	\$ 183,514,752
Common stocks	7,919,818	7,625,065
Common collective trusts	58,551,223	56,982,625
Invested cash	278,549	209,126
Total investments	267,461,146	248,331,568
Employer contributions receivable	2,331,065	1,974,914
Prepaid expenses	6,400	2,064
Cash	2,336,476	2,022,922
Total assets	272,135,087	252,331,468
<b>Liabilities and Net Assets</b>		
Liabilities		
Accounts payable	104,240	113,676
Net assets available for benefits	\$ 272,030,847	\$ 252,217,792

See accompanying notes to financial statements.

**Painters and Allied Trades DC 82  
Defined Contribution Pension 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	\$ 18,027,024	\$ 24,812,460
Interest and dividends	536,197	312,335
Less investment expenses	<u>(231,785)</u>	<u>(232,157)</u>
Net investment income	18,331,436	24,892,638
Employer contributions	18,859,645	18,738,651
Rollover contributions	-	104,751
Litigation settlement proceeds	<u>1,108</u>	<u>599</u>
Total additions	<u>37,192,189</u>	<u>43,736,639</u>
<b>Deductions</b>		
Benefits paid to or for participants	16,962,944	15,381,982
Administrative expenses	<u>416,190</u>	<u>382,833</u>
Total deductions	<u>17,379,134</u>	<u>15,764,815</u>
<b>Net increase</b>	19,813,055	27,971,824
<b>Net assets available for benefits</b>		
Beginning of year	<u>252,217,792</u>	<u>224,245,968</u>
End of year	<u>\$ 272,030,847</u>	<u>\$ 252,217,792</u>

See accompanying notes to financial statements.

# **Painters and Allied Trades DC 82 Defined Contribution Pension Plan**

## **Notes to Financial Statements**

May 31, 2025 and 2024

### **Note 1. Description of the Plan**

Painters and Allied Trades DC 82 Defined Contribution Pension Plan (the Plan) was established June 1, 2016, pursuant to a collective bargaining agreement between International Union of Painters and Allied Trades, AFL-CIO, District Council #82 (the District Council), Minnesota Drywall and Plaster Association, Minnesota Painting and Wallcovering Employers Association and Twin City Glazing Association. The Plan is a multiemployer defined contribution retirement plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by a joint board of trustees consisting of an equal number of union and employer representatives. Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation.

The purpose of the Plan is to provide retirement, death and disability benefits for eligible participants and beneficiaries. An individual becomes eligible to participate in the Plan once they begin working under a collective bargaining agreement that requires the employer to make contributions to the Plan. Other than rollover contributions from other qualified retirement plans, voluntary contributions from participants are not allowed under the Plan.

Contributions to the Plan are invested as directed by the participant in various investment options. In the absence of participant direction, contributions are invested in a default investment fund until changed by the participant. Participants must evaluate their own investment goals and objectives and choose the investments best suited to achieve those goals and objectives. Poor investment performance by the investments selected by participants may cause their balances to be lower than the amounts contributed to the Plan on their behalf.

Participants' accounts are credited with employer contributions made on their behalf, as well as an allocation of Plan earnings or losses, based on account balances or specific participant transactions, as defined. A prorated administrative fee is deducted from each participant's account on a monthly basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## **Note 1. Description of the Plan (continued)**

An individual becomes vested if 1,000 or more hours are worked for which contributions are due to the Plan in the 24 consecutive months following the first day of work for a contributing employer. Contributions are forfeited for participants who fail to become vested. Once an individual becomes vested, the participant's account is nonforfeitable at all times. Forfeitures amounted to \$211,125 and \$238,306 for the years ended May 31, 2025 and 2024, respectively. Forfeitures are to be reviewed by the Trustees annually and distributed to participant accounts upon approval.

As soon as practicable after each valuation date, the Trustees determine the amount in each participant's individual account in accordance with the provisions of the Plan. The amount in each individual account represents the total of the following:

- The amount in the individual account, if any, as of the last valuation date;
- The employer contributions made on behalf of the participant and received by the Plan since the last valuation occurred, less any administrative assessment against those contributions as directed by the Trustees;
- Any rollover contributions into the individual account since the last valuation date;
- The forfeitures added to each eligible account as determined by the Trustees;
- The investment yield obtained since the last valuation occurred for the investments directed by the participant; and
- The prorated cost of administrative expenses of the Plan incurred since the last valuation date.

A completed application for benefits must be submitted before benefits will be approved for payment. A participant is eligible to receive a benefit distribution subject to the payment provisions of the Plan after the earliest of the following events:

- The participant reaches age 55 and retires from employment with a contributing employer;
- The participant becomes totally and permanently disabled;
- The participant severs employment with an employer for a period of at least 12 consecutive months, provided that at the time of the receipt of a distribution, the participant has not then, and for the previous 12 consecutive months, been employed by or own an interest in, a corporation, partnership or other entity which is within the jurisdiction of the District Council and is engaged in any craft within the jurisdiction of any District Council collective bargaining agreement;
- The participant is a 5% owner of an entity that is a contributing employer (as defined by Internal Revenue Code Section 416) and attains the age for a required minimum distribution; or
- The participant dies, including a death incurred while performing military service under Internal Revenue Code Section 414(u).

Participants may also withdraw their benefits under the hardship withdrawal provisions of the Plan.

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

## **Note 2. Summary of Significant Accounting Policies**

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

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

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

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

**Unit Trusts** - The Plan's custodian, Matrix Trust Company (Matrix), a subsidiary of Broadridge Financial Solutions, offers collective investment trusts (unit trusts), which represent unitized portfolios to allow the Plan to pool assets and create a custom investment portfolio where individual participant interests are tracked in "units," similar to shares in a mutual fund. Matrix manages the daily valuation and unitization of the portfolios, which allows for daily pricing and trading for retirement plans. Because individual assets of the unit trusts are held in the name of the Plan, the accompanying financial statements report the underlying assets in a manner similar to individual investments held directly by the Plan.

**Employer Contributions Receivable** - Employer contributions due and not paid at year end are recorded as contributions receivable. Deficiencies established through payroll compliance audits are recognized upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

**Employer Contribution Income** - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. Covered employment is primarily derived in the painting, taping and glazing industries within a jurisdiction primarily located in the metropolitan areas of Minneapolis and St. Paul, Minnesota.

**Reciprocal Contributions** - The Plan is signatory to reciprocity agreements with various other multiemployer retirement plans for its participants who perform work outside the geographic jurisdiction of the District Council. Amounts received and paid under such agreements are not considered to be material to the accompanying financial statements.

**Payment of Benefits** - Benefits paid to participants are recorded upon distribution. There were no participants who elected to withdraw from the Plan but were not yet paid at either May 31, 2025 or 2024.

## **Note 2. Summary of Significant Accounting Policies (continued)**

**Expenses** - Certain investment related expenses are included in net appreciation in fair value of investments. Participant accounts are charged a monthly fee of \$4 plus 1.25 basis points of total assets, in order to cover administrative costs incurred by the Plan. Effective in May 2024, participant fees decreased to a monthly fee of \$3 plus 1.08 basis points of total assets. Included in net assets available for benefits at May 31, 2025 and 2024 are unallocated amounts of \$801,926 and \$658,587 respectively, which are available to pay administrative expenses.

**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 February 25, 2026, which is the date the financial statements were available to be issued.

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

It is the intent of the Trustees to continue the Plan in full force and effect; however, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination participants will become fully vested in their account balance, and the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of participants and their beneficiaries except that provision may be used for the payment of necessary expenses resulting from termination of the Plan.

## **Note 4. Tax Status**

The Plan's determination letter is dated September 8, 2017, in which the Internal Revenue Service stated that the Plan and related trust were designed in accordance with Section 401(a) of the Internal Revenue Code and were therefore exempt from federal income taxes under the provisions of Section 501(a). Although the Plan has been amended since receiving the determination letter, the Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

## Note 5. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the 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 following describes the three levels of the fair value hierarchy:

### Basis of Fair Value Measurement

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

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

The following tables set forth, by level within the fair value hierarchy, the Plan's 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.

## Note 5. Fair Value Measurements (continued)

	<u>Total</u>	<u>Fair Value Measurements at 5/31/25 Using</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Mutual funds	\$ 200,711,556	\$ 200,711,556	\$ -	\$ -
Common stocks	7,919,818	7,919,818	-	-
Invested cash	<u>278,549</u>	<u>-</u>	<u>278,549</u>	<u>-</u>
	208,909,923	<u>\$ 208,631,374</u>	<u>\$ 278,549</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	<u>58,551,223</u>			
Total	<u>\$ 267,461,146</u>			

	<u>Total</u>	<u>Fair Value Measurements at 5/31/24 Using</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Mutual funds	\$ 183,514,752	\$ 183,514,752	\$ -	\$ -
Common stocks	7,625,065	7,625,065	-	-
Invested cash	<u>209,126</u>	<u>-</u>	<u>209,126</u>	<u>-</u>
	191,348,943	<u>\$ 191,139,817</u>	<u>\$ 209,126</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	<u>56,982,625</u>			
Total	<u>\$ 248,331,568</u>			

### Level 1 Measurements

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

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

## **Note 5. Fair Value Measurements (continued)**

### Level 2 Measurements

Invested cash is valued at cost, which approximates 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 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. For one of the common collective trusts with a fair value of \$9,319,266 and \$8,618,041 at May 31, 2025 and 2024, respectively, redemptions are available quarterly, with a seven-day notice requirement for regular withdrawals and a 90-day notice for withdrawals in excess of 10%. Redemptions of these common collective trust units are subject to the preference of individual Plan participants, and there are no restrictions at the participant level on the timing of redemption. For the remaining common collective trusts, redemptions are available daily without notice.

### Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

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

The Plan holds alternative investments which utilize various investment strategies as part of the Plan's interest rate risk management strategy. These types of investments are consistent with the investment guidelines established by the Board of Trustees. The general partner or investment manager of alternative investments is generally required to value the underlying investments at estimated fair values using various subjective techniques.

**Note 6. Funding Policy**

Participating employers contribute amounts as specified in the collective bargaining agreements. The hourly contribution rate ranged from \$.31 to \$14.11 for the years ended May 31, 2025 and 2024.

**Note 7. Related Organizations**

The Plan is related to a district council, a welfare plan, a defined benefit pension plan, an apprentice training fund and a safety training promotion fund, all of which are tax-exempt.

**Note 8. Party-in-Interest Transactions**

The Plan incurs expenses and receives reimbursements under several arrangements with service providers and affiliated entities, and receives contributions from employers under the terms of collective bargaining agreements.

The Plan contracted with Matrix Trust Company (Matrix) to act as trustee and custodian under the Plan. Milliman, Inc. (Milliman) acts as recordkeeper under the Plan. Under the contracts with Matrix and Milliman, Plan participants are offered a choice of various investment options and are allowed to change their investment options daily. Certain Plan investments are owned and managed by Matrix, the Plan's investment custodian.

These transactions are considered exempt party-in-interest transactions under ERISA.

**Report of Independent Auditors on Supplemental Schedules**

To the Participants and Trustees of  
Painters and Allied Trades DC 82  
Defined Contribution Pension Plan

We have audited the financial statements of Painters and Allied Trades DC 82 Defined Contribution Pension Plan (the Plan) as of and for the years ended May 31, 2025 and 2024, and our report thereon dated February 25, 2026, 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 Schedule 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*

Edina, Minnesota

February 25, 2026

Painters and Allied Trades DC 82 Defined Contribution Pension Plan  
 EIN 81-2748532, Plan 001

Schedule H, line 4i - Schedule of Assets (Held At End of Year)  
 Supplemental Schedule 1, Page 1 of 6

May 31, 2025

		<u>Cost</u>	<u>Fair Value</u>
<b>Schedule H, Line 1c(1) - Interest-Bearing Cash</b>			
	<u>Interest rate</u>		
Ziegler money fund	Variable	258,497	258,497
Broadridge cash fund	Variable	20,052	20,052
		<u>278,549</u>	<u>278,549</u>
<b>Schedule H, Line 1c(4)(B) - Common Stocks</b>			
From page 6 of 6		<u>6,024,188</u>	<u>7,919,818</u>
<b>Schedule H, Line 1c(9) - Common Collective Trusts</b>			
	<u>No. of units</u>		
AFL-CIO Housing Investment Trust Fund DVF R	4,274,805.217	46,940,841	46,894,614
Bentall Green Oak DVF - Class F	729,207.035	9,323,351	9,319,266
Goldman Sachs Stable Value Inst CI 1	2,337,342.790	2,337,343	2,337,343
		<u>58,601,535</u>	<u>58,551,223</u>
<b>Schedule H, Line 1c(13) - Mutual Funds</b>			
American Funds EuroPacific Growth Fund	656,175.425	36,114,818	39,403,335
Artisan High Income Institutional Fund	1,119,958.851	10,066,894	10,258,823
Baird Core Plus Bond Fund	4,920,857.357	53,850,510	49,651,451
Dodge & Cox Stock	58,957.247	12,396,740	15,489,838
Fidelity Real Estate Index Fund	9,536.414	151,227	155,348
JPMorgan Large Cap Growth R6	237,347.868	14,182,216	19,934,847
Mairs & Power Growth Fund	6,312.821	990,508	1,036,123
PIMCO International Bond	787,355.795	8,224,324	7,779,075
PIMCO RAE U.S. Small Institutional	852,675.814	9,754,437	8,876,355
RBC Emerging Markets Equity R6	1,541,208.821	20,818,612	22,316,704
Vanguard Inflation Protected Securities Fund	239,623.586	6,060,102	5,576,040
Vanguard Institutional Index I	42,029.907	14,824,054	20,233,617
		<u>187,434,442</u>	<u>200,711,556</u>

# Holdings

## DEFINED CONTRIBUTION PLAN

CUSIP/Ticker	Description	Quantity	Duration	YAC/ YTM (%)	Adjusted Total Cost/Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Total Value/ Accrued	Estimated Annual Income	Moody's/ S&P Rating
<b>Common Stock</b>											
<b>Consumer Discretionary</b>											
OLLI	OLLIES BARGAIN OUT-LET HLDG ORD	1,471.00			86,319.81 58.68	163,942.95 111.45	1.99	77,623.14	163,942.95 0.00	0.00	NA NA
PATK	PATRICK INDUSTRIES ORD	1,837.00		1.82	154,529.62 84.12	157,724.82 85.86	1.92	3,195.20	157,724.82 0.00	2,877.97	NA NA
BOOT	BOOT BARN HOLDINGS ORD	933.00			41,877.05 44.88	149,569.23 160.31	1.82	107,692.18	149,569.23 0.00	0.00	NA NA
OSW	ONESPAWORLD HOLDINGS ORD	7,710.00		0.85	152,591.76 19.79	145,410.60 18.86	1.77	-7,181.16	145,410.60 0.00	1,233.60	NA NA
WING	WINGSTOP ORD	407.00		0.32	77,400.92 190.17	139,071.90 341.70	1.69	61,670.98	139,071.90 0.00	439.56	NA NA
MOD	MODINE MANUFACTURING ORD	1,294.00			46,665.39 36.06	117,495.20 90.80	1.43	70,829.81	117,495.20 0.00	0.00	NA NA
IBP	INSTALLED BUILDING PRODUCTS ORD	722.00		0.89	101,399.35 140.44	115,144.56 159.48	1.40	13,745.21	115,144.56 0.00	1,025.24	NA NA
<b>Total Consumer Discretionary</b>		<b>14,374.00</b>		<b>1.00</b>	<b>660,783.89 80.27</b>	<b>988,359.26 136.68</b>	<b>12.03</b>	<b>327,575.37</b>	<b>988,359.26 0.00</b>	<b>5,576.37</b>	<b>NA NA</b>
<b>Consumer Staples</b>											
IPAR	INTERPARFUMS ORD	870.00		2.24	61,686.14 70.90	118,511.40 136.22	1.44	56,825.26	118,511.40 0.00	2,653.50	NA NA
SMPL	SIMPLY GOOD FOODS ORD	3,220.00			118,523.20 36.81	111,122.20 34.51	1.35	-7,401.00	111,122.20 0.00	0.00	NA NA
BRBR	BELLRING BRANDS ORD	1,655.00			48,093.69 29.06	104,182.25 62.95	1.27	56,088.56	104,182.25 0.00	0.00	NA NA
<b>Total Consumer Staples</b>		<b>5,745.00</b>		<b>2.24</b>	<b>228,303.03 46.49</b>	<b>333,815.85 79.50</b>	<b>4.06</b>	<b>105,512.82</b>	<b>333,815.85 0.00</b>	<b>2,653.50</b>	<b>NA NA</b>
<b>Energy</b>											
MGY	MAGNOLIA OIL GAS CL A ORD	4,826.00		2.60	88,348.18 18.31	103,759.00 21.50	1.26	15,410.82	103,759.00 0.00	2,702.56	NA NA
MTDR	MATADOR RESOURCES ORD	2,109.00		2.50	98,641.14 46.77	90,708.09 43.01	1.10	-7,933.05	90,708.09 0.00	2,267.18	NA NA
<b>Total Energy</b>		<b>6,935.00</b>		<b>2.56</b>	<b>186,989.32 31.58</b>	<b>194,467.09 31.53</b>	<b>2.37</b>	<b>7,477.77</b>	<b>194,467.09 0.00</b>	<b>4,969.74</b>	<b>NA NA</b>

# Holdings

## DEFINED CONTRIBUTION PLAN

CUSIP/Ticker	Description	Quantity	Duration	YAC/ YTM (%)	Adjusted Total Cost/Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Total Value/ Accrued	Estimated Annual Income	Moody's/ S&P Rating
<b>Financials</b>											
PLMR	PALOMAR HOLDINGS ORD	1,415.00			92,398.96 65.30	242,630.05 171.47	2.95	150,231.09	242,630.05 0.00	0.00	NA NA
VCTR	VICTORY CAPITAL HOLD- INGS CL A ORD	2,588.00		2.73	88,697.43 34.27	160,481.88 62.01	1.95	71,784.45	160,481.88 0.00	4,373.72	NA NA
BANR	BANNER ORD	2,402.00		3.11	130,367.02 54.27	148,083.30 61.65	1.80	17,716.28	148,083.30 0.00	4,611.84	NA NA
ENVA	ENOVA INTERNATIONAL ORD	1,412.00			118,668.69 84.04	130,850.04 92.67	1.59	12,181.35	130,850.04 0.00	0.00	NA NA
EVTC	EVERTEC ORD	3,037.00		0.55	112,675.70 37.10	110,030.51 36.23	1.34	-2,645.19	110,030.51 0.00	607.40	NA NA
PJT	PJT PARTNERS CL A ORD	704.00		0.66	110,212.14 156.55	106,064.64 150.66	1.29	-4,147.50	106,064.64 0.00	704.00	NA NA
HLNE	HAMILTON LANE CL A ORD	461.00		1.32	42,972.57 93.22	68,689.00 149.00	0.84	25,716.43	68,689.00 0.00	903.56	NA NA
<b>Total Financials</b>		<b>12,019.00</b>		<b>1.89</b>	<b>695,992.51 69.78</b>	<b>966,829.42 106.55</b>	<b>11.76</b>	<b>270,836.91</b>	<b>966,829.42 0.00</b>	<b>11,200.52</b>	<b>NA NA</b>
<b>Health Care</b>											
ENSG	ENSIGN GROUP ORD	1,082.00		0.17	94,661.96 87.49	159,335.32 147.26	1.94	64,673.36	159,335.32 0.00	265.09	NA NA
TMDX	TRANSMEDICS GROUP ORD	1,054.00			64,418.62 61.12	133,984.48 127.12	1.63	69,565.86	133,984.48 0.00	0.00	NA NA
LGND	LIGAND PHARMACEUTI- CALS ORD	1,308.00			103,657.29 79.25	133,664.52 102.19	1.63	30,007.23	133,664.52 0.00	0.00	NA NA
ITGR	INTEGER HOLDINGS ORD	1,105.00			114,470.32 103.59	131,229.80 118.76	1.60	16,759.48	131,229.80 0.00	0.00	NA NA
LMAT	LEMAITRE VASCULAR ORD	1,543.00		0.88	108,694.82 70.44	126,834.60 82.20	1.54	18,139.78	126,834.60 0.00	1,110.96	NA NA
HAE	HAEMONETICS ORD	1,763.00			147,666.90 83.76	119,372.73 67.71	1.45	-28,294.17	119,372.73 0.00	0.00	NA NA
MMSI	MERIT MEDICAL SYS- TEMS ORD	1,237.00			80,002.51 64.67	117,552.11 95.03	1.43	37,549.60	117,552.11 0.00	0.00	NA NA
ANIP	ANI PHARMACEUTICALS ORD	1,846.00			110,655.43 59.94	108,397.12 58.72	1.32	-2,258.31	108,397.12 0.00	0.00	NA NA
PGNY	PROGYNY ORD	4,808.00			160,783.02 33.44	103,372.00 21.50	1.26	-57,411.02	103,372.00 0.00	0.00	NA NA

# Holdings

## DEFINED CONTRIBUTION PLAN

CUSIP/Ticker	Description	Quantity	Duration	YAC/ YTM (%)	Adjusted Total Cost/Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Total Value/ Accrued	Estimated Annual Income	Moody's/ S&P Rating
AXSM	AXSOME THERAPEUTICS ORD	713.00			78,342.22 109.88	74,979.08 105.16	0.91	-3,363.14	74,979.08 0.00	0.00	NA NA
ASTH	ASTRANA HEALTH ORD	2,467.00			95,740.66 38.81	61,156.93 24.79	0.74	-34,583.73	61,156.93 0.00	0.00	NA NA
VKTX	VIKING THERAPEUTICS ORD	1,563.00			107,550.30 68.81	41,888.40 26.80	0.51	-65,661.90	41,888.40 0.00	0.00	NA NA
<b>Total Health Care</b>		<b>20,489.00</b>		<b>0.48</b>	<b>1,266,644.06 73.41</b>	<b>1,311,767.09 90.36</b>	<b>15.96</b>	<b>45,123.03</b>	<b>1,311,767.09 0.00</b>	<b>1,376.05</b>	<b>NA NA</b>
<b>Industrials</b>											
AIT	APPLIED INDUSTRIAL TECHNOLOGIES ORD	1,025.00		0.73	108,410.22 105.77	232,183.00 226.52	2.83	123,772.78	232,183.00 0.00	1,701.50	NA NA
NPO	ENPRO ORD	1,174.00		0.65	126,823.18 108.03	217,354.36 185.14	2.64	90,531.18	217,354.36 0.00	1,420.54	NA NA
MLI	MUELLER INDUSTRIES ORD	2,676.00		1.09	104,645.03 39.11	208,380.12 77.87	2.54	103,735.09	208,380.12 0.00	2,274.60	NA NA
CWST	CASELLA WASTE CL A ORD	1,703.00			128,534.67 75.48	199,608.63 117.21	2.43	71,073.96	199,608.63 0.00	0.00	NA NA
FSS	FEDERAL SIGNAL ORD	2,012.00		0.55	173,584.46 86.27	189,268.84 94.07	2.30	15,684.38	189,268.84 0.00	1,046.24	NA NA
LMB	LIMBACH HOLDINGS ORD	1,437.00			115,161.63 80.14	184,252.14 128.22	2.24	69,090.51	184,252.14 0.00	0.00	NA NA
GTLS	CHART INDUSTRIES ORD	953.00			90,193.49 94.64	149,487.58 156.86	1.82	59,294.09	149,487.58 0.00	0.00	NA NA
STRL	STERLING INFRASTRUC- TURE ORD	693.00			36,768.50 53.06	130,290.93 188.01	1.59	93,522.43	130,290.93 0.00	0.00	NA NA
EPAC	ENERPAC TOOL GROUP CL A ORD	2,894.00		0.09	135,834.01 46.94	124,094.72 42.88	1.51	-11,739.29	124,094.72 0.00	115.76	NA NA
IESC	IES ORD	470.00			83,096.12 176.80	122,040.20 259.66	1.48	38,944.08	122,040.20 0.00	0.00	NA NA
HRI	HERC HOLDINGS ORD	859.00		2.20	113,385.54 132.00	106,516.00 124.00	1.30	-6,869.54	106,516.00 0.00	2,345.07	NA NA
ESE	ESCO TECHNOLOGIES ORD	484.00		0.18	69,830.07 144.28	87,720.16 181.24	1.07	17,890.09	87,720.16 0.00	154.88	NA NA
HURN	HURON CONSULTING GROUP ORD	484.00			69,003.45 142.57	69,129.72 142.83	0.84	126.27	69,129.72 0.00	0.00	NA NA
SAIA	SAIA ORD	198.00			54,437.87 274.94	52,353.18 264.41	0.64	-2,084.69	52,353.18 0.00	0.00	NA NA

# Holdings

## DEFINED CONTRIBUTION PLAN

CUSIP/Ticker	Description	Quantity	Duration	YAC/ YTM (%)	Adjusted Total Cost/Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Total Value/ Accrued	Estimated Annual Income	Moody's/ S&P Rating
<b>Total Industrials</b>		<b>17,062.00</b>		<b>0.78</b>	<b>1,409,708.25 97.35</b>	<b>2,072,679.58 150.37</b>	<b>25.22</b>	<b>662,971.33</b>	<b>2,072,679.58 0.00</b>	<b>9,058.59</b>	<b>NA NA</b>
<b>Information Technology</b>											
SITM	SITIME ORD	939.00			118,332.42 126.02	184,109.73 196.07	2.24	65,777.31	184,109.73 0.00	0.00	NA NA
BOX	BOX CL A ORD	4,416.00			134,472.72 30.45	167,013.12 37.82	2.03	32,540.40	167,013.12 0.00	0.00	NA NA
CRDO	CREDO TECHNOLOGY GROUP HOLDING ORD	2,556.00			47,406.56 18.55	155,813.76 60.96	1.90	108,407.20	155,813.76 0.00	0.00	NA NA
SIMO	SILICON MOTION TECH- NO ADR REP 4 ORD	2,487.00		3.27	175,811.27 70.69	152,204.40 61.20	1.85	-23,606.87	152,204.40 0.00	4,974.00	NA NA
INTA	INTAPP ORD	2,751.00			119,344.76 43.38	151,635.12 55.12	1.84	32,290.36	151,635.12 0.00	0.00	NA NA
MTSI	MACOM TECHNOLOGY SOLUTIONS ORD	1,131.00			47,448.94 41.95	137,540.91 121.61	1.67	90,091.97	137,540.91 0.00	0.00	NA NA
BDC	BELDEN ORD	1,277.00		0.19	130,743.09 102.38	135,617.40 106.20	1.65	4,874.31	135,617.40 0.00	255.40	NA NA
ACIW	ACI WORLDWIDE ORD	2,599.00			140,337.60 54.00	120,229.74 46.26	1.46	-20,107.86	120,229.74 0.00	0.00	NA NA
FN	FABRINET ORD	513.00			70,561.87 137.55	119,462.31 232.87	1.45	48,900.44	119,462.31 0.00	0.00	NA NA
NSIT	INSIGHT ENTERPRISES ORD	911.00			72,682.10 79.78	118,785.29 130.39	1.45	46,103.19	118,785.29 0.00	0.00	NA NA
SPSC	SPS COMMERCE ORD	825.00			59,078.55 71.61	116,127.00 140.76	1.41	57,048.45	116,127.00 0.00	0.00	NA NA
OSPN	ONESPAN ORD	4,476.00		1.51	85,512.71 19.10	71,302.68 15.93	0.87	-14,210.03	71,302.68 0.00	1,074.24	NA NA
DSP	VIAANT TECHNOLOGY CL A ORD	3,844.00			57,074.08 14.85	53,008.76 13.79	0.64	-4,065.32	53,008.76 0.00	0.00	NA NA
<b>Total Information Technology</b>		<b>28,725.00</b>		<b>1.76</b>	<b>1,258,806.65 65.98</b>	<b>1,682,850.22 99.71</b>	<b>20.48</b>	<b>424,043.57</b>	<b>1,682,850.22 0.00</b>	<b>6,303.64</b>	<b>NA NA</b>
<b>Materials</b>											
KNF	KNIFE RIVER ORD	1,783.00			130,821.74 73.37	167,780.30 94.10	2.04	36,958.56	167,780.30 0.00	0.00	Ba2 NA
AVNT	AVIENT ORD	3,269.00		2.92	105,402.16 32.24	118,108.97 36.13	1.44	12,706.81	118,108.97 0.00	3,448.80	NA NA

# Holdings

## DEFINED CONTRIBUTION PLAN

CUSIP/Ticker	Description	Quantity	Duration	YAC/ YTM (%)	Adjusted Total Cost/Unit Cost	Market Value/ Price	Assets (%)	Unrealized Gain/Loss	Total Value/ Accrued	Estimated Annual Income	Moody's/ S&P Rating
MTRN	MATERION ORD	1,074.00		0.70	80,736.44 75.17	83,159.82 77.43	1.01	2,423.38	83,159.82 0.00	585.33	NA NA
<b>Total Materials</b>		<b>6,126.00</b>		<b>2.00</b>	<b>316,960.34 60.62</b>	<b>369,049.09 71.79</b>	<b>4.49</b>	<b>52,088.75</b>	<b>369,049.09 0.00</b>	<b>4,034.13</b>	<b>Ba2 NA</b>
<b>Total Common Stock</b>	<b>To Pg. 1 of 6 - Common Stock</b>	<b>111,475.00</b>		<b>1.30</b>	<b>6,024,188.05 75.75</b>	<b>7,919,817.60 113.04</b>	<b>96.36</b>	<b>1,895,629.55</b>	<b>7,919,817.60 0.00</b>	<b>45,172.53</b>	<b>Ba2 NA</b>
<b>Cash and Equiv</b>											
<b>Currency</b>											
CCYUSD	US DOLLAR	4,977.20	0.00	0.00	4,977.20 1.00	4,977.20 1.00	0.06	0.00	4,977.20 0.00	0.00	Aaa AAA
<b>Total Currency</b>	<b>US DOLLAR</b>	<b>4,977.20</b>	<b>0.00</b>	<b>0.00</b>	<b>4,977.20 1.00</b>	<b>4,977.20 1.00</b>	<b>0.06</b>	<b>0.00</b>	<b>4,977.20 0.00</b>	<b>0.00</b>	<b>Aaa AAA</b>
<b>MM Fund</b>											
97181C605	WILMINGTON:US G MM INST	293,915.14	0.00	4.10	293,915.14 1.00	293,915.14 1.00	3.58	0.00	293,915.14 0.00	12,050.52	Aaa AAAm
<b>Total MM Fund</b>	<b>WILMINGTON:US G MM INST</b>	<b>293,915.14</b>	<b>0.00</b>	<b>4.10</b>	<b>293,915.14 1.00</b>	<b>293,915.14 1.00</b>	<b>3.58</b>	<b>0.00</b>	<b>293,915.14 0.00</b>	<b>12,050.52</b>	<b>Aaa AAAm</b>
<b>Total Cash and Equiv</b>		<b>298,892.34</b>	<b>0.00</b>	<b>4.03</b>	<b>298,892.34 1.00</b>	<b>298,892.34 1.00</b>	<b>3.64</b>	<b>0.00</b>	<b>298,892.34 0.00</b>	<b>12,050.52</b>	<b>Aaa AAA</b>
<b>Grand Total</b>		<b>410,367.34</b>	<b>0.00</b>	<b>1.52</b>	<b>6,323,080.39 73.03</b>	<b>8,218,709.94 108.97</b>	<b>100.00</b>	<b>1,895,629.55</b>	<b>8,218,709.94 0.00</b>	<b>57,223.05</b>	<b>Baa3 AAA</b>

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
MATRIX TRUST COMPANY	19
MATRIX TRUST COMPANY	59
MATRIX TRUST COMPANY	60
MATRIX TRUST COMPANY	62
MATRIX TRUST COMPANY	63
MATRIX TRUST COMPANY	71

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	2,064.	6,400.
TOTAL TO SCHEDULE H, LINE 1B(3)	2,064.	6,400.

SCHEDULE H OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
LITIGATION SETTLEMENT PROCEEDS	1,108.
TOTAL TO SCHEDULE H, LINE 2C	1,108.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
INSURANCE	32,503.
POSTAGE AND PRINTING	3,463.
CYBER CONSULTING	7,880.
TOTAL TO SCHEDULE H, LINE 2I(11)	43,846.

**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. 1510-0110  
1510-0089

**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**

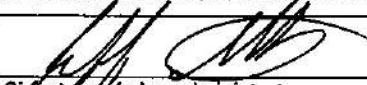

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  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>PAINTERS AND ALLIED TRADES DC82 DEFINED CONTRIBUTION PENSION PLAN</b>		<b>1b</b> Three-digit plan number (PN) ► <b>001</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>TRUSTEES OF PAINTERS AND ALLIED TRADES DC82 DEFINED WILSON-MCSHANE CORPORATION 3001 METRO DRIVE, SUITE 500 BLOOMINGTON MN 55425-1617</b>		<b>1c</b> Effective date of plan <b>06/01/2016</b>
		<b>2b</b> Employer Identification Number (EIN) <b>81-2748532</b>
		<b>2c</b> Plan Sponsor's telephone number <b>(952) 854-0795</b>
		<b>2d</b> Business code (see instructions) <b>238300</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>		<b>3-5-2026</b>	<b>JEFF STARK</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<b>3/5/26</b>	<b>MARTHA HENRICKSON</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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3,698
<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>	3,008
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	3,034
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	131
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	525
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b>	<b>6d</b>	3,690
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	4
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b>	<b>6f</b>	3,694
<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>	3,692
<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>	3,681
<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>	351

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**2E 2G 2T**

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

<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 checked="" 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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Plan Name Painters and Allied Trades DC 82 Defined Contribution Pension Plan  
 Plan Sponsor Board of Trustees of Painters and Allied Trades DC 82  
Defined Contribution Pension Plan

EIN: 81-2748532  
 Plan No. 001  
 Y/E 5/31/25

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)

\* Not applicable for purchases or sales of marketable securities.

\*\* Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
Painters and Allied Trades DC 82 Def Contrib Plan Conservative	Numerous	Numerous	11,613,580	13,636,801	480,873