

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1958
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF POINTERS, CLEANERS & CAULKERS PENSION FUND 66-05 WOODHAVEN BOULEVARD REGO PARK, NY 11374-5227	2b Employer Identification Number (EIN) 13-3208565
		2c Plan Sponsor's telephone number 718-896-6266
		2d Business code (see instructions) 238300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	STEVEN T. SCHLAPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1697
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	6a(1)	1697
	6a(2)	1591
	6b	659
	6c	576
	6d	2826
	6e	93
	6f	2919
	6g(1)	
	6g(2)	
	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	192

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-3208565

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 360419889
(2) Actuarial value of assets for funding standard account	1b(2) 358174177
c (1) Accrued liability for plan using immediate gain methods	1c(1) 317282064
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 317282064
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 521077914
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 26268539
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 16393683
(3) Expected plan disbursements for the plan year	1d(3) 17143683

Statement by Enrolled Actuary

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

SIGN HERE	04/02/2026
Signature of actuary FRANK SANTASIERO, FSA, FCA, MAAA	Date 23-06798
Type or print name of actuary THE SEGAL COMPANY	Most recent enrollment number 212-251-5000
Firm name 66 HUDSON BLVD E 20TH FL NEW YORK, NY 10001-2192	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	360419889
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	613	210305168
(2) For terminated vested participants	495	55143960
(3) For active participants:		
(a) Non-vested benefits		35401232
(b) Vested benefits		220227554
(c) Total active	1586	255628786
(4) Total	2694	521077914
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	69.17 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2025	21781064				
			Totals ►	3(b)	21781064
				3(c)	
				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	112.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a		3.69 %
		Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A		A
(2) Females	6c(2)	A		A
d Valuation liability interest rate	6d	7.00 %		7.00 %
e Salary scale	6e	%	☒ N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.7 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.8 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	723148		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-4036826	-414226
3	928163	928163

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	13485100

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	47840360	8073831
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1509125**e** Total charges. Add lines 9a through 9d.....**9e** 23068056**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 62030271**g** Employer contributions. Total from column (b) of line 3.....**9g** 21781064**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	26702202	3765791

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 5304533**j** Full funding limitation (FFL) and credits:

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

9j(1)	37046886
9j(2)	130282643

9j(3)**k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 92881659**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 69813603**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-3208565

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

NEW TOWER TRUST COMPANY

30-0872552

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

LAZARD ASSET MANAGEMENT, LLC

05-0530199

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

SEI TRUST CO

06-1271230

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

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

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

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

HOLM & OHARA

13-3591118

(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	UNION ATTORNEY	266606	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROTHBERG, STRAUS & CONTRUBIS LLP

11-2621686

(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	EMPL ASSOC. ATTY	117750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOULD, KOBRICK, & SCHLAPP, P.C.

13-3082707

(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	UNION AUDITOR	88680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	58705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUANVEST CONSULTANT

11-2559669

(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	80022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NINA FIRRINCILI

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	56838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JAMES TIERNEY

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	166214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYNTONIC SYSTEMS INC

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	34689	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOBGO ASSOCIATES, INC.

13-2751089

(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	178600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THERESA GRILLO

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	65415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROLE PESIRI

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	145565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LYNN CERINO

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	63098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

INVESCO NATIONAL TRUST COMPANY

46-3793325

(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	79407	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

OLENA SIDENKO

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	66676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATALANTA SOSNOFF

20-0461050

(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	317599	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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)

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

(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	31664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 21 28	NONE	144641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HERMINIA GONZALEZ

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	49798	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	36859	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

BJ DEONARAIN

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	127393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANGELA TORRES

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	47362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SABRINA ARTEAGA

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	48055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTEGRATED TECHNOLOGY SYSTEMS NYC

20-3986719

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	34476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW BREW

13-3473497

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	134710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PHILIP OCONNELL

13-3473497

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	110010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	121786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KINNARI RAMOLIA

13-3208565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	83281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THE BERWYN GROUP, LLC

82-4722389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49	NONE	19813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP, INC.

1 ADP BOULEVARD
ROSELAND, NJ 07068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	8662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

F&N CLEANING SERVICES CORP.

83-4658335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	30880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MORE AIR MECHANICAL SERVICE INC.

95-13 ASTORIA BLVD
EAST ELMHURST, NY 11369

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	21944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT P. BRADY AGENCY, INC.

11-2225327

(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?
22	NONE		Yes ☒ No ☐	Yes ☐ No ☒	5043	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
ROBERT P. BRADY AGENCY, INC. 11-2225327	22	SOURCE OF INDIRECT COMPENSATION.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-3208565	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CORE FIXED INCOME TRUST			
b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY			
c EIN-PN 84-1126600-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59429982	
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST-MEPT			
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY			
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11735151	
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED-RISK ALLOCATION TR			
b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY			
c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17914183	
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND			
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY			
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14257790	
a Name of MTIA, CCT, PSA, or 103-12 IE: MACKEY SHIELDS CORE PLUS BOND CIT			
b Name of sponsor of entity listed in (a): MACKEY SHIELDS			
c EIN-PN 47-1818241-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59919469	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,	D Employer Identification Number (EIN) 13-3208565

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5629078	4562585
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2280408	7479286
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13608153	4406023
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	187624955	206075341
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	4160001	4160000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	137347650	163256575
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19530241	21562498
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	221753	239762
f Total assets (add all amounts in lines 1a through 1e)	1f	370402239	411742070
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	552532	416249
i Acquisition indebtedness	1i		
j Other liabilities	1j	9429818	8033461
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9982350	8449710
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	360419889	403292360

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	21729013	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21729013
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	149269	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	264	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	52051	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		201584
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	727441	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1489244	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2216685
(3) Rents	2b(3)		-556146
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	72826999	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	74603160	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1776161
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-4637	
(B) Other	2b(5)(B)	31471960	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		31467323

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7469630
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		574677
c Other income	2c		1510657
d Total income. Add all income amounts in column (b) and enter total	2d		62837262

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17170303	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17170303
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1212323	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	117823	
(4) IQPA audit fees	2i(4)	88680	
(5) Investment advisory and investment management fees	2i(5)	429285	
(6) Bank or trust company trustee/custodial fees	2i(6)	36859	
(7) Actuarial fees	2i(7)	58705	
(8) Legal fees	2i(8)	345440	
(9) Valuation/appraisal fees	2i(9)	2500	
(10) Other trustee fees and expenses	2i(10)	10859	
(11) Other expenses	2i(11)	492014	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2794488
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19964791

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		42872471
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GOULD, KOBRICK, & SCHLAPP, P.C.**

(2) EIN: **13-3082707**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 571028.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF POINTERS,				D Employer Identification Number (EIN) 13-3208565	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 **ADAMS EUROPEAN**

b EIN **13-3201275**

c Dollar amount contributed by employer **1800772**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer **PULLMAN POWER**

b EIN **22-3270937**

c Dollar amount contributed by employer **1271491**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer **NICHOLSON & GALLOWAY**

b EIN **11-2836932**

c Dollar amount contributed by employer **1118845**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer **KEL-TECH**

b EIN **11-3055332**

c Dollar amount contributed by employer **1128811**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer **J & N CONSTRUCTION**

b EIN **27-3338841**

c Dollar amount contributed by employer **656216**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer **ZORIA HOUSING**

b EIN **20-0767144**

c Dollar amount contributed by employer **1144969**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **BRISK - WESTERN SPECIALTY**

b EIN **43-1111317**

c Dollar amount contributed by employer **524220**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer **C & D MAINTENANCE**

b EIN **05-0546546**

c Dollar amount contributed by employer **667295**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer **GRENADIER CORPORATION**

b EIN **13-3660985**

c Dollar amount contributed by employer **695793**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer **DNA**

b EIN **13-4037660**

c Dollar amount contributed by employer **466909**

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 **04** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **9.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 54.7 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 31.0 %

High-Yield Debt: 1.4 % Real Assets: 7.6 % Cash or Cash Equivalents: 0.8 % Other: 4.5 %

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 _____.

**POINTERS, CLEANERS & CAULKERS PENSION FUND
& SUBSIDIARY**

**CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024**

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

**CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024**

<u>INDEX</u>	<u>Page No.</u>
Independent Auditors' Report	1
Consolidated Statements of Net Assets Available for Benefits	3
Consolidated Statements of Changes in Net Assets Available for Benefits	4
Statements of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits	5
Notes to Consolidated Financial Statements	6

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INDEPENDENT AUDITORS' REPORT

Board of Trustees of
Pointers, Cleaners & Caulkers Pension Fund & Subsidiary

Opinion

We have audited the consolidated financial statements of Pointers, Cleaners & Caulkers Pension Fund & Subsidiary, 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 June 30, 2025 and 2024, and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of June 30, 2024, the related statement of changes in accumulated plan benefits for the year 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 Pointers, Cleaners & Caulkers Pension Fund & Subsidiary as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and accumulated plan benefits as of June 30, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pointers, Cleaner & Caulkers Pension Fund & Subsidiary 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 Pointers, Cleaners & Caulkers Pension Fund & Subsidiary's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

INDEPENDENT AUDITORS' REPORT (continued)

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 statement.

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 Pointers, Cleaners & Caulkers Pension Fund & Subsidiary's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Pointers, Cleaners & Caulkers Pension Fund & Subsidiary'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.

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's 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 information, we evaluated whether the supplemental information, including its 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 are 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.

Anders, Kohnke & Allyn, P.C.

New York, NY
April 8, 2026

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

**CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value	<u>\$ 399,460,437</u>	<u>\$ 362,271,000</u>
Receivables:		
Due from related organizations	7,221,991	2,060,200
Employer contributions	4,562,585	5,629,078
Other	41,163	64,107
Accrued investment income	<u>37,166</u>	<u>36,623</u>
Total Receivables	<u>11,862,905</u>	<u>7,790,008</u>
Other assets:		
Fixed assets, net of accumulated depreciation	239,762	221,753
Prepaid expenses	158,067	109,015
Withholdings	<u>20,899</u>	<u>10,463</u>
Total Other Assets	<u>418,728</u>	<u>341,231</u>
Total Assets	<u>411,742,070</u>	<u>370,402,239</u>
LIABILITIES		
Employer contribution exchanges	7,754,231	9,276,780
Accrued administrative expenses	416,249	552,532
Cash, operating accounts overdraft	264,330	138,138
Security deposits	<u>14,900</u>	<u>14,900</u>
Total Liabilities	<u>8,449,710</u>	<u>9,982,350</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 403,292,360</u></u>	<u><u>\$ 360,419,889</u></u>

The accompanying notes are an integral part of the financial statements.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

**CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Net appreciation in fair value of investments	\$ 37,959,516	\$ 40,725,647
Interest, dividends, and other	2,345,876	1,303,925
Rent, net of expenses	(556,146)	(531,959)
	<u>39,749,246</u>	41,497,613
Less - Investment fees	<u>690,192</u>	668,090
Net Investment Income	<u>39,059,054</u>	40,829,523
Employer contributions	21,729,013	23,046,964
Employer delinquency interest	52,051	2,307
Other income	416	1,955
(Loss) due to bank fraud	0	(236,062)
Total Additions	<u>60,840,534</u>	<u>63,644,687</u>
DEDUCTIONS FROM NET ASSETS		
Benefits paid	17,170,303	15,736,533
Administrative expenses	<u>797,760</u>	788,034
Total Deductions	<u>17,968,063</u>	16,524,567
Net increase in net assets available for benefits	<u>42,872,471</u>	47,120,120
Net assets available for benefits:		
Beginning	<u>360,419,889</u>	313,299,769
Ending	<u>\$ 403,292,360</u>	<u>\$ 360,419,889</u>

The accompanying notes are an integral part of the financial statements.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

**STATEMENT OF ACCUMULATED PLAN BENEFITS
JUNE 30, 2024
AND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JUNE 30, 2024**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits:	
Pensioners and beneficiaries currently receiving benefits	\$ 152,964,189
Other vested benefits	<u>144,453,915</u>
Total Vested Benefits	297,418,104
Non-vested benefits	<u>19,863,960</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 317,282,064</u></u>

**ACTUARIAL PRESENT VALUE OF CHANGES IN ACCUMULATED
PLAN BENEFITS**

Actuarial present value of accumulated plan benefits - Beginning	<u>\$ 303,180,469</u>
Increase (decrease) during the period attributable to:	
Interest	20,625,956
Benefits accumulated, net experience gain or loss, changes in data	8,284,009
Plan amendments	928,163
Benefits paid	<u>(15,736,533)</u>
Net Increase	<u>14,101,595</u>
Actuarial present value of accumulated plan benefits - Ending	<u><u>\$ 317,282,064</u></u>

The accompanying notes are an integral part of the financial statements.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Pointers, Cleaners & Caulkers Pension Fund & Subsidiary (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document and its’ Summary Plan Description for a more complete description of the Plan provisions.

General: The Plan is a collectively bargained multi-employer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). It is financed by negotiated employer contributions typically set for multi-year periods under collectively bargained agreements. The benefits earned depend on the duration of participation in the Plan and the level of the members’ employment and contributions. The Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with the Building Waterproofers Association, the Bricklayers and Allied Crafts Local 1, New York (the “Union”), and individual employers signatory to the agreements.

Plan Administration: The administration of the Plan is the responsibility of a board of trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment advisers and maintained by separate Plan custodians.

Pension Benefits: Generally, participants with five years of vested service are entitled to pension benefits beginning at age sixty-five and participants with ten years of vested service are entitled to pension benefits beginning at age sixty-two. The Plan permits early retirement at ages fifty-seven through sixty-four with fifteen years of vesting service at reduced rates. The pension benefit amount varies depending on units of pension credits and the benefit rates per unit based on employers’ contribution rates.

Participants may elect to receive benefits under various husband and wife options, which guarantee payments of benefits during the lives of both the participant and the participant’s spouse. Alternatively, a participant may elect other options whereby pension payments are in the form of a 50% joint and survivor benefit, a thirty-six (36) month guaranteed benefit, and a 100% contingent annuitant joint and survivor benefit.

If an active employee dies, and is vested, the employee’s beneficiary is entitled to a pre-retirement death benefit. A pre-retirement spousal survivor benefit consists of 50% of the benefit the employee would have received had he or she retired the day before he or she died and elected the joint survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse’s benefit is deferred to the date the employee would have attained his or her earliest retirement age. If an active employee dies, and is vested at the time of death, and the beneficiary is not eligible for a spousal benefit, the employee’s beneficiary is entitled to a pre-retirement lump-sum death benefit that is based on units of accrued service credit.

Active employees who become totally disabled and have 10 years vesting credits, a minimum of 500 hours in the year preceding their disability and have received a social security disability award from the social security administrator’s office are entitled to a disability retirement benefit determined in the same manner as for normal retirement.

A full description of plan benefit provisions is available in the Rules and Regulations of the Plan as amended and restated.

Funding: Employers make contributions for covered members based upon hours worked. The contribution rates are determined by the collective bargaining agreement in effect at the time.

The Plan also accepts contributions for employees of the Plan and Union under separate participation agreements.

Contributions for 2025 and 2024 met the minimum funding requirements of ERISA.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 1 – DESCRIPTION OF PLAN (continued)

Other: Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. The Plan may be completely or partially terminated at any time by the Board of Trustees, subject to the provisions set forth in ERISA.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

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

Consolidation: The accompanying consolidated financial statements include the accounts of the Plan, the general operating and clearance accounts, and its wholly owned subsidiary, the 66-05 Woodhaven Blvd. Corporation (the "Corporation") (a not-for-profit title-holding corporation exempt under section 501(c)(2) of the Internal Revenue Code (IRC)). The Corporation was formed on July 21, 1988, with the Plan as its sole shareholder. The Corporation's objective is to own and manage the land and building that is the operating facility of the Plan and other related organizations. All inter-organization transactions have been eliminated in the consolidation.

Valuation of Investments: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

Cash in Checking Accounts: A policy was adopted to maximize interest earnings. To accomplish this, the Plan instructed its bank to maintain its checking accounts at zero balances; therefore, funds are transferred on a daily basis to these accounts in the amount of the cleared checks. Due to this arrangement, the amounts of the checks issued but not cleared are offset against other cash accounts.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Fixed Assets and Depreciation or Amortization: Fixed assets are stated at cost less depreciation or amortization accumulated since their acquisition and do not purport to represent replacement or realizable value. All assets are depreciated or amortized over their estimated useful lives. Expenditures for normal repairs of equipment are charged to current operations. All other expenditures for fixed assets are capitalized.

Employer Contributions: Employer contributions receivable and employer contribution income do not include estimates of amounts due from employers where remittance reports were not received by the Plan office (unless shop steward reports are available) or for amounts due but unpaid as a result of disputed payroll audits, or for any contributions held in the general operating account that have not been identified by the Plan.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Net Assets Available for Benefits: Under the terms of the Trust Agreement, the net assets available for benefits are restricted to the payment of pension and death benefits, administrative fees, and expenses.

Current Expected Credit Losses: The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the “ASU”) significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financial assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan’s financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

Actuarial Present Value of Accumulated Pension Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees,
- b. Beneficiaries of employees who have died; and
- c. Present employees or their beneficiaries.

Benefits under the Plan are based on employee’s years of service in covered employment and on contributions made by employers for the employee’s covered employment. Benefits payable under all circumstances – retirement, death, and disability – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from The Segal Company and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 1, 2024, were:

Actuarial Present Value of Accumulated Pension Plan Benefits:

Mortality rates: Healthy annuitant - RP-2006 Blue Collar Healthy Annuitant Mortality Table with generational projection under Scale MP-2021.
Disabled annuitant - RP-2006 Disabled Mortality Table with generational projection under Scale MP-2021.

Termination rates before retirement	Age	Disability
	20	0.03%
	25	0.04%
	30	0.06%
	35	0.10%
	40	0.16%
	45	0.26%
	50	0.45%
	55	0.84%
	60	1.20%

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Pension Plan Benefits (continued):

Termination rates before retirement

Age	Withdrawal (Years of Service)			
	< 2	2 - 4	5 - 9	> 10
20	17.99%	14.19%	15.00%	8.75%
25	21.74%	17.14%	12.96%	8.75%
30	18.61%	13.58%	8.39%	4.84%
35	16.78%	11.02%	7.15%	5.02%
40	15.91%	10.35%	6.01%	4.15%
45	15.48%	9.47%	5.82%	3.73%
50	15.60%	8.90%	5.32%	3.49%
55	13.52%	7.82%	2.59%	0.88%
60	13.63%	7.84%	2.12%	0.20%

Retirement rates:

Expected incidence of retirement

Age	Retirement	
	Probability	
55	50%	
56-61	15%	*
62	50%	
63-66	40%	* 50% for the first year of eligibility
67-69	25%	for the service pension
70	100%	

Future benefit accruals: 1.5 service credits per year.

Active participant: Those with at least 300 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Retirement age: 62 for inactive vested participants.

Percent married: 80%

Age of spouse: Females three years younger than males.

Net investment return: 7.00% (Same in 2022)

Administrative expenses: \$750,000 for the year beginning July 1, 2024 (equivalent to \$723,148 payable at the beginning of the year).

Actuarial value of assets: Market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of market value.

Actuarial cost method: Unit credit actuarial cost method. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated by service.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Pension Plan Benefits (continued):

Current liability assumptions:

Interest 3.69% (2.27% in 2022), within the permissible range projected under IRS Section 431(c)(6)(E).

Mortality

Mortality prescribed under IRS Regulation 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected forward generationally using scale MP-2021.

Change in actuarial assumptions: For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on the past experience and future expectations, the following actuarial assumption was changed:

- Administrative expenses, previously \$650,000, payable monthly.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Reclassification: Certain amounts in the 2024 financial statements have been reclassified for comparative purposes to conform to the presentation in the 2025 financial statements

NOTE 3 – PLAN TERMINATION PRIORITIES

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
- All non-vested benefits.

Benefits under the plan are insured by the PBGC. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, whereas other benefits may not be provided for at all.

A full description of the Plan's termination priorities is available in the Plan's rules and regulations, as amended and restated.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 4 – TAX STATUS

The Plan is a qualified trust under Section 401(a) of the IRC and is exempt from federal income taxes under provisions of 501(a) of the IRC. The Internal Revenue Service (the “IRS”) has determined and informed the Plan by letter dated July 16, 2015, that the Plan is a tax qualified Plan under applicable sections of the IRC. The Plan’s management believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income taxes has been included in the Plan’s financial statements.

The IRS has determined and informed the 66-05 Woodhaven Blvd. Corporation by letter dated November 13, 1996, that the wholly owned subsidiary is a not-for-profit title-holding corporation exempt under section 501(c)(2) of the IRC.

NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three Levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in inactive markets.
 - Inputs other than quoted prices that are observable for the asset or liability.
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liability’s fair value measurement Level within the fair value hierarchy is based on the lowest Level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets at fair value. There have been changes in the methodologies used at June 30, 2025 and 2024.

Interest bearing cash: Interest bearing cash, which is readily convertible into cash, is carried at cost, which approximates fair value.

Corporate stocks: Corporate stocks are valued at the closing price reported on the New York Stock Exchange and other exchanges.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 5 – FAIR VALUE MEASUREMENTS (continued)

Real estate: The land and building at 66-05 Woodhaven Boulevard are carried at fair value as appraised by a licensed appraiser. The last appraisal of the property was completed February 19, 2025.

Registered investment companies: Certain registered investment companies are valued at the closing price reported in the active market on which they are traded. Others are valued at an estimated fair value as determined by the investment manager based on the market value and estimated fair value of the underlying investments in the portfolio. In establishing the fair value of these investments, the investment manager takes into consideration information about the net asset value of shares held by the Plan at year end and/or from the audited financial statements of the Plan.

Common/collective trusts and real estate investment funds: Valued at net asset value (NAV) of units held (or its equivalent, such as member units or an ownership interest in partners' capital). The NAV or its equivalent is used as a practical expedient to estimate fair value. The NAV or its equivalent is based on the fair value 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 Plan will sell the investment for an amount different than the reported NAV or its equivalent.

The preceding methods may produce a fair value calculation 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 sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2025 and 2024:

June 30, 2025				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 4,406,023	\$ 0	\$ 0	\$ 4,406,023
Corporate stocks	206,075,341	0	0	206,075,341
Real estate	0	0	4,160,000	4,160,000
Registered investment companies	11,201,349	0	0	11,201,349
	<u>\$ 221,682,713</u>	<u>\$ 0</u>	<u>\$ 4,160,000</u>	<u>225,842,713</u>
Investments measured at NAV				173,617,724
Total Investments at Fair Value				<u>\$ 399,460,437</u>

June 30, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 13,608,153	\$ 0	\$ 0	\$ 13,608,153
Corporate stocks	187,624,955	0	0	187,624,955
Real estate	0	0	4,160,001	4,160,001
Registered investment companies	9,720,841	0	0	9,720,841
	<u>\$ 210,953,949</u>	<u>\$ 0</u>	<u>\$ 4,160,001</u>	<u>215,113,950</u>
Investments measured at NAV				147,157,050
Total Investments at Fair Value				<u>\$ 362,271,000</u>

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 5 – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended June 30, 2025:

	Real estate
Balance, beginning of year	\$ 4,160,001
Unrealized (losses)	(4,637)
Amortization	4,636
Balance, end of year	\$ 4,160,000

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of June 30, 2025 and 2024, respectively.

Description	Fair Market Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2025	2024			
Common/collective trusts:					
Mackay Shields Core Plus Bond Cit	\$ 59,919,469	\$ 46,831,923	N/A	Each business day	At the end of current day
Invesco Core Plus Fixed Income Trust	59,429,982	46,844,100	N/A	Each business day	No later than 4pm on the trade date ET
Invesco Balanced-Risk Allocation Trust	17,914,183	17,440,965	N/A	Each business day	No later than 3pm on the trade date ET
ASB Allegiance Real Estate Fund	14,257,790	14,712,851	N/A	Quarterly valuation date	7 business days
Multi-Employer Property Trust	11,735,151	11,517,811	N/A	Quarterly valuation date	Immediately after requests are made
	<u>163,256,575</u>	<u>137,347,650</u>			
Real estate investment funds:					
AFL-CIO Housing Investment Trust (HIT)	10,361,149	9,809,400	N/A	Monthly	15 days before the last business day of the month
Total Investments measured at NAV	\$ 173,617,724	\$ 147,157,050			

The common/collective trusts are measured at fair value by using the NAV practical expedient and file U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these entities is not required.

The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) Housing Investment Trust ("HIT") is a common law trust created under the laws of the District of Columbia and is registered under the Investment Company Act of 1940, as amended (the Investment Company Act), as a no-load, open-end investment company. Participation in HIT is limited to eligible pension plans and labor organizations, including health and welfare, general, VEBAs, and other funds that have beneficiaries who are represented by labor organizations.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 5 – FAIR VALUE MEASUREMENTS (continued)

The investment objective of HIT is to generate competitive risk-adjusted total rates of return for its participants by investing in fixed-income investments, primarily multifamily and single-family mortgage-backed securities and mortgage-backed obligations. Other important objectives of the HIT are to encourage the construction of housing and to facilitate employment for union members in the construction trades and related industries.

NOTE 6 – LEASES

The Corporation has entered into a cancelable lease agreement to rent space to the Plans' related organizations (see Note 11) at an annual rent of \$62,250. This lease has not been renewed and is currently being paid on a month-to-month basis.

The Corporation has entered into a cancelable lease agreement to rent space to BAC Local 1, NY Benefit Plan, a related organization (see Note 11) at an annual rent of \$119,400. The term of the lease is January 1, 2020 through December 31, 2029.

The Corporation has entered into a non-cancelable lease agreement to rent space to Chementry Industries. The term of the lease is October 1, 2008 through September 30, 2011, for a rent of \$21,600. This lease has not been renewed and is currently being paid on a month-to-month basis.

The Corporation rents space to VAS CCTV for a rent of \$250 per month effective May 2019. There is no lease, and it is currently being paid on a month-to-month basis.

The Corporation has entered into a non-cancellable lease agreement to rent space to Clark Whitsett, Esq. The term of the lease is December 1, 2022 through November 30, 2025, at an annual rent of \$22,200 for the first year with a 3% rent increase thereafter.

The Corporation has entered into a non-cancelable lease agreement to rent space to AC Elevator NYC Inc. The term of the lease is November 1, 2022 through October 31, 2025, at an annual rent of \$10,200 for the first year with a 3% rent increase thereafter.

The annual minimum lease income under these non-cancelable leases as of June 30, 2025 is \$13,420.

NOTE 7 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

Approximately 5% of the employer contributions receivable as of June 30, 2025 remain uncollected as of the date of the audit report.

NOTE 8 – RISKS AND UNCERTAINTIES

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

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 8 – RISKS AND UNCERTAINTIES (continued)

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

NOTE 9 – RETIREMENT PLANS

The Plan's eligible employees are covered under various defined benefit retirement plans. Contributions to these retirement plans for the years ended June 30, 2025 and 2024 were \$227,728 and \$217,634, respectively. Information about these plans is as follows:

Retirement Income Plan		Plan No.	Pension Protection Act Zone Status		FIP/RP Status Pending / Implemented	Contributions			Surcharge Imposed	Expiration Date Of Collective Bargaining Agreement
Name	E.I.N.		2025	2024		2025	2024	2023		
Pointers, Cleaners & Caulkers Pension Fund	13-3208565	001	Green	Green	N/A	\$ 174,234	\$ 165,087	\$ 151,364	No	6/30/2025
Bricklayers & Trowel Trades International Pension Fund	52-6127746	001	Yellow	Yellow	N/A	36,438	35,551	34,212	No	6/30/2025
Bricklayers Pension Plan	51-6135291	001	Green	Green	N/A	17,056	16,996	18,682	No	6/30/2025
						<u>\$ 227,728</u>	<u>\$ 217,634</u>	<u>\$ 204,258</u>		

Non-contributory defined contribution plans cover the Plan's eligible employees. Contributions to these plans for the years ended June 30, 2025 and 2024 were \$61,840 and \$56,050, respectively.

NOTE 10 – FIXED ASSETS

Fixed assets at June 30, 2025 and 2024 by classification are summarized as follows:

	2025	2024
Software	\$ 278,102	\$ 245,982
Equipment	109,770	173,949
Furniture and fixtures	83,981	224,317
Automobile	21,222	21,222
	<u>493,075</u>	<u>665,470</u>
Less - Accumulated depreciation	<u>253,313</u>	<u>443,717</u>
Net Fixed Assets	<u>\$ 239,762</u>	<u>\$ 221,753</u>

Depreciation expense for the years ended June 30, 2025 and 2024 amounted to \$21,858 and \$12,214, respectively.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 11 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Pointers, Cleaners and Caulkers Annuity, Welfare, and Pension Funds (together the “Plans”) are administered under the direction of the unpaid administrator of the Bricklayers Insurance and Welfare Fund, Bricklayers and Allied Craftworkers Local Union 1 N.Y., who is also a Trustee of the Plan.

Most common general and administrative expenses (rent, payroll, equipment, stationery, printing, utilities, and some general professional fees) of the Plans are paid by the Plan’s General Operating Account. The amounts are then allocated based on usage and estimated time and space formulas in an annual allocation study. The General Operating Account also collects and remits certain contribution income on behalf of the Plans (See contribution exchanges below). The Plan’s subsidiary also leases facilities to related parties (see Note 6).

The Plan’s 2025 related party transactions are summarized as follows:

	Totals	Welfare Fund	Annuity Fund	Promotion Fund	Others
Beginning balances	\$ 2,060,200	\$ 2,548,142	\$ (756,264)	\$ 4,592	\$ 263,732
Current period activity:					
Payments	(1,225,077)	(639,225)	(581,260)	(4,592)	0
Expense allocations	1,510,226	882,534	566,427	4,353	56,912
Contribution exchanges	5,005,928	4,933,029	72,899	0	0
Delinquency interest allocation	(129,285)	(53,673)	(61,531)	(730)	(13,351)
Total Current Activity	5,161,792	5,122,665	(3,465)	(969)	43,561
Ending balances	\$ 7,221,991	\$ 7,670,807	\$ (759,729)	\$ 3,623	\$ 307,293

NOTE 12 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through April 8, 2026, the date the financial statements were available to be issued.

POINTERS, CLEANERS & CAULKERS PENSION FUND & SUBSIDIARY

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024**

NOTE 13 – ADMINISTRATIVE EXPENSES

	2025	2024
Administrative overhead (see below)	\$ 515,314	\$ 487,065
Less: rent expense eliminated in consolidation	62,250	62,250
	<u>453,064</u>	<u>424,815</u>
Professional fees:		
Legal	74,241	68,441
Actuary and consultant	58,705	58,440
Auditing	58,680	100,175
Other	6,186	4,620
Pension Benefit Guaranty Corporation	108,891	91,175
Research services	19,813	20,827
Computer consultant and supplies	17,243	2,227
Other general and administrative	937	16,865
Bonding insurance	0	449
Total Administrative Expenses - Pension Fund	<u>\$ 797,760</u>	<u>\$ 788,034</u>
General operating account administrative expenses:		
Payroll	\$ 1,212,323	\$ 1,089,397
Legal and collection fees, net	271,199	248,531
Computer consultant and supplies	174,062	119,085
Employer payroll compliance audits, net	109,161	199,968
Rent	62,250	62,250
Insurance	52,710	48,009
Auditing	30,000	0
Telephone	25,559	30,609
Depreciation	21,858	12,214
Other general and administrative	19,946	23,529
Equipment rental and maintenance	18,546	14,504
Stationery, supplies and postage	18,136	27,590
Meetings and educational conferences	10,859	85
Auto expenses	10,627	11,841
Payroll services	8,662	5,500
Staff training and development	0	55,740
	<u>2,045,898</u>	<u>1,948,852</u>
Less:		
General operating accounts interest income	20,343	66,546
Other income	15	23,433
Net Administrative Expenses	<u>\$ 2,025,540</u>	<u>\$ 1,858,873</u>
Allocations:		
Welfare fund	\$ 882,534	\$ 812,635
Annuity Fund	566,427	499,840
Pension Fund	515,314	487,065
B.A.C. Union Local 1	39,337	33,784
I.M.I. Fund	9,071	10,800
International Pension Fund	8,504	10,125
Promotion Fund	4,353	4,624
Total Allocation to Organizations	<u>\$ 2,025,540</u>	<u>\$ 1,858,873</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A	This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	▶ ☒
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II Basic Plan Information — enter all requested information		
1a Name of plan POINTERS, CLEANERS, & CAULKERS PENSION FUND	1b Three-digit plan number (PN).... ▶ 001	
	1c Effective date of plan 07/01/1958	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 13-3208565	
	2c Plan Sponsor's telephone number 718-896-6266	
	2d Business code (see instructions) 238300	
BOARD OF TRUSTEES OF POINTERS, CLEANERS & CAULKERS PENSION FUND 66-05 WOODHAVEN BOULEVARD REGO PARK, NY 11374-5227		

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

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

SIGN HERE	☒ Jack Argila	3/25/2026	Jack Argila
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	☒ Robert Delmonico	3/23/2026	Robert Delmonico
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Account Balance Summary
For the Period July 01, 2024 - June 30, 2025

Page 2 of 97

Description	As of 06/30/2025	
	Cost	Market Value
Equity Securities		
Communication Services	6,938,413.57	12,288,967.06
Consumer Discretionary	5,173,637.10	6,811,438.91
Consumer Staples	2,016,730.72	2,870,825.77
Energy	1,516,348.30	1,808,353.84
Financials	5,562,722.50	8,620,341.24
Health Care	4,125,737.89	6,435,820.39
Industrials	4,765,285.04	5,850,359.66
Information Technology	13,710,626.77	25,339,573.67
Real Estate	1,122,826.90	1,140,857.04
Utilities	1,164,672.99	1,497,606.40
Foreign Stock	2,566,630.46	3,342,689.71
Mutual Funds - Closed End	2,157,456.15	2,620,841.64
Real Estate Investment Trusts	653,824.56	653,998.18
Total Equity Securities	51,474,912.95	79,281,673.51
Short Term Investments		
Short Term Investments	1,141,206.29	1,141,206.29
Total Short Term Investments	1,141,206.29	1,141,206.29
Total Market Value	52,616,119.24	80,422,879.80
Accrued Income	0.00	37,165.44
Total Value with Accrued Income	52,616,119.24	80,460,045.24



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Account Reconciliation
For the Period July 01, 2024 - June 30, 2025

Page 3 of 97

Description	Cash	Cost	Market Value
Beginning Value	0.00	45,396,732.18	68,140,215.03
Fees and Expenses			
Other Fees and Expenses	(4,919.81)	0.00	(4,919.81)
Total Fees and Expenses	(4,919.81)	0.00	(4,919.81)
Income Received			
Dividends	838,578.50	0.00	838,578.50
Total Income Received	838,578.50	0.00	838,578.50
Security Transaction			
Purchases	(75,332,400.73)	75,332,400.73	0.00
Sales	74,498,742.04	(68,113,013.67)	0.00
Total Security Transaction	(833,658.69)	7,219,387.06	0.00
Other Activity			
Other Activity	0.00	0.00	0.00
Total Other Activity	0.00	0.00	0.00
Realized Gain/Loss	0.00	0.00	6,385,728.37
Unrealized Gain/Loss	0.00	0.00	5,063,277.71
Total Changes This Period	0.00	0.00	0.00
Accrued Income	0.00	0.00	37,165.44
Ending Value with Accrued Income	0.00	52,616,119.24	80,460,045.24



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Detailed Holdings
For the Period July 01, 2024 - June 30, 2025

Page 4 of 97

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Equity Securities							
Communication Services							
ALPHABET INC CL A Cusip: 02079K305	16,347.0000	176.23	2,880,831.81	1,911,018.23	969,813.58	0.00	
						13,241.07	
AT&T INC Cusip: 00206R102	11,440.0000	28.94	331,073.60	307,788.62	23,284.98	0.00	
						12,698.40	
FACEBOOK INC Cusip: 30303M102	5,676.0000	738.09	4,189,398.84	2,119,376.72	2,070,022.12	0.00	
						11,919.60	
NETFLIX.COM INC Cusip: 64110L106	2,032.0000	1,339.13	2,721,112.16	892,269.31	1,828,842.85	0.00	
						0.00	
T-MOBILE US INC Cusip: 872590104	3,050.0000	238.26	726,693.00	473,138.04	253,554.96	0.00	
						10,736.00	
TAKE-TWO INTERACTIVE SOFTWARE Cusip: 874054109	5,929.0000	242.85	1,439,857.65	1,234,822.65	205,035.00	0.00	
						0.00	
Total Communication Services			12,288,967.06	6,938,413.57	5,350,553.49	0.00	
						48,595.07	
Consumer Discretionary							
AMAZON COM INC Cusip: 023135106	17,514.0000	219.39	3,842,396.46	2,527,727.10	1,314,669.36	0.00	
						0.00	
DICKS SPORTING GOODS INC Cusip: 253393102	2,020.0000	197.81	399,576.20	356,731.80	42,844.40	0.00	
						9,797.00	
HOME DEPOT INC Cusip: 437076102	2,365.0000	366.64	867,103.60	803,722.06	63,381.54	0.00	
						21,758.00	
MCDONALDS CORP Cusip: 580135101	1,275.0000	292.17	372,516.75	320,118.09	52,398.66	0.00	
						9,027.00	
TESLA MTRS INC Cusip: 88160R101	1,850.0000	317.66	587,671.00	431,966.93	155,704.07	0.00	
						0.00	
TJX COMPANIES INC NEW Cusip: 872540109	6,010.0000	123.49	742,174.90	733,371.12	8,803.78	0.00	
						10,217.00	
Total Consumer Discretionary			6,811,438.91	5,173,637.10	1,637,801.81	0.00	
						50,799.00	
Consumer Staples							
COCA COLA CO Cusip: 191216100	22,975.0000	70.75	1,625,481.25	1,428,465.22	197,016.03	11,717.25	
						46,869.00	
COSTCO WHOLESALE CORP Cusip: 22160K105	1,258.0000	989.94	1,245,344.52	588,265.50	657,079.02	0.00	
						6,541.60	



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Detailed Holdings
For the Period July 01, 2024 - June 30, 2025

Page 5 of 97

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Consumer Staples							
Total Consumer Staples			2,870,825.77	2,016,730.72	854,095.05	11,717.25 53,410.60	
Energy							
EQT CORP Cusip: 26884L109	8,087.0000	58.32	471,633.84	424,030.56	47,603.28	0.00 5,094.81	
EXXON MOBIL CORPORATION Cusip: 30231G102	12,400.0000	107.80	1,336,720.00	1,092,317.74	244,402.26	0.00 49,104.00	
Total Energy			1,808,353.84	1,516,348.30	292,005.54	0.00 54,198.81	
Financials							
ALLSTATE CORP Cusip: 020002101	4,150.0000	201.31	835,436.50	716,135.87	119,300.63	7,140.00 16,600.00	
AMERICAN EXPRESS CO Cusip: 025816109	2,305.0000	318.98	735,248.90	421,870.42	313,378.48	0.00 7,560.40	
GOLDMAN SACHS GROUP INC Cusip: 38141G104	3,018.0000	707.75	2,135,989.50	1,295,775.37	840,214.13	0.00 36,216.00	
JPMORGAN CHASE & CO Cusip: 46625H100	10,822.0000	289.91	3,137,406.02	1,610,435.17	1,526,970.85	0.00 60,603.20	
SCHWAB CHARLES CORP Cusip: 808513105	19,468.0000	91.24	1,776,260.32	1,518,505.67	257,754.65	0.00 21,025.44	
Total Financials			8,620,341.24	5,562,722.50	3,057,618.74	7,140.00 142,005.04	
Health Care							
ABBVIE INC Cusip: 00287Y109	8,318.0000	185.62	1,543,987.16	1,380,301.14	163,686.02	0.00 54,566.08	
BOSTON SCIENTIFIC CORP Cusip: 101137107	12,900.0000	107.41	1,385,589.00	565,618.52	819,970.48	0.00 0.00	
LILLY ELI & CO Cusip: 532457108	2,081.0000	779.53	1,622,201.93	736,311.04	885,890.89	0.00 12,486.00	
MCKESSON CORP Cusip: 58155Q103	2,065.0000	732.78	1,513,190.70	1,180,134.55	333,056.15	1,466.15 5,864.60	
VERTEX PHARMACEUTICALS INC Cusip: 92532F100	833.0000	445.20	370,851.60	263,372.64	107,478.96	0.00 0.00	



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Detailed Holdings
For the Period July 01, 2024 - June 30, 2025

Page 6 of 97

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Health Care							
Total Health Care			6,435,820.39	4,125,737.89	2,310,082.50	1,466.15 72,916.68	
Industrials							
BOEING CO Cusip: 097023105	4,530.0000	209.53	949,170.90	933,116.78	16,054.12	0.00 0.00	
GE AEROSPACE Cusip: 369604301	5,160.0000	257.39	1,328,132.40	1,029,634.33	298,498.07	0.00 7,430.40	
L3 HARRIS TECHNOLOGIES INC COM Cusip: 502431109	2,620.0000	250.84	657,200.80	556,302.72	100,898.08	0.00 12,576.00	
LOCKHEED MARTIN CORP Cusip: 539830109	889.0000	463.14	411,731.46	427,376.08	(15,644.62)	0.00 11,734.80	
NORTHROP GRUMMAN CORP Cusip: 666807102	690.0000	499.98	344,986.20	328,832.59	16,153.61	0.00 6,375.60	
RTX Corporation Cusip: 75513E101	10,855.0000	146.02	1,585,047.10	1,130,082.19	454,964.91	0.00 29,525.60	
UNITED RENTALS INC Cusip: 911363109	762.0000	753.40	574,090.80	359,940.35	214,150.45	0.00 5,212.08	
Total Industrials			5,850,359.66	4,765,285.04	1,085,074.62	0.00 72,854.48	
Information Technology							
ADVANCED MICRO DEVICES INC Cusip: 007903107	4,390.0000	141.90	622,941.00	544,438.96	78,502.04	0.00 0.00	
APPLE INC Cusip: 037833100	14,143.0000	205.17	2,901,719.31	2,070,448.72	831,270.59	0.00 14,708.72	
BROADCOM INC Cusip: 11135F101	12,670.0000	275.65	3,492,485.50	1,156,038.59	2,336,446.91	0.00 29,901.20	
IBM CORP Cusip: 459200101	5,610.0000	294.78	1,653,715.80	888,595.42	765,120.38	0.00 37,699.20	
LAM RESEARCH CORPORATION COM Cusip: 512807306	12,159.0000	97.34	1,183,557.06	967,340.52	216,216.54	2,796.57 11,186.28	
MICRON TECHNOLOGY INC Cusip: 595112103	8,105.0000	123.25	998,941.25	690,145.89	308,795.36	0.00 3,728.30	
MICROSOFT CORP Cusip: 594918104	9,040.0000	497.41	4,496,586.40	2,485,795.73	2,010,790.67	0.00 30,012.80	
NVIDIA CORP Cusip: 67066G104	30,219.0000	157.99	4,774,299.81	1,070,453.63	3,703,846.18	302.19 1,208.76	



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Detailed Holdings
For the Period July 01, 2024 - June 30, 2025

Page 7 of 97

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Information Technology							
ORACLE CORPORATION Cusip: 68389X105	5,775.0000	218.63	1,262,588.25	949,844.59	312,743.66	0.00 11,550.00	
PALO ALTO NETWORKS INC Cusip: 697435105	5,342.0000	204.64	1,093,186.88	535,605.69	557,581.19	0.00 0.00	
SALESFORCE INC Cusip: 79466L302	3,101.0000	272.69	845,611.69	1,022,717.04	(177,105.35)	1,290.02 5,160.06	
SERVICENOW INC Cusip: 81762P102	949.0000	1,028.08	975,647.92	557,933.81	417,714.11	0.00 0.00	
SNOWFLAKE INC CL A Cusip: 833445109	4,640.0000	223.77	1,038,292.80	771,268.18	267,024.62	0.00 0.00	
Total Information Technology			25,339,573.67	13,710,626.77	11,628,946.90	4,388.78 145,155.32	
Real Estate							
CBRE GROUP INC Cusip: 12504L109	8,142.0000	140.12	1,140,857.04	1,122,826.90	18,030.14	0.00 0.00	
Total Real Estate			1,140,857.04	1,122,826.90	18,030.14	0.00 0.00	
Utilities							
CONSTELLATION ENERGY CORP. COM Cusip: 21037T109	4,640.0000	322.76	1,497,606.40	1,164,672.99	332,933.41	0.00 7,196.64	
Total Utilities			1,497,606.40	1,164,672.99	332,933.41	0.00 7,196.64	
Foreign Stock							
EATON CORP PLC Cusip: G29183103	2,351.0000	356.99	839,283.49	565,503.38	273,780.11	0.00 9,780.16	
ROYAL CARIBBEAN CRUISES LTD Cusip: V7780T103	3,070.0000	313.14	961,339.80	744,549.49	216,790.31	2,302.50 7,521.50	
SHOPIFY INC Cusip: 82509L107	3,470.0000	115.35	400,264.50	380,568.78	19,695.72	0.00 0.00	
SPOTIFY TECHNOLOGY SA Cusip: L8681T102	1,488.0000	767.34	1,141,801.92	876,008.81	265,793.11	0.00 0.00	
Total Foreign Stock			3,342,689.71	2,566,630.46	776,059.25	2,302.50 17,301.66	



POINTERS CLEAN & CAULK PEN ATALANTA

Account Number: 1-106817

Detailed Holdings
For the Period July 01, 2024 - June 30, 2025

Page 8 of 97

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mutual Funds - Closed End							
INVESCO QQQ TR SERIES 1 Cusip: 46090E103	4,751.0000	551.64	2,620,841.64	2,157,456.15	463,385.49	2,808.36 13,388.32	
Total Mutual Funds - Closed End			2,620,841.64	2,157,456.15	463,385.49	2,808.36 13,388.32	
Real Estate Investment Trusts							
AMERICAN TOWER REIT Cusip: 03027X100	2,959.0000	221.02	653,998.18	653,824.56	173.62	5,030.30 19,647.76	
Total Real Estate Investment Trusts			653,998.18	653,824.56	173.62	5,030.30 19,647.76	
Total Equity Securities			79,281,673.51	51,474,912.95	27,806,760.56	34,853.34 697,469.38	
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA TREASURY INSTRUMENTS INST Cusip: SWFTIXX01, Bank: 38142B500	1,141,206.2900	1.00	1,141,206.29	1,141,206.29	0.00	2,312.10 47,037.81	
Total Short Term Investments			1,141,206.29	1,141,206.29	0.00	2,312.10 47,037.81	
Total Short Term Investments			1,141,206.29	1,141,206.29	0.00	2,312.10 47,037.81	
Total Market Value			80,422,879.80	52,616,119.24	27,806,760.56	37,165.44 744,507.19	

2024

FEDERAL STATEMENTS

PAGE 1

13-3208565

CLIENT PCC-PF

BOARD OF TRUSTEES OF POINTERS,

PLAN NO. 001

3/18/26

10:27PM

STATEMENT 7

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

POINTERS, CLEANERS, & CAULKERS PENSION FUND 13-3208565 001

PARTY IN INTEREST	IDENTIFICATION	DESCRIPTION	COST	CURRENT AMOUNT
ASB ALLEGIANCE REF		CASH EQUIVALENTS	\$ 276.	\$ 276.
NEW TOWER-MEPT		CASH EQUIVALENTS	1.	1.
ASB ALLEGIANCE REF		COMMON COLLECT TRUST	9,513,112.	14,257,790.
INVESCO TRUST CO.		COMMON COLLECT TRUST	13,817,974.	17,914,183.
INVESCO TRUST CO.		COMMON COLLECT TRUST	54,622,912.	59,429,982.
MACKAY SHEILDS		COMMON COLLECT TRUST	54,455,088.	59,919,469.
NEW TOWER-MEPT		COMMON COLLECT TRUST	6,507,360.	11,735,151.
TROWEL TRADES		DOMESTIC EQUITIES	76,251,678.	126,793,667.
ABNY		INTEREST BEAR CASH	302,942.	302,942.
LENDING CLUB BANK		INTEREST BEAR CASH	2,767,937.	2,767,937.
AFL-CIO HOUSING TRST		MUTUAL FUND	11,455,950.	10,361,149.
LAZARD ASSET MGMT		MUTUAL FUND	9,544,806.	11,201,349.
LENDING CLUB BANK		SECURITY ESCROW	193,661.	193,661.
COMERICA-A/C106817		SEE ATTACHED	52,616,119.	80,422,880.
66-05 WDVN BLVD CORP		TITLE HLDNG COMPANY	776,742.	4,160,000.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan POINTERS, CLEANERS & CAULKERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES POINTERS, CLEANERS & CAULKERS PENSION FUND	D Employer Identification Number (EIN) 13-3208565

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 360,419,889
(2) Actuarial value of assets for funding standard account.....	1b(2) 358,174,177
c (1) Accrued liability for plan using immediate gain methods	1c(1) 317,282,064
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 317,282,064
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 521,077,914
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 26,268,539
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 16,393,683
(3) Expected plan disbursements for the plan year	1d(3) 17,143,683

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

SIGN HERE Frank Santasiero <i>Frank Santasiero</i> Signature of actuary FRANK SANTASIERO, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 66 Hudson Blvd E, 20th Floor NEW YORK NY 10001-2192 Address of the firm	04/02/2026 Date 2606798 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	360,419,889
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	613	210,305,168
(2) For terminated vested participants	495	55,143,960
(3) For active participants:		
(a) Non-vested benefits		35,401,232
(b) Vested benefits		220,227,554
(c) Total active	1,586	255,628,786
(4) Total	2,694	521,077,914
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	69.16 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2025	21,781,064				
Totals ▶			3(b)	21,781,064	3(c)
					0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	112.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.69 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.8 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	723,148
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-4,036,826	-414,226
3	928,163	928,163

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	13,485,100

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	47,840,360	8,073,831
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	1,509,125
e Total charges. Add lines 9a through 9d.....	9e	23,068,056

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	62,030,271
g Employer contributions. Total from column (b) of line 3.....	9g	21,781,064

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	26,702,202	3,765,791

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	5,304,533
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	37,046,886	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	130,282,643	
(3) FFL credit.....	9j(3)	0	

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	92,881,659
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	69,813,603
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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Section 3: Actuarial Valuation Results

Schedule of active participant data

The following table shows the distribution of active participant data by age and pension credits as of June 30, 2024. The table also shows average monthly accrued benefits.

Schedule MB, Line 8b(2)

Actives by Age and Years of Credited Service/Monthly Accrued Benefit

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over	Unknown
Under 25	35	29	6	—	—	—	—	—	—	—	—
	\$283	\$196	—	—	—	—	—	—	—	—	—
25 - 29	72	47	24	1	—	—	—	—	—	—	—
	\$412	\$251	\$695	—	—	—	—	—	—	—	—
30 - 34	154	59	64	26	5	—	—	—	—	—	—
	\$680	\$301	\$732	\$1,229	—	—	—	—	—	—	—
35 - 39	224	74	70	44	21	5	9	1	—	—	—
	\$885	\$277	\$731	\$1,197	\$1,665	—	—	—	—	—	—
40 - 44	267	69	70	49	37	27	11	3	1	—	—
	\$1,125	306	\$709	\$1,250	\$1,748	\$2,245	—	—	—	—	—
45 - 49	276	40	58	53	37	20	36	16	7	9	—
	\$1,600	\$290	\$757	\$1,183	\$1,720	\$2,202	\$2,708	—	—	—	—
50 - 54	223	23	48	31	29	25	24	19	14	10	—
	\$1,851	\$300	\$742	\$1,247	\$1,721	\$2,254	\$2,687	—	—	—	—
55 - 59	206	27	37	37	34	19	16	15	12	9	—
	\$1,761	\$288	\$781	\$1,248	\$1,721	—	—	—	—	—	—
60 - 64	96	11	24	20	11	13	9	6	—	2	—
	\$1,541	—	\$732	\$1,228	—	—	—	—	—	—	—
65 - 69	23	9	9	1	2	1	1	—	—	—	—
	\$852	—	—	—	—	—	—	—	—	—	—
70 & over	2	—	—	—	—	—	—	1	1	—	—
	—	—	—	—	—	—	—	—	—	—	—
Unknown	8	7	—	1	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
Totals	1,586	395	410	263	176	110	106	61	35	30	—
	\$1,284	\$283	\$735	\$1,224	\$1,720	\$2,229	\$2,698	\$3,227	\$3,731	\$4,684	—

Note: Excludes 104 participants with less than one year of credited service.

Appendix A: Actuarial assumptions, methods and models

Schedule MB, Line 6

Economic assumptions

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$750,000 for the year beginning July 1, 2024 (equivalent to \$723,148 payable at the beginning of the year) or 5.7% of normal cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Demographic and noneconomic assumptions

Rationale

Current data is reviewed in conjunction with each annual valuation. Based on professional judgment, no assumption changes are warranted at this time.

Appendix A: Actuarial assumptions, methods and models

Mortality rates

Healthy: RP-2006 Blue Collar Healthy Employee/Annuitant Mortality Table with generational projection under Scale MP-2021

Disabled: RP-2006 Disabled Mortality Table with generational projection under Scale MP-2021

The tables with projection to the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the last several years.

Disability and Withdrawal Termination rates

Age	Disability	Withdrawal (Less than 2 years of service)	Withdrawal (2-4 years of service)	Withdrawal (5-9 years of service)	Withdrawal (10 years of service or more)
20	0.03	17.99	14.19	15.00	8.75
25	0.04	21.74	17.14	12.96	8.75
30	0.06	18.61	13.58	8.39	4.84
35	0.10	16.78	11.02	7.15	5.02
40	0.16	15.91	10.35	6.01	4.15
45	0.26	15.48	9.47	5.82	3.73
50	0.45	15.60	8.90	5.32	3.49
55	0.84	13.52	7.82	2.59	0.88
60	1.20	13.63	7.84	2.12	0.20

The disability and withdrawal termination rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the last several years.

Appendix A: Actuarial assumptions, methods and models

Retirement rates for active participants

Age	Annual Retirement Rates
55	50%
56 – 61	15% ¹
62	50%
63-66	40%
67-69	25%
70	100%

¹50% for the first year of eligibility for the service pension

The retirement rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the last several years.

Retirement rates for inactive vested participants

Age	Annual Retirement Rates
55-61	25%
62	75%
63-64	40%
65	75%
66-69	25%
70	100%

The retirement rates for inactive vested participants were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the last several years.

Appendix A: Actuarial assumptions, methods and models

Future benefit accruals

1.5 service credits per year

The future benefit accruals were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the last several years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those with at least 300 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Percent married

80%

Age of spouse

Females three years younger than males.

Benefit election

- Twenty percent of participants are assumed to elect the 50% Husband-and-Wife pension with pop-up form
- Ten percent of participants are assumed to elect the 75% Husband-and-Wife pension with pop-up form
- Thirty percent of participants are assumed to elect the 100% Husband-and-Wife pension with pop-up form
- Forty percent of participants are assumed to elect the single life annuity with 36 months guarantee.

Appendix A: Actuarial assumptions, methods and models

Eligibility for Delayed retirement factors

Inactive vested participants after attaining normal retirement age.

Methods, models and other information

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five- year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Appendix B.

Elections under the Pension Relief Act of 2010

Extended Amortization of Net Investment Losses (IRC Section 431(b)(8)(A)): Effective July 1, 2014, the Trustees elected to discontinue the special amortization rule in accordance with IRS Notice 2010-83.

Appendix A: Actuarial assumptions, methods and models

Current liability assumptions

- **Interest:** 3.69%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
Mortality: Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected forward generationally using scale MP-2021.
- **On actuarial value of assets (Schedule MB, line 6g):** 6.7%, for the plan year ending June 30, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 12.8%, for the plan year ending June 30, 2024

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of July 1, 2024:
- Administrative expenses, previously \$650,000, payable monthly

Appendix B: Summary of plan provisions

Schedule MB, Line 6

This appendix summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

July 1 through June 30

Pension credit year

July 1 through June 30

Plan status

Ongoing plan

Normal pension

- **Age and Service Requirement:** 62 with 10 years of vesting service or 65 with 5 years of vesting service
- **Amount:** \$100 for each service credit

Service pension

- **Age and Service Requirement:** Age plus years of vesting service equals at least 85
- **Amount:** Normal pension accrued

Appendix B: Summary of plan provisions

Early retirement

- **Age Requirement:** 57
- **Service Requirement:** 15 years of vesting service
- **Amount:** Normal pension accrued, reduced by 3% for each year of age less than 62

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 years of vesting service
- **Amount:** Normal pension accrued

Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** Normal or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** Earlier of age 62 with 10 years of vesting service; or later of the date attaining age 65 or the fifth anniversary of participation

Spouse's pre-retirement death benefit

- **Requirement:** Vested status
- **Amount:** 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have attained his or her earliest retirement age.
- **Charge for Coverage:** None

Appendix B: Summary of plan provisions

Pre-retirement lump-sum death benefit

- **Requirement:** Vested status, actively engaged in covered employment, and not eligible for the Spouse's benefit
- **Amount:**
 - 5 but less than 6 units of accrued service credit: \$5,000
 - 6 but less than 7 units of accrued service credit: \$6,000
 - 7 but less than 8 units of accrued service credit: \$7,000
 - 8 but less than 9 units of accrued service credit: \$8,000
 - 9 but less than 10 units of accrued service credit: \$10,000
- The death benefit amount is increased by an additional \$1,000 for each additional whole unit of service credit, up to a maximum of 50 whole units of service credit.

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, and the participant retired January 1, 1994 or later, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the participant with 36 monthly payments guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

- 50% Joint and Survivor Annuity (Husband-and-Wife Pension Form)
- 50% Joint and Survivor Annuity with pop-up
- 75% Joint and Survivor Annuity with pop-up
- 100% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity with pop-up
- Single Life Annuity with 36 months guaranteed

Appendix B: Summary of plan provisions

Post Retirement Bonus Check

An annual bonus check payable to pensioners. The total bonus payable is based on \$0.30 of total actual hours worked by participants hired prior to August 1, 2005 in the prior plan year and is allocated to pensioners based on their monthly benefit amount.

Participation

After completion of 1,000 hours of work in Covered Employment within the 12 month period following date of initial employment.

Service credit

One-half of one credit for 500 hours worked, increasing by one-tenth of a credit for each additional 100 hours worked in a Plan Year.

Vesting credit

Three-tenths of one credit for 300 hours worked increasing by one-tenth of a credit for each additional 100 hours with a maximum of one credit in a Plan year.

Contribution rate

\$8.85 per hour effective July 1, 2023

\$9.25 per hour effective July 1, 2024

Changes in plan provisions

- The Trustees approved a bonus 13th check in the amount of 75% of the total June 2023 monthly payments, made to pensioners and beneficiaries on the rolls for more than one year as of December 31, 2022, paid in December of 2023.
- The Trustees also approved a bonus 13th check in the amount of 90% of the total June 2024 monthly payments, made to pensioners and beneficiaries on the rolls for more than one year as of December 31, 2023, paid in December of 2024. This will be reflected in the July 1, 2025 Funding Standard Account (FSA).

Section 3: Actuarial Valuation Results

Schedule MB, Line 9c

Schedule of Funding Standard Account Bases – Charges

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/1997	\$4,933	3	\$1,757
Plan amendment	07/01/1998	98,775	4	27,253
Assumption change	07/01/2001	709,559	7	123,048
Plan amendment	07/01/2001	743,283	7	128,896
Plan amendment	07/01/2002	60,402	8	9,454
Plan amendment	07/01/2003	451,297	9	64,736
Assumption change	07/01/2004	1,348,905	10	179,489
Assumption change	07/01/2006	226,596	12	26,663
Investment loss subject to funding relief	07/01/2009	3,406,726	14	364,058
Investment loss subject to funding relief	07/01/2011	1,958,469	14	209,291
Assumption change	07/01/2011	2,109,940	2	1,090,645
Actuarial loss	07/01/2012	10,489	3	3,735
Investment loss subject to funding relief	07/01/2012	2,053,002	14	219,393
Investment loss subject to funding relief	07/01/2013	2,157,486	14	230,559
Actuarial loss	07/01/2014	1,159,588	5	264,311
Assumption change	07/01/2014	1,661,928	5	378,812
Actuarial loss	07/01/2015	2,212,555	6	433,818
Actuarial loss	07/01/2016	1,491,739	7	258,689
Plan amendment	07/01/2017	2,952,575	8	462,113
Actuarial loss	07/01/2018	1,609,237	9	230,837
Assumption change	07/01/2018	1,767,667	9	253,564
Actuarial loss	07/01/2019	77,816	10	10,354
Assumption change	07/01/2020	9,718,325	11	1,211,220

Section 3: Actuarial Valuation Results

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	07/01/2022	1,945,182	13	217,517
Change in assumptions	07/01/2023	587,391	14	62,771
Actuarial loss	07/01/2023	6,388,332	14	682,685
Plan amendment	07/01/2024	928,163	1	928,163
Total		\$47,840,360		\$8,073,831

Section 3: Actuarial Valuation Results

Schedule MB, Line 9h

Schedule of Funding Standard Account Bases – Credits

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	07/01/2010	\$252,720	1	\$252,720
Investment loss subject to funding relief	07/01/2010	512,082	14	54,723
Actuarial gain	07/01/2011	161,320	2	83,388
Actuarial gain	07/01/2013	1,703,746	4	470,088
Actuarial gain	07/01/2017	691,318	8	108,200
Assumption change	07/01/2019	6,934,286	10	922,697
Actuarial gain	07/01/2020	351,002	11	43,746
Actuarial gain	07/01/2021	11,560,289	12	1,360,246
Change in assumptions	07/01/2022	498,613	13	55,757
Actuarial gain	07/01/2024	4,036,826	15	414,226
Total		\$26,702,202		\$3,765,791

Appendix A: Actuarial assumptions, methods and models

Current liability assumptions

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- Based on past experience and future expectations, the following actuarial assumption was changed as of July 1, 2024:
- Administrative expenses, previously \$650,000, payable monthly

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$20,466,000	-	\$20,466,000
2025	\$20,466,000	-	\$20,466,000
2026	\$20,466,000	-	\$20,466,000
2027	\$20,466,000	-	\$20,466,000
2028	\$20,466,000	-	\$20,466,000
2029	\$20,466,000	-	\$20,466,000
2030	\$20,466,000	-	\$20,466,000
2031	\$20,466,000	-	\$20,466,000
2032	\$20,466,000	-	\$20,466,000
2033	\$20,466,000	-	\$20,466,000

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$979,198	\$377,433	\$15,026,273	\$16,382,904
2025	1,937,905	628,521	14,789,243	17,355,669
2026	2,868,506	847,842	14,537,900	18,254,248
2027	3,859,424	1,011,323	14,271,395	19,142,142
2028	4,861,543	1,244,967	14,003,108	20,109,618
2029	5,918,216	1,431,134	13,724,703	21,074,053
2030	7,011,931	1,631,180	13,435,526	22,078,637
2031	7,898,419	1,756,776	13,134,850	22,790,045
2032	8,869,340	1,904,556	12,821,868	23,595,764
2033	9,839,933	2,089,465	12,495,704	24,425,102
2034	10,735,601	2,220,174	12,155,513	25,111,288
2035	11,547,584	2,362,473	11,800,535	25,710,592
2036	12,351,243	2,504,277	11,430,162	26,285,682
2037	13,078,541	2,640,102	11,043,994	26,762,637
2038	13,716,403	2,778,223	10,641,867	27,136,493
2039	14,308,036	2,892,319	10,223,878	27,424,233
2040	14,826,147	3,009,814	9,790,492	27,626,453
2041	15,272,910	3,138,266	9,342,576	27,753,752

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1).pdf

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$15,660,979	\$3,215,267	\$8,881,323	\$27,757,569
2043	15,978,264	3,356,623	8,408,245	27,743,132
2044	16,242,465	3,430,474	7,925,257	27,598,196
2045	16,478,313	3,514,123	7,434,705	27,427,141
2046	16,620,363	3,627,735	6,939,369	27,187,467
2047	16,703,937	3,707,407	6,442,464	26,853,808
2048	16,747,324	3,747,111	5,947,596	26,442,031
2049	16,705,317	3,717,471	5,458,759	25,881,547
2050	16,619,421	3,722,194	4,980,151	25,321,766
2051	16,483,280	3,686,774	4,515,947	24,686,001
2052	16,273,763	3,648,428	4,070,155	23,992,346
2053	16,007,454	3,588,656	3,646,401	23,242,511
2054	15,723,773	3,525,528	3,247,744	22,497,045
2055	15,390,780	3,453,549	2,876,645	21,720,974
2056	14,993,526	3,339,720	2,534,895	20,868,141
2057	14,570,950	3,226,436	2,223,512	20,020,898
2058	14,109,261	3,123,368	1,942,808	19,175,437
2059	13,610,388	2,994,191	1,692,423	18,297,002

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1).pdf

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$13,082,411	\$2,865,958	\$1,471,398	\$17,419,767
2061	12,530,560	2,725,790	1,278,269	16,534,619
2062	11,957,159	2,589,379	1,111,156	15,657,694
2063	11,362,337	2,449,849	967,911	14,780,097
2064	10,763,048	2,307,926	846,195	13,917,169
2065	10,155,327	2,167,477	743,607	13,066,411
2066	9,538,754	2,027,459	657,782	12,223,995
2067	8,925,220	1,889,648	586,483	11,401,351
2068	8,313,282	1,753,335	527,628	10,594,245
2069	7,711,043	1,619,545	479,304	9,809,892
2070	7,121,331	1,488,683	439,803	9,049,817
2071	6,547,355	1,361,228	407,633	8,316,216
2072	5,993,166	1,237,655	381,516	7,612,337
2073	5,460,718	1,118,491	360,337	6,939,546

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1).pdf