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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1967

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)
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES
BOARD OF TRUSTEES

7234 PARKWAY DRIVE
HANOVER, MD 21076-1307

2b Employer Identification Number (EIN)
52-6073909

2c Plan Sponsor's telephone number
410-564-5500

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.	10/01/2026	JAMES A. WILLIAMS, JR
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	95494
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	43757
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	42712
b	Retired or separated participants receiving benefits	**6b**	25252
c	Other retired or separated participants entitled to future benefits	**6c**	19766
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	87730
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6591
f	Total. Add lines **6d** and **6e**.	**6f**	94321
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	2935

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

1B

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

4L

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	523727-E1		01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1809016
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1809016
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	0		
	▶ OTHER				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1809016
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	0		
	▶ ADMINISTRATIVE EXPENSE				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1809016

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE CO. OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA-9400		01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	19285095
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	18552730
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	573509		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	158856		
	▶ OTHER				
	(6)Total additions			7c(6)	732365
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	19285095
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	19285095

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02013		01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
34403	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ULLICO INVESTMENT COMPANY
8403 COLESVILLE ROAD ,13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34403			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	68181094

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

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

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	4436700984
(2)	Actuarial value of assets for funding standard account	**1b(2)**	4541378254
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	6532867312
(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)**	6532867312
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)**	9685909144
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	240050989
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	464011564
(3)	Expected plan disbursements for the plan year	**1d(3)**	485791332

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	09/24/2026 Date
MARIA KIRILENKO, ASA, FCA, MAAA, EA	26-08331
Type or print name of actuary	Most recent enrollment number
SEGAL	202-833-6400
Firm name	Telephone number (including area code)
1800 M ST NW, SUITE 900 S WASHINGTON, DC 20036-5880	
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**	4436700984
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		31541	5173677202
(2) For terminated vested participants		21335	1572969128
(3) For active participants:			
(a) Non-vested benefits			564026276
(b) Vested benefits			2375236538
(c) Total active		36343	2939262814
(4) Total		89219	9685909144
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	45.81 %

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
07/15/2025	440642180	0			

	Totals ►	**3(b)**	440642180	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	8720152

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	69.5 %
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**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] 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 [X] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [ ] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2035

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** [X] 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 [X] 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**	4.01 %	
		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**	4.50 % ☐ 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**	5.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	9.3 %	
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)**	21000000	
(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	75329874	7729734
3	8624224	884947
4	109732972	11259898

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	143780064

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)**	2449044338		365524822
(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**	35651342
e Total charges. Add lines 9a through 9d			**9e**	544956228
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	202047243
g Employer contributions. Total from column (b) of line 3			**9g**	440642180
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	255508037		45037002
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	31433167
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	2612933189		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	4509711371		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	719159592
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	174203364
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)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

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).. . . . . [X] 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

PRUDENTIAL INSURANCE COMPANY

22-1211670

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

AMERISERV TRUST AND FINANCIAL SERVI

25-1689052

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

THE BANK OF NEW YORK MELLON

25-6078093

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

NORTHERN TRUST COMPANY OF CONNECTIC

06-6275604

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

NORTHERN TRUST INVESTMENTS INC.

36-3608252

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

PARK SQUARE CAPITAL LLP

47-1745784

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

SIGULER GUFF ADVISERS LLC

13-3855629

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

WESTPORT CAPITAL PARTNERS LLC

20-3834766

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

ERECT FUND I

25-1689052

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

OAK HILL ADVISORS LP

13-4077194

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

RENAISSANCE TECNOLOGIES LLC

26-0385758

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

RCP F1 GP, LP

47-3075554

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

NAPIER PARK GLOBAL CAPITAL LP

80-0857707

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

ALCENTRA ECOF

61-6496775

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

ALCENTRA EDL II

98-1263309

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

ALCENTRA MULTI-STRATEGY

80-6263676

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

ALCENTRA STRATEGIC CREDIT

98-1262861

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

ALCENTRA ECOF III

98-1453417

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

BPEA PRIVATE EQUITY ASSOC MGT LLC

20-0863070

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

NUT TREE CAPITAL MANAGEMENT LP

61-1764038

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

RIVERSTONE CREDIT PARTNERS LP

98-1231273

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

CAXTON ASSOCIATES LP

22-3430173

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

KENNEDY LEWIS MANAGEMENT LP

82-2942437

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

PENTRUST REAL ESTATE ADVISORY SERVI

25-1561667

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

ASIA ALTERNATIVES MANAGEMENT LLC

20-4391329

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

MESIROW FINANCIAL MANAGEMENT INC

36-3429599

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

DAVIDSON KEMPNER CAPITAL MGT LP

13-3863161

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

DKIL GP LLC

80-0661773

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

BESSEMER VENTURE PARTNERS XII INSTI

98-1673317

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

BEACHPOINT CAPITAL MANAGMENT LP

80-0242162

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

PACIFIC INVESTMENT MANAGEMENT CO.

33-0629048

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

J.F. LEHMAN & COMPANY LLC

81-5378532

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

DAWSON PARTNERS INC.

79 WELLINGTON ST, WEST, SUITE 2100
TORONTO, ONTARIO CA

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

DAWSON PARTNERS ASSOCIATES

79 WELLINGTON ST, WEST, SUITE 2100
TORONTO, ONTARIO CA

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

ARES CAPITAL MANAGEMENT III LLC

1800 AVENUE OF THE STARS, SUITE 140
LOS ANGELES, CA 90067

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

MILL POINT CAPITAL LLC

1177 AVENUE OF THE AMERICAS, 45TH F
NEW YORK, NY 10036

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

MILL POINT CAPITAL PARTNERS GP II

1177 AVENUE OF THE AMERICAS, 45TH F
NEW YORK, NY 10036

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

ADVENT INTERNATIONAL LP

04-2810139

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

ARROWSTREET CAPITAL LP

04-3472863

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

BENTALLGREENOAK (U.S.) LIMITED PART

20-5300937

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

BOND CAPITAL MANAGEMENT LP

83-2575339

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

INDUSTRY VENTURES LLC

04-3477043

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

DIAMETER CAPITAL PARTNERS LP

37-1843821

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

AB CARVAL INVESTORS LP

20-3793520

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

BLUE TORCH CAPITAL LP

599 LEXINGTON AVE, 27TH FL
NEW YORK, NY 10022

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

BLUE WOLF CAPITAL PARTNERS LLC

27-2033362

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

NEXUS CAPITAL MANAGEMENT LP

46-3177475

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

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

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

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

TUCKER ARENSBERG PC

25-1425735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	2415612	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTL UNION OF PAINTERS & ALLIED TRA

35-0198600

(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 50	RELATED ORGANIZATION	1258971	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VITECH SYSTEMS GROUP INC

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	1150424	Yes [ ] No [X]	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 CARLYLE GROUP

52-1887096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	958681	Yes [ ] No [X]

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

VERUS ADVISORY, INC.

91-1320111

(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 51	NONE	886425	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE

45-4173185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	730150	Yes [ ] No [X]	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)

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	679927	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WASHINGTON CAPITAL MANAGEMENT INC

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	609231	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 71	NONE	561256	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

CHARTWELL INVESTMENT PARTNERS LP

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	439672	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	430574	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	418040	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	413833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BREDHOFF & KAISER

52-0969534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	410755	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRIVE STRUCTURED CAPITAL PRTNRS LP

86-1677781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	407045	Yes [ ] No [X]

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)

WITHUM PLUS

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	372219	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PAINTING INDUSTRY INSURANCE & ANNUI

13-5600369

(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 50	NONE	348620	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE UNION LABOR LIFE INSURANCE CO.

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	320026	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

DAN WILLIAMS

52-6073909

(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 50	EMPLOYEE	300174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY, INC.

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 50	NONE	250586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADAM BOSTON

52-6073909

(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 50	EMPLOYEE	230712	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)

BRADY NELSON

52-6073909

(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 50	EMPLOYEE	213176	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAURIE HAND

52-6073909

(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 50	EMPLOYEE	207030	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51	NONE	200722	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	196461	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRESCENT CAPITAL GROUP LP

27-2698206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	191954	Yes [ ] No [X]

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

N'DIA WILLIAMS

52-6073909

(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 50	EMPLOYEE	174566	Yes [ ] No [X]	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 BOGART

52-6073909

(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 50	EMPLOYEE	173096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCOTT ROBERIE

52-6073909

(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 50	EMPLOYEE	173064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERRY PARKER

52-6073909

(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 50	EMPLOYEE	171940	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)

CHRISTENSEN JAMES & MARTIN

88-0330040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	167467	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL RETIREMENT & ANNUITY INS

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	167211	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

GOSAYE KIDANEMARIAM

52-6073909

(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 50	EMPLOYEE	163994	Yes [ ] No [X]	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)

MARSHALL & MOSS PAYROLL COMPLIANCE

04-3652965

(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 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	155893	Yes [ ] No [X]

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

THOMA BRAVO LLC

26-1416963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	155471	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHRISTINA EMMEL

52-6073909

(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 50	EMPLOYEE	154773	Yes [ ] No [X]	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)

NICKETT BOATWRIGHT

52-6073909

(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 50	EMPLOYEE	152944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLINT BEAULIEU

52-6073909

(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 50	EMPLOYEE	142647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL O'MALLEY

52-6073909

(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 50	EMPLOYEE	142165	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)

JACQUELINE COURTIEN

52-6073909

(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 50	EMPLOYEE	137331	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAUREN BROWN

52-6073909

(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 50	EMPLOYEE	134071	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FOLOTOTO AIOLUPOTEA

52-6073909

(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 50	EMPLOYEE	133107	Yes [ ] No [X]	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)

JENNIFER RUHLING

52-6073909

(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 50	EMPLOYEE	131713	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREW HARDING

52-6073909

(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 50	EMPLOYEE	131406	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EVENZIER NANALIG, JR

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	126946	Yes [ ] No [X]	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)

JORDAN KLINE

52-6073909

(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 50	EMPLOYEE	125207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WALE OPARINDE

52-6073909

(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 50	EMPLOYEE	121442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC OLEAN

52-6073909

(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 50	EMPLOYEE	117874	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)

JULIET GRAY

52-6073909

(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 50	EMPLOYEE	116939	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	62490	Yes [X] No [ ]	Yes [ ] No [X]	54177	Yes [ ] No [X]

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

ASHLEY SOSA

52-6073909

(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 50	EMPLOYEE	114458	Yes [ ] No [X]	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)

VENISSA NORRIS-CORNELIUS

52-6073909

(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 50	EMPLOYEE	114398	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL KAUFMAN

52-6073909

(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 50	EMPLOYEE	113456	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARY HARRIS

52-6073909

(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 50	EMPLOYEE	112009	Yes [ ] No [X]	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)

JARSO FEYISA

52-6073909

(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 50	EMPLOYEE	111786	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHIFFONIA LLOYD

52-6073909

(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 50	EMPLOYEE	111211	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRYSTAL HAAS

52-6073909

(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 50	EMPLOYEE	110810	Yes [ ] No [X]	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)

BRANDI SCHMIDT

52-6073909

(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 50	EMPLOYEE	109962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAUREN ERVIN

52-6073909

(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 50	EMPLOYEE	107155	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KYSHAWNA SYE

52-6073909

(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 50	EMPLOYEE	105357	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)

BRENDA QUEST

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104441	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAVEN CLAY

52-6073909

(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 50	EMPLOYEE	103590	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROCHELLE STEPHENS

52-6073909

(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 50	EMPLOYEE	100901	Yes [ ] No [X]	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)

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	98742	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA DORR

52-6073909

(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 50	EMPLOYEE	97516	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BERRY & CO. CPAS

88-0400174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	97074	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)

AMYTHEST TEMPLE

52-6073909

(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 50	EMPLOYEE	94590	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEIDI KERN

52-6073909

(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 50	EMPLOYEE	91329	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J'MIA TILLMAN

52-6073909

(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 50	EMPLOYEE	89458	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)

AMY MCELORY

52-6073909

(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 50	EMPLOYEE	87642	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENNIFER ROLLINS

52-6073909

(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 50	EMPLOYEE	84368	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST COMPA

94-3112180

(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 50	NONE	81736	Yes [ ] No [X]	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)

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?
28 51	NONE	80746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATALIE CUESTA

52-6073909

(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 50	EMPLOYEE	78678	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAUDELINE QUARRIE

52-6073909

(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 50	EMPLOYEE	78427	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)

SHEENA WILLIAMS

52-6073909

(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 50	EMPLOYEE	76745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IUPAT DISTRICT COUNCIL NO 21 WELFAR

91-2036994

(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 50	NONE	74365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAUDIA FONSECA-GIRALDO

52-6073909

(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 50	EMPLOYEE	73524	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)

ALEXIS COX

52-6073909

(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 50	EMPLOYEE	70476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XPAN LAW GROUP, LLC

81-5145649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	67430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW HERMAN

52-6073909

(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 50	EMPLOYEE	65058	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)

JULIETA SPENARD

52-6073909

(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 50	EMPLOYEE	63727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EBONY DOZIER

52-6073909

(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 50	EMPLOYEE	63214	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACIFIC SOUTHWEST ADMINISTRATORS

46-4942970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	62755	Yes [ ] No [X]	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)

LUZ RODRIGUEZ

52-6073909

(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 50	EMPLOYEE	60810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALSWEET ASSOCIATES

33-2548179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	60360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JERRY SHIPP JR.

52-6073909

(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 50	EMPLOYEE	55871	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)

KELLY PRESS INC

52-0975591

(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 50	NONE	52618	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASHLEY KERN

52-6073909

(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 50	EMPLOYEE	50122	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRUCE ROSAS

52-6073909

(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 50	EMPLOYEE	46303	Yes [ ] No [X]	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)

LEGACY PROFESSIONALS, LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	44577	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICHARD J. WOLF AND CO.

36-3182363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	44359	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELISSA LEIGHT

52-6073909

(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 50	EMPLOYEE	38489	Yes [ ] No [X]	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)

EMPLOYEE PAINTERS TRUST

91-0597991

(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 50	NONE	32653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DISTRICT COUNCIL 16 NORTH CALI. H&W

41-2261950

(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 50	NONE	32479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMOLO & ASSOCIATES, LLC

84-2885766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	32357	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)

MICHELE ABABNEH

52-6073909

(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 50	EMPLOYEE	29448	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29376	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABL TECHNOLOGIES, LLC

92-2999490

(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 50	NONE	27223	Yes [ ] No [X]	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)

LEDBETTER PARTNERS, LLC

03-0599899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	25910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPS CAPITAL PARTNERS, LP

13-3548908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOAH BRYANT

52-6073909

(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 50	EMPLOYEE	25113	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)

WATKINS, PAWLICK, CALATI & PRIFITI

83-2893229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	19464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP PAYROLL SERVICES

22-1467904

(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 50	NONE	18962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MADDIN HAUSER ROTH & HELLER PC

38-3024220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	18195	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)

BFI PRINTING & MAILING SERVICES

P.O. BOX 710929
HERNDON, VA 20171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	16446	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROTHNER, SEGALL & GREENSTONE

95-4364982

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15637	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAWSON PORTFOLIO (WHITE HORSE)

98-1533305

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	15622	Yes [ ] No [X]	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)

WOHLNER KAPLON CUTLER HALOFORD & RO

83-2856417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13223	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LIFE STATUS 360, LLC

200 S. VIRGINIA ST., STE 710
RENO, NV 89501

(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 50	NONE	12575	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DATABANK IMX

25-1921937

(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 50	NONE	11936	Yes [ ] No [X]	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)

NORTHWESTERN OHIO ADMINISTRATORS IN

34-1337680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	10123	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	9653	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LIPSITZ, GREEN, SCIME, CAMERIA, LLP

16-0905097

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8225	Yes [ ] No [X]	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)

IRA F. JAFFE, ESQ.

52-1259732

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOCIATES, LLC

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEFANSKY, HOLLOWAY & NICHOLAS

38-2388845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5689	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
MARSHALL & MOSS PAYROLL COMPLIANCE	10 49 99	155893

(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.
PAINTING INDUSTRY INSURANCE 13-5600369	PAYROLL COMPLIANCE & REVIEW FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	28 52	54177

(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.
ACADIAN GLOBAL EQUITY FUND 20-5736845	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	2469

(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.
CRESCENT MEZZANINE PTNRS VIB 80-0790681	INVESTMENT MANAGEMENT FEES

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
CRESCENT CAPITAL GROUP LP	28 52	129684

(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.
CRESCENT CAPITAL TRUST II 32-6471303	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	59801

(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.
CRESCENT MEZZANINE PTNRS VII 47-3358654	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SCHRODER INVESTMENT MANAGEMENT NORT	28 52	0

(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.
SCHRODER TAFT-HARTLEY INCOME 84-4667145	INVESTMENT MANAGEMENT FEES

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
THE CARLYLE GROUP	28 52	958681

(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.
CARLYLE GLOBAL INFRASTRUCTUR 1001 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRIVE STRUCTURED CAPITAL PRTNRS LP	28 52	204504

(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.
TRIVE STRUCTURED CAP. FD I 86-1918149	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRIVE STRUCTURED CAPITAL PRTNRS LP	28 52	202541

(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.
TRIVE CAPITAL FUND IV LP 86-1964268	INVESTMENT MANAGEMENT FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

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:	ADAMS STREET PSHP FD 2009 NON US EM		
b Name of sponsor of entity listed in (a):	ADAMS STREET PARTNERS LLC		
c EIN-PN	26-3338182-001	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1197324		
a Name of MTIA, CCT, PSA, or 103-12 IE:	ADAMS STREET PTNRSHP FD 2009 US FD		
b Name of sponsor of entity listed in (a):	ADAMS STREET PARTNERS LLC		
c EIN-PN	26-3337918-001	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4297786		
a Name of MTIA, CCT, PSA, or 103-12 IE:	ADAMS STREET PSHP FD 2009 NON US DE		
b Name of sponsor of entity listed in (a):	ADAMS STREET PARTNERS LLC		
c EIN-PN	26-3338089-001	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2032487		
a Name of MTIA, CCT, PSA, or 103-12 IE:	AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN	52-6328901-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58751799		
a Name of MTIA, CCT, PSA, or 103-12 IE:	LONGVIEW ULTRA I CONSTRUCTION LOAN		
b Name of sponsor of entity listed in (a):	AMALGAMATED BANK		
c EIN-PN	20-8434730-006	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22443		
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)	16091016		
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE SHORT TERM INVSTMT FUND		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN	45-6138589-084	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	156733815		

a Name of MTIA, CCT, PSA, or 103-12 IE: THE ULLICO SEPARATE ACCOUNT J

b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO

c EIN-PN 13-1423090-203	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68181094

a Name of MTIA, CCT, PSA, or 103-12 IE: EMPLOYEE REAL ESTATE CONST TRUST FD

b Name of sponsor of entity listed in (a): AMERISERV TRUST & FINANCIAL SERVICES COMPANY

c EIN-PN 25-1689052-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6768148

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS

c EIN-PN 90-0622302-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19934875

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITL JOINT MASTER TRUS

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT INC

c EIN-PN 91-1163419-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40934037

a Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL TRUST II LEVERED

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 32-6471303-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22117003

a Name of MTIA, CCT, PSA, or 103-12 IE: METIS REAL ASSETS INDEX PORTFOLIO

b Name of sponsor of entity listed in (a): METIS EQUITY TRUST

c EIN-PN 88-4417396-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97350001

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI ACWI EX USA NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-159	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 345955221

a Name of MTIA, CCT, PSA, or 103-12 IE: ALCENTRA EUROPEAN CREDIT OPPORTUNIT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 61-6496775-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17

a Name of MTIA, CCT, PSA, or 103-12 IE: ALCENTRA MULTI-STRATEGY EUROPEAN CR

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 80-6263676-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 982118

a Name of MTIA, CCT, PSA, or 103-12 IE: ALCENTRA EUROPEAN CREDIT OPP FD III

b Name of sponsor of entity listed in (a): ALCENTRA EUROPEAN CREDIT OPP FD III SCSP

c EIN-PN 98-1453417-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22722922

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN GLOBAL EQUITY FUND

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC

c EIN-PN 04-2929221-007	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95403285

a Name of MTIA, CCT, PSA, or 103-12 IE: ARROWSTREET GLOBAL EQUITY ACWI CIT

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 37-6607043-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 283753850

a Name of MTIA, CCT, PSA, or 103-12 IE: CPTF CORE BOND FUND OF JPMCB

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 20-3847783-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 492589161

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO VALUE-ADD R/E FUND I

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS

c EIN-PN 93-2179860-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18607402

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON AFL-CIO SL BROAD MARKET

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-340	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 956413831

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

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	5256	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	70873167	66715544
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	146276872	154684284
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		33843877
(2) U.S. Government securities	1c(2)	133696518	331927953
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	102419961	106301807
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1206563919	1371755640
(6) Real estate (other than employer real property)	1c(6)	160547022	160805201
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1401142466	2436546288
(10) Value of interest in pooled separate accounts	1c(10)	64056286	68181094
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	214082296	206112253
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	49156369	52697520
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	20361746	21094111
(15) Other	1c(15)	978998146	138380887

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	1109240	2810096
1f Total assets (add all amounts in lines 1a through 1e)	1f	4549289264	5151856555
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	1468472	1835052
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	111119808	174080455
1k Total liabilities (add all amounts in lines 1g through1j)	1k	112588280	175915507
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4436700984	4975941048

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)	431922028	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	8720152	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		440642180
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	7004443	
(C) Corporate debt instruments	2b(1)(C)	6540978	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	13507603	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		27053024
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	6415	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1895980	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1902395
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	156170996	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	103895106	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		52275890
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	5008179	
(B) Other	2b(5)(B)	90845209	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		95853388

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		364268183
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		4337533
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		23989079
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1645172
c Other income	2c		1110150
d Total income. Add all **income** amounts in column (b) and enter total	2d		1013076994
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	447191563	
(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)		447191563
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)	6813203	
(2) Contract administrator fees	2i(2)	382102	
(3) Recordkeeping fees	2i(3)	2336916	
(4) IQPA audit fees	2i(4)	159120	
(5) Investment advisory and investment management fees	2i(5)	5550628	
(6) Bank or trust company trustee/custodial fees	2i(6)	226365	
(7) Actuarial fees	2i(7)	250586	
(8) Legal fees	2i(8)	3188146	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	212011	
(11) Other expenses	2i(11)	7526290	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		26645367
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		473836930
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		539240064
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) [X] 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)** [X] 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: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		1666517978
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 593757.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

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): 52-6073909

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**

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 PERFORMANCE CONTRACTING INC

b EIN 34-1467168 **c** Dollar amount contributed by employer 5076204

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* X *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* X *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 FD THOMAS INC

b EIN 93-1017129 **c** Dollar amount contributed by employer 4375247

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* X *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* X *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 CHAMPION PAINTING SPECIALTY SERVICE

b EIN 20-5168828 **c** Dollar amount contributed by employer 4740066

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* X *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* X *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 L AND L PAINTING COMPANY INC

b EIN 13-1716319 **c** Dollar amount contributed by employer 3534847

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* X *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* X *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 GEORGE M RAYMOND COMPANY

b EIN 95-1565791 **c** Dollar amount contributed by employer 6760061

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* X *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* X *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 IUPAT

b EIN 81-1360274 **c** Dollar amount contributed by employer 2897525

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* X *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* X *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): _____

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 ANNING-JOHNSON COMPANY

b EIN 36-2936794 **c** Dollar amount contributed by employer 3119527

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 BVCC INC. (NOT DISNEY ORLANDO)

b EIN 59-3019693 **c** Dollar amount contributed by employer 4303209

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 AHERN PAINTING CONTRACTORS INC

b EIN 11-2030326 **c** Dollar amount contributed by employer 4802576

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 FCS GROUP LLC

b EIN 37-1462733 **c** Dollar amount contributed by employer 2885019

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* [ ] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* [ ] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	1964
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**	15359
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**	14478
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1.00
b The corresponding number for the second preceding plan year	**15b**	1.02
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**	18
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**	8702745

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: 14.8 % Private Equity: 23.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 42.9 %

High-Yield Debt: 0.0 % Real Assets: 10.9 % Cash or Cash Equivalents: 3.9 % Other: 4.2 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

[X] 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 [X] 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_____.

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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Novak | Francella
LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
International Painters and Allied Trades
Industry Pension Plan

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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, Schedule of Reportable Transactions, and Schedules of Expenses, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental information is the responsibility of the Plan's 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 25, 2026

International Painters and Allied Trades Industry Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Corporate obligations	$ 93,327,961	$ 91,404,407
U.S. Government and Government Agency obligations	264,630,166	80,469,222
Foreign investments		
Corporate obligations	4,423,750	5,906,281
Foreign limited partnerships	-	9,795
Limited partnerships		
Private equity	1,149,921,036	1,078,452,722
Real estate	113,900,306	32,804,892
Infrastructure	108,916,433	96,151,145
Guaranteed investment contracts	21,094,111	20,361,746
Pooled separate accounts		
Fixed income	68,181,094	64,056,286
Common collective trusts		
Equity	1,683,472,903	540,045,482
Fixed income	514,706,164	670,454,501
Building investment trust	58,751,799	56,427,336
Real estate	22,881,607	23,340,963
Hedge fund of funds-diversified	133,957,137	973,091,865
103-12 investment entities-balanced	205,130,118	213,227,661
Housing investment trust	52,697,520	49,156,369
Real estate equity investments	160,805,201	160,547,022
Short term investments	190,577,692	110,874,184
Securities loaned to third parties	80,271,633	64,242,850
Total investments	4,927,646,631	4,331,024,729
Receivables		
Employer contributions	66,715,544	70,873,167
Due from related parties	71,187	86,118
Accrued interest and dividends	4,253,101	3,012,066
Due from broker for sales of securities	33,769,615	43,293,872
Due from Canada	-	308,080
Due from IUPAT	104,210	92,411
Federal withholdings	94,553	-
Other	3,454	75,551
Total receivables	105,011,664	117,741,265

See accompanying notes to financial statements.

	2025	2024
OTHER ASSETS		
Cash and securities collateral held for securities loaned to third parties	$ 82,102,828	$ 65,627,571
Prepaid retirement benefits	33,998,408	33,505,282
Prepaid expenses	286,928	275,921
Total other assets	116,388,164	99,408,774
PROPERTY AND EQUIPMENT		
Office furniture, equipment and leasehold improvements	687,545	700,240
Computer equipment	10,653,055	10,653,055
Software development	2,797,328	1,093,068
Less: accumulated depreciation and amortization	(11,327,832)	(11,337,123)
Property and equipment - net	2,810,096	1,109,240
CASH	-	5,256
Total assets	5,151,856,555	4,549,289,264
LIABILITIES AND NET ASSETS		
LIABILITIES		
Cash overdraft	66,778	-
Obligation to refund collateral held for securities loaned to third parties	82,102,828	65,627,571
Obligation to distribute contributions	-	141,399
Deferred contributions	54,540,373	37,433,714
Due to IUPAT	65,910	70,027
Due to Canada	78,733	-
Due to related parties	176	176
Due to broker for purchases of securities	37,138,589	7,699,511
SCG Pension escrow	153,846	147,410
Accrued administrative expenses	1,768,274	1,468,472
Total liabilities	175,915,507	112,588,280
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,975,941,048	$ 4,436,700,984

See accompanying notes to financial statements.

International Painters and Allied Trades Industry Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 529,017,822	$ 328,309,648
Interest and dividends	41,950,728	56,009,901
Income from securities lending transactions	87,967	50,421
	571,056,517	384,369,970
Less investment expenses	(6,977,179)	(4,926,254)
Investment income - net	564,079,338	379,443,716
Employer contributions	431,922,028	438,909,049
Miscellaneous income	16,937	241,365
Withdrawal liability contributions	8,720,152	4,035,437
Total additions	1,004,738,455	822,629,567
Deductions		
Benefits paid directly to participants	447,191,563	436,288,871
Administrative expenses	13,933,852	13,581,559
Professional fees	4,372,976	4,277,558
Total deductions	465,498,391	454,147,988
Net increase	539,240,064	368,481,579
Net assets available for benefits		
Beginning of year	4,436,700,984	4,068,219,405
End of year	$ 4,975,941,048	$ 4,436,700,984

See accompanying notes to financial statements.

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - Investments in corporate obligations and United States Government and Government Agency obligations are carried at fair value, which generally represents quoted market prices, values using pricing models as of the last business day of the year. Foreign investments in corporate obligations and foreign limited partnerships are carried at estimated fair value as provided by the custodial bank. The limited partnerships in hedge fund of funds, private equity, infrastructure, and real estate are at estimated fair value as provided by the Partnership. The hedge fund of funds - diversified is carried at estimated fair value as determined by the investment manager. The 103-12 investment entities-balanced are carried at estimated fair value as provided by the sponsor of the investments. The guaranteed investment contracts and pooled separate accounts are carried at estimated fair value as reported by the Insurance Companies. Common collective trusts and housing investment trust units are valued at their market value on the last business day of the year, as established by the trusts. Real estate equity investments are valued at appraised value. The derivatives are reported at their estimated fair value on the last business day of the year as reported by the custodian. The short-term investments are carried at cost which approximates fair value.

Hedge fund of funds and private investment fund investments are valued at prices which approximate fair value. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third-party annual audit. The estimated fair values may differ from the values that would have been used had a ready market existed for these investments and that difference may be significant.

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

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed on the straight-line method over the estimated useful life of five to ten years. Depreciation and amortization expense was $3,404 for the year ended December 31, 2025, and $3,486 for 2024.

Deferred Contributions - Deferred contributions represent contributions collected but not yet earned and distributed.

SCG Pension Escrow - SCG Pension escrow represents monies being held on behalf of contributing employers in accordance with the escrow agreement.

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

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

Estimates - The presentation 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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Foreign Currency - The Pension Plan is invested in foreign investments that are held in various foreign currencies. There is also non-invested cash in foreign currencies. For financial statement purposes, all assets are expressed in U.S. dollar equivalents.

Foreign currencies included in the Statements of Net Assets Available for Benefits are translated to United States dollars at the exchange rate in effect on the last day of the year. Unrealized increases and decrease due to fluctuations in exchange rates are included in the Statements of Changes in Net Assets Available for Benefits.

NOTE 2. DESCRIPTION OF THE PLAN

General

The International Painters and Allied Trades Industry Pension Plan (the Pension Plan) is a multiemployer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. It is financed by negotiated employer contributions typically set for multi-year periods under collectively bargained agreements. Contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA. The benefits earned depend on the duration of participation in the Pension Plan, and the level of a member's employment and contributions. The Pension Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with the International Union of Painters and Allied Trades (the Union) or its affiliates and to provide death benefits to beneficiaries.

Plan Administration

The Administration of the Pension Plan is the responsibility of a Board of Trustees comprised of Union Trustees and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Pension Plan are managed by investment advisors and maintained by an independent custodian.

Pension Benefits

Effective January 1, 2003, the benefit structure was changed to an hour's structure from a unit structure. All units earned through December 31, 2002 were converted to benefit hours.

Generally, participants with five years of vested service are entitled to pension benefits beginning at age 65. The Pension Plan permits unreduced early retirement at age 55 with at least 60,000 benefit hours, age 60 with at least 54,000 benefit hours, and age 62 with at least 45,000 benefit hours.

Participants may elect to receive benefits under various joint and survivor options, which guarantee payments of benefits during the lives of both the participant and the participant's beneficiary. Alternatively, a participant may elect other options whereby pension payments are guaranteed for a certain period from the effective date of the pension, and if the pensioner dies prior to the end of the period, his or her beneficiary will receive the remaining payments.

If an active participant dies before retirement, the participant's surviving spouse or designated beneficiary may be entitled to a death benefit.

An active participant who becomes totally disabled and has at least 18,000 benefit hours and has at least 1,000 hours in covered employment during the two calendar years just before the year in which the disability occurred, is entitled to a disability retirement benefit equal to the early retirement benefit increased by 10%. If the participant is younger than age 55 at the time of disability, he or she will be considered at age 55 for benefit calculation purposes.

A full description of the Pension Plan's benefit provisions is available in the Summary Plan Description.

NOTE 3. PRIORITIES UPON TERMINATION

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

In addition, certain benefits under the Pension Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), if the Pension Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for, while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Pension Plan obtained its latest determination letter dated September 22, 2015, in which the Internal Revenue Service stated that the Pension Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan Administrator and the Plan's legal counsel believe the Pension Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

Taxes paid to the Internal Revenue Service for Form 990-T as a result of investments in alternative investments were $1,200,000 and $1,500,000 for the years ended December 31, 2025 and 2024, respectively.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Pension Plan were made by the consulting actuary as of January 1, 2025. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries currently receiving benefits	$ 3,950,041,388
Other participants	2,297,911,128
Total	6,247,952,516
Nonvested benefits	284,914,796
Total actuarial present value of accumulated plan benefits - without expenses	6,532,867,312
Present value of expected administrative expenses	267,417,414
Total actuarial present value of accumulated plan benefits - with expenses	$ 6,800,284,726

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

Actuarial present value of accumulated plan benefits at beginning of year	$ 6,308,575,742
Increase (decrease) during the year attributable to	
Benefits paid	(436,288,871)
Interest	425,057,682
Changes in actuarial assumptions	109,732,972
Plan amendments	8,624,224
Active participants benefits accumulated	117,165,563
Net increase	224,291,570
Actuarial present value of accumulated plan benefits at end of year - without expenses	6,532,867,312
Present value of expected administrative expenses	267,417,414
Actuarial present value of accumulated plan benefits at end of year - with expenses	$ 6,800,284,726

The actuarial valuations were made using the Unit Credit Cost Method. Some of the more significant actuarial assumptions used in estimating the present value of accumulated plan benefits were:

Life expectancy of participants (nondisabled) - 109% of Pri-2012 Employee and Retiree Blue Collar amount-weighted mortality tables (sex-distinct), projected generationally from 2022 with SSA-2025 scale.

NOTE 5. ACTUARIAL INFORMATION (continued)

Life expectancy of participants (disabled) - Pri-2012 Disabled Retiree amount-weighted mortality tables (sex-distinct), projected generationally from 2022 with SSA-2025 scale.

Retirement rates were based on historical and current demographic data, adjusted to reflect the changes due to the Rehabilitation Plan, and estimated future experience and professional judgement. 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 year's assumption over the most recent two years. All other eligible participants are assumed to retire in accordance with the rates shown:

	Probability of Retirement			Probability of Retirement	
	Eligible for			Eligible for	
Age	Unreduced	All others	Age	Unreduced	All others
55	0.180	0.050	62	0.400	0.300
56	0.150	0.050	63	0.250	0.200
57 - 58	0.100	0.050	64	0.250	0.200
59	0.150	0.050	65 - 69	0.300	0.300
60	0.170	0.050	70+	1.000	1.000
61	0.170	0.100			

Discount rate - 7.0%.

Administrative expenses - $21,000,000 for the year beginning January 1, 2025.

The following actuarial assumption changes were made as of January 1, 2025:

- The administrative expenses assumption was increased to $21,000,000 from $20,200,000.
- The mortality projection scale and incidence of disability were updated.

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

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

The actuary reported that the Plan met minimum funding standards as of December 31, 2025.

NOTE 5. ACTUARIAL INFORMATION (continued)

The Plan's actuary has reported that the Plan is in critical status as of January 1, 2024 and 2025, as identified by the Pension Protection Act of 2006. A Funding Improvement Plan was adopted on April 30, 2009, which is effective from January 1, 2012 through December 31, 2026 or until the Plan is no longer in seriously endangered or endangered status. The Plan adopted a new Rehabilitation Plan effective January 1, 2022 that replaces the old Funding Improvement Plan.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

Administrative expenses and professional fees are initially paid by the Pension Plan. The International Painters and Allied Trades Industry Annuity Plan (the Annuity Plan) reimburses the Pension Plan throughout the year for its portion of shared costs based upon a cost allocation study. As of December 31, 2025 and 2024, the Annuity Plan owed the Pension Plan $14,054 and $21,737, respectively, for its share of administrative expenses and professional fees. The Annuity Plan paid the Pension Plan $1,907,956 and $1,893,902 during the years ended December 31, 2025 and 2024, respectively, for its portion of the shared costs.

The Pension Plan collects contributions for related entities and others through the Central Collections Department. At December 31, 2025 and 2024, the Plan collected and processed, but had not yet paid, the following amounts to the related entities for contributions collected on their behalf by the Central Collections Department:

	2025	2024
Annuity Plan	$ -	$ 99,287
IUPAT	65,910	70,028
Political Action Together	-	6,912
International Union of Painters and Allied Trades Finishing Trades Institute	-	17,555
Painters and Allied Trades Labor-Management Cooperation Initiative	-	17,640
Finishing Industry Labor Management Partnership	-	2
Central Collections	-	121,590
Finishing Contractors Association	-	3
Total	$ 65,910	$ 333,017

The Pension Plan assessed interest on the contributions received by the Pension Plan that were not yet transferred at year end to the related entities.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

The Pension Plan collects contributions for related entities and others through the Central Collections Department. At December 31, 2025 and 2024, the Plan had not yet received administrative fees from the following related entities for the collection and processing of contributions collected on their behalf by the Central Collections Department, payroll review fees, 401(k) administration and legal fees.

	2025	2024
Political Action Together	$ 527	$ 9,422
International Union of Painters and Allied Trades Finishing Trades Institute	29,129	28,534
Painters and Allied Trades Labor-Management Cooperation Initiative	27,477	26,725
Total	$ 57,133	$ 64,681

The Pension Plan leases office space from the International Union of Painters and Allied Trades Building Corp (the Building Corp) on an annual basis. The term of the lease shall continue in force and effect from year-to-year, unless and until either party gives at least 90 days advance notice that the sublease shall not continue. The annual guaranteed basic rent is based on the Pension Plan's square foot usage of the office space and requires monthly lease payments. The Pension Plan now utilizes less square footage and a new lease agreement was signed effective September 1, 2021 for a 5 year term which expires on August 31, 2026. The lease agreement can be extended for five consecutive periods of five years at a 3% per year increase in rent. Monthly lease payments for 2025 and 2024 were between $56,810 and $53,243. The Pension Plan paid office rent to the Building Corp totaling $696,959 for the year ended December 31, 2025 and $717,008 for 2024.

In addition, the Pension Plan pays the Building Corp for certain operating expenses, renovation costs, real estate taxes, debt service, and other obligations associated with the Building Corp. The Pension Plan paid the Building Corp $207,616 for the year ended December 31, 2025 and $186,071 for 2024. At December 31, 2025 and 2024, the Pension Plan owed the Building Corp $10,938 and $6,565, respectively, for operating expenses.

Benefits and certain operating expenses incurred by the International Union of Painters and Allied Trades (the Union) are allocated to the related entities of the Union based on an allocation study. The Pension Plan's portion of these expenditures totaled $474,333 for the year ended December 31, 2025 and $554,942 for 2024. Included in this amount is $95,033 for the year ended December 31, 2025 and $105,952 for 2024, for reimbursement of withholding for retiree health premiums. At December 31, 2025 and 2024, the Pension Plan owed the Union $17,045 and $17,450, respectively, for operating expenses.

Information systems (IS) expenditures incurred by the Union are allocated to the related entities of the Union based upon an allocation study. The Pension Plan's portion of IS expenditures totaled $441,192 for the year ended December 31, 2025 and $439,344 for 2024. At December 31, 2025 and 2024, the Pension Plan owed the Union $37,810 and $35,165, respectively, for IS expenditures.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

Accounting expenditures incurred by the Union are allocated to the related entities of the Union based on an allocation study. The Pension Plan's portion of accounting expenditures totaled $343,446 and $275,614 for the years ending December 31, 2025 and 2024, respectively.

The Pension Plan allocates a portion of the expenses to the Canada Pension Plan and to the Annuity Plan. For the years ending December 31, 2025 and 2024, the allocation of expenses paid to the Union was as follows:

	Pension Plan	Canada Plans	Annuity Plan	2025 Total
Rent	$ 539,078	$ 49,758	$ 108,123	$ 696,959
Operating expenses and renovations	580,894	31,316	69,743	681,953
IS expenditures	381,408	18,440	41,344	441,192
Accounting expenses	296,907	14,355	32,184	343,446
Total	$ 1,798,287	$ 113,869	$ 251,394	$ 2,163,550

	Pension Plan	Canada Plans	Annuity Plan	2024 Total
Rent	$ 551,714	$ 57,713	$ 107,581	$ 717,008
Operating expenses and renovations	626,700	33,933	80,379	741,012
IS expenditures	377,159	(3,734)	65,920	439,345
Accounting expenses	236,603	(2,343)	41,353	275,613
Total	$ 1,792,176	$ 85,569	$ 295,233	$ 2,172,978

Certain plan investments are units of common collective trusts managed by Northern Trust, who has been designated as an investment manager. Therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental schedule of assets (held at end of year).

The transactions identified above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. EXPENSES AND ALLOCATIONS TO CANADIAN PLANS

The Pension Plan, the Canada Pension Plan and the LUDC Canada Plan are administered by the Pension Plan. Certain administrative expenses paid by the Pension Plan, which are for the benefit of both Canada Plans, are allocated to and reimbursed by the Canada Plans.

NOTE 7. EXPENSES AND ALLOCATIONS TO CANADIAN PLANS (continued)

As of December 31, 2025, the Pension Plan owed the Canada Plan $78,733 for administrative expenses incurred by the Pension Plan and allocated to the Canada Plan. As of December 2024, the Canada Plan owed the Pension Plan $308,080 for overpayments made by the Canada Plan for administrative expenses incurred by the Pension Plan and allocated to the Canada Plan.

NOTE 8. PENSION PLANS

The Pension Plan participates in the IUPAT Industry Pension Fund 401(k) Plan (the 401(k) Plan). The Pension Plan contributed six percent of the covered employees' base salary to the 401(k) Plan. The amount contributed during the year ended December 31, 2025 totaled $147,329 and covered contributions for the period January 1, 2025 through December 31, 2025. The amount contributed during the year ended December 31, 2024 totaled $145,163 and covered contributions for the period January 1, 2024 through December 31, 2024.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

The Pension Plan contributes to a multiemployer defined benefit pension plan under the terms of a collective-bargaining agreement and participation agreement that covers its union-represented employees. The risks of participating in this multiemployer defined benefit pension plan are different from a single-employer plan in the following aspects:

a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.

c. If the Pension Plan chooses to stop participating in its multiemployer defined benefit pension plan, the Pension Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Pension Plan's participation in this multiemployer defined benefit pension plan for the annual period ended December 31, 2025 and 2024 is outlined in the table below. The zone status is based on information that the Pension Plan received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
International Painters and Allied Trades Industry Pension Plan	52-6073909	001	Red as of 01/01/26	No	Red as of 01/01/25	No	May 31,2027 ***

*** The staff employees of the Pension Plan participate in the International Painters and Allied Trades Industry Pension Plan through a collective bargaining agreement. Employees that are not covered under the collective bargaining agreement, which expires May 31, 2027, are covered by a participation agreement. The participation agreement does not have an expiration date.

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	12/31/2025	12/31/2024			12/31/2025	12/31/2024	12/31/2025	12/31/2024
International Painters and Allied Trades Industry Pension Plan	$ 1,499,931	$ 1,534,157	No, Plan year ending 12/31/25.	No, Plan year ending 12/31/24.	$9.04 per hour and 18.97% of gross wages plus $3.30 per hour from 1/1/25 - 12/31/25	$9.04 per hour and 18.97% of gross wages plus $3.30 per hour from 1/1/24 - 12/31/24	57	59

The Annuity Plan paid the Pension Plan $232,693 and $230,187, as of December 31, 2025, and December 31, 2024, respectively, for the Annuity Plan's allocated share of the pension contributions for shared employees participating in the International Painters and Allied Trades Industry Pension Plan.

The Canada Pension Plan paid the Pension Plan $107,085 and $123,488, as of December 31, 2025 and December 31, 2024, respectively, for the Canada Pension Plan's allocated share of the pension contributions for shared employees participating in the International Painters and Allied Trades Industry Pension Plan.

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the International Union of Painters and Allied Trades?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
International Painters and Allied Trades Industry Pension Fund	Funding Improvement Plan Implemented	No	No	N/A

NOTE 10. SECURITIES LENDING PROGRAM

The Pension Plan has an agreement with the bank that acts as custodian for the Pension Plan's investments which authorizes the bank to lend securities held in the Pension Plan's accounts to third parties.

The Pension Plan receives 75% of the net revenue derived from the securities lending activities, and the bank receives the remaining 25%. For the commingled Northern Trust funds in which the Pension Plan participates, the Pension Plan receives 60% of the net revenue derived from the securities lending activities, and the bank receives the remaining 40%. This income is priced into the NAVs of the funds and is, therefore, reflected in performance, not as cash flows.

Income reported on the statements of changes in net assets available for benefits includes $87,967 and $50,421 earned by the Pension Plan during the years ended December 31, 2025 and 2024, respectively, in connection with the securities lending program.

Under this program, the bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.

Although the Pension Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk, which is a component of off-balance-sheet risk.

At December 31, 2025 and 2024, the fair value of the cash and securities collateral held for securities loaned was as follows:

	2025	2024
Collateral - cash and cash equivalents	$ 70,174,447	$ 54,165,122
Collateral - securities	11,928,381	11,462,449
Total	$ 82,102,828	$ 65,627,571

In accordance with Transfers and Servicing, the Pension Plan has segregated securities on loan to third parties from other investments on the statement of net assets available for benefits and has also reported the cash and securities collateral held for securities on loan, and a corresponding liability to return the collateral on the statements of net assets available for benefits.

NOTE 11. OFF-BALANCE-SHEET RISK

Off-balance-sheet risk refers to the possibility that a loss, in an amount exceeding amounts recognized as assets or liabilities in the financial statements, may occur in the future. Such a loss may arise due to: (1) the failure of another party to perform according to the terms of a contract (credit risk), or (2) future changes in market prices which make a financial instrument less valuable (market risk).

For the securities lending program, market risk refers to the material change in fair value of the loaned securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Pension Plan's securities may be subject to unfavorable market fluctuations.

Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts. To date, the Pension Plan has experienced no realized losses in connection with the securities lending program.

Hedge fund and private investment funds may sell securities not yet purchased, whereby a liability is created for the repurchase of the security at prevailing prices. The ultimate obligations to satisfy the sale of securities sold, but not yet purchased, may exceed the amount recognized on their respective balance sheet. However, as a limited partner or shareholder in these private investment funds, the Pension Plan's financial risk is limited to the current value of its investment, which is reflected in aggregate on the Statements of Net Assets Available for Benefits.

NOTE 12. DUE TO/FROM BROKER FOR THE PURCHASE/SALE OF SECURITIES

This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

NOTE 13. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

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.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

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 asset's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

	Assets Fair Value Measurements at December 31, 2025			
	Total	Level 1	Level 2	Level 3
Corporate obligations	$ 93,327,961	$ -	$ 93,327,961	$ -
United States Government and Government Agency obligations	264,630,166	-	264,630,166	-
Foreign investments				
Corporate obligations	4,423,750	-	4,423,750	-
Guaranteed investment contracts	21,094,111	-	21,094,111	-
Real estate equity investments	160,805,201	-	-	160,805,201
Short-term investments	190,577,692	190,577,692	-	-
Securities loaned to third parties	80,271,633	-	80,271,633	-
	815,130,514	$ 190,577,692	$ 463,747,621	$ 160,805,201
Investments measured at net asset value (a)	4,112,516,117			
	$ 4,927,646,631			

The following table represents the Pension Plan's level 3 PAT International Pension Realty, Inc. financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
PAT International Pension Realty, Inc.	$ 160,805,201	Sales comparison	Value per square foot	$339.72 - $1,271.24	$ 728.15

	Level 3 Fair Value Measurements for 2025					
	Beginning Balance	Realized gains/ losses	Unrealized gains/losses	Purchases	Sales	Ending Balance
Real estate equity investments	$ 160,547,022	$ -	$ 5,008,179	$ -	$ (4,750,000)	$ 160,805,201

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Assets Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Corporate obligations	$ 91,404,407	$ -	$ 91,404,407	$ -
United States Government and Government Agency obligations	80,469,222	-	80,469,222	-
Foreign investments Corporate obligations	5,906,281	-	5,906,281	-
Guaranteed investment contracts	20,361,746	-	20,361,746	-
Real estate equity investments	160,547,022	-	-	160,547,022
Short-term investments	110,874,184	110,874,184	-	-
Securities loaned to third parties	64,242,850	-	64,242,850	-
	533,805,712	$ 110,874,184	$ 262,384,506	$ 160,547,022
Investments measured at net asset value (a)	3,797,219,017			
	$ 4,331,024,729			

	Level 3 Fair Value Measurements for 2024					
	Beginning Balance	Realized gains/ losses	Unrealized gains/losses	Purchases	Sales	Ending Balance
Real estate equity investments	$ 193,746,726	$ (33,238,689)	$ 38,985	$ -	$ -	$ 160,547,022

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments, redemption notice period information are as follows at December 31, 2025:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships - private equity:				
Adams Street Co-Investment Fund II	$ 3,583,415	$ 407,000	(a)	(a)
Adams Street 2009 Direct Fund	533,231	59,400	(a)	(a)
Advent International GPE X-C L.P.	18,225,123	8,194,999	(x)	(x)
Alcentra Multi-Strategy European Credit Fund	982,135	-	(j)	(j)
Alcentra Clareant European Direct Lending Fund II	7,808,474	11,425,972	(x)	(x)
ARA Core Property Fund	33,000,000	-	Quarterly	10 days
Ares Global Multi-Asset Credit	43,261,298	-	Monthly	30 days
Asia Alternative AACP Tax Exempt	30,721,434	4,911,948	(x)	(x)
Asia Alternative Delaware VI (ERISA) L.P.	2,098,531	1,853,632	(x)	(x)
Beachpoint Opportunities Fund III L.P.	18,325,725	-	Daily	10 days
BentallGreenOak US Core Plus Fund L.P.	52,975,560	-	Quarterly	90 days
Bessemer Venture Partners XI Institutional L.P.	7,906,977	725,109	(x)	(x)
Bessemer Venture Partners XII Institutional L.P.	8,128,346	8,254,982	(x)	(x)
Bessemer Venture Partners Century II L.P.	3,536,694	842,000	(x)	(x)
Blue Torch Offshore Credit Opportunities Fund III, L.P.	29,682,417	14,000,000	(x)	(x)
Blue Wolf Capital Fund V L.P.	30,646,944	5,183,997	(x)	(x)
Bond II L.P.	7,022,012	352,500	(u)	(u)
Bond III L.P.	15,154,835	3,862,500	(u)	(u)
BPEA Strategic Healthcare I-B, L.P.	28,696,870	1,430,000	(x)	(x)
BPEA Strategic Healthcare II, L.P.	12,091,101	10,600,000	(x)	(x)
Clareant Strategic Credit Fund	12,555,304	9,654,922	(x)	(x)
Crescent Mezzanine Partners VIB	616,424	1,853,522	(c)	(c)
Crescent Mezzanine Partners VIIB	4,619,126	2,963,889	(c)	(c)
CVC Capital Partners IX, L.P.	5,046,755	11,309,844	(x)	(x)
CVC Capital Partners VIII, L.P.	18,163,715	636,005	(x)	(x)
CVI Credit Value Fund B V, L.P.	22,947,320	1,500,000	(ad)	(ad)
Dawson Portfolio Finance (Offshore) IV, L.P.	16,975,360	3,263,235	(x)	(x)
Dawson Portfolio Finance (Offshore) V, L.P.	25,168,507	13,041,197	(x)	(x)
Dawson Portfolio Finance (Offshore) VI, L.P.	16,455,119	26,386,881	(x)	(x)
Diameter Dislocation Offshore Fund III, L.P.	2,240,075	8,600,000	(x)	(x)
Grosnevor Labor Impact Feeder Fund, L.P.	21,693,870	1,474,580	(x)	(x)
Grosnevor Infrastructure Advantage Fund II, L.P.	5,822,225	13,652,989	(x)	(x)
Industry Ventures Secondary IX, L.P.	16,422,575	1,015,639	(x)	(x)
Industry Ventures Partnership Holdings VI, L.P.	17,013,851	4,387,828	(x)	(x)
J.F. Lehman Equity Investors IV, L.P.	1,270,152	637,313	(z)	(z)
Kayne Anderson Energy Fund VI, L.P.	94,065	-	(d)	(d)
KPS Special Situations Fund IV, L.P.	8,439,958	3,671,439	(o)	(o)
KPS Special Situations Fund V, L.P.	15,268,061	2,438,279	(o)	(o)
KPS Special Situations Fund VI, L.P.	1,413,984	8,667,035	(o)	(o)
Lightyear Fund IV, L.P.	11,816,793	1,292,847	(aa)	(aa)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Mesirow Financial Private Equity Fund VII-A, L.P.	$ 92,735,510	$ 9,600,000	(x)	(x)
MGG SF Evergreen Fund (Cayman) L.P.	43,785,038	2,251,679	(x)	(x)
Mill Point Capital Partners II-1, L.P.	17,897,832	689,985	(x)	(x)
Napier Park Multi-Asset Fund I (Cayman) LP	57,322,097	-	(x)	(x)
NEA 18 Venture Growth Equity, L.P.	12,266,664	975,000	(x)	(x)
New Enterprise Associates 18, L.P.	12,047,169	3,950,000	(x)	(x)
Nexus Special Situations IV, L.P.	8,210,093	32,491,802	(x)	(x)
North Sky Alliance Fund II	1,721,646	-	(x)	(x)
Nut Tree Drawdown Offshore Fund, L.P.	10,486,279	27,600,000	(x)	(x)
Oak Hill Strategic Credit Fund II (Offshore) L.P.	6,500,861	7,000,000	(ab)	(ab)
OakTree TICP Feeder 2 (Cayman) L.P.	54,424,667	-	(x)	(x)
Riverstone Global Power and Energy Fund VI	4,987,471	2,409,948	(x)	(x)
Schroder Taft-Hartley Ventures SCS, L.P.	8,831,693	8,175,000	Annual	90 days
Spark Capital Growth Fund IV, L.P.	50,634,190	1,920,000	(x)	(x)
Spark Capital V, L.P.	15,202,213	6,500,000	(x)	(x)
Spark Capital VII, L.P.	15,581,139	2,100,000	(x)	(x)
Spark Capital VIII, L.P.	3,795,108	6,100,000	(x)	(x)
Thoma Bravo XII, L.P.	15,102,711	7,380,854	(x)	(x)
Thoma Bravo XIV, L.P.	16,146,556	1,780,838	(x)	(x)
Thoma Bravo XV-A, L.P.	44,453,635	6,568,437	(x)	(x)
Tiger Infrastructure Partners Fund III, L.P.	28,046,485	7,240,446	(x)	(x)
Trive Capital Fund IV, L.P.	17,798,051	1,276,294	(x)	(x)
Trive Capital Fund V, L.P.	4,301,073	10,462,989	(x)	(x)
Trive Structured Capital Fund I, L.P.	15,573,415	1,207,571	(x)	(x)
VWH Offshore Fund III, L.P.	13,645,079	33,409,945	(x)	(x)
Limited partnerships - real estate:				
Prudential PRISA III Fund, L.P.	12,533,986	-	Quarterly	90 days
Schroder Taft-Hartley Income Fund, L.P.	85,154,905	23,225,757	Annual	90 days
Westport (WCP) Special Core Plus Fund III	15,137,395	7,000,000	(x)	(x)
Westport (WCP) Special Core Plus Fund	1,074,020	-	(x)	(x)
Limited partnerships - Infrastructure:				
Caryle Global Infrastructure Opportunity Fund	91,444,686	11,561,965	(b)	(b)
Star America Infrastructure Fund II	17,471,747	16,197,370	(b)	(b)
Pooled separate accounts - fixed income:				
Union Labor Life Insurance Separate Account J	68,181,094	-	^Monthly	^90 days
Common collective trust - equity:				
Arrowstreet Global Equity Fund	283,753,850	-	Daily	n/a
BNY Mellon AFL-CIO SL Broad Market Stock Index Fund	956,413,831	-	Daily	1 day
Metis Real Asset Index Portfolio	97,350,001	-	Monthly	5 days
State Street MSCI ACWI EX USA NL Fund	345,955,221	-	Daily	n/a
Common collective trust - fixed income:				
Crescent Capital Trust II Levered	22,117,003	3,243,599	(s)	(s)
JPMCB Core Bond Fund	492,589,161	-	Daily	n/a

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust - building investment trust:				
AFL-CIO Building Investment Trust	$ 58,751,799	$ -	Quarterly	one year
Common collective trust - real estate:				
ASB Allegiance Real Estate Fund	16,091,016	-	Quarterly	n/a
ERECT Fund	6,768,148	-	Monthly	(w)
Long View Ultra I Construction Loan Fund	22,443	-	^Monthly	^90 days
Ullico Value-Add Real Estate Fund I	18,607,402	2,050,575	(x)	(x)
Hedge fund of funds - diversified:				
KLCP Offshore Fund II	32,501,319	13,100,423	(x)	(x)
KLCP Offshore Fund III	43,893,747	8,812,576	(x)	(x)
Orchard Landmark LTD	57,562,071	-	(x)	(x)
103-12 investment entity- balanced:				
Acadian Global Equity Fund	95,403,285	-	Daily	10 days
Adams Street Partnership Fund-2009 Non-US Emerging Markets Fund	1,197,324	244,500	(a)	(a)
Adams Street Partnership Fund-2009 U.S. Fund	4,297,786	1,230,000	(a)	(a)
Adams Street Partnership Fund-2009 Non-US Developed Market Fund	2,032,487	994,500	(a)	(a)
Alcentra European Credit Opportunities Fund III	22,722,922	11,221,860	(m)	(m)
Union Labor Life Insurance Infrastructure	19,934,875		(v)	(v)
Washington Capital Transportation Fund	40,934,037	3,973,153	(x)	(x)
Housing investment trust:				
AFL-CIO Housing Investment Trust	52,697,520	-	Monthly	15 days
Total	$ 4,112,516,117	$ 472,498,549		

(a) - There is no redemption option for the Adams Street commitments. Adams Street can help facilitate a transfer of a client's interest to another limited partner, which has occurred on several occasions over the last 20 years.

(b) - Limited partners of the Alinda Infrastructure Fund II, Carlyle Global Infrastructure Opportunity Fund, Star America Infrastructure Fund II and Park Square Capital Credit Opportunities are not allowed to make withdrawals. These funds are closed-end funds and redemptions are not provided for in the limited partnership agreements.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

(c) - Redemption frequency and notice period are not applicable, as the Partnership is a ten-year closed-end fund. The Partnership's term will be ten years from the initial closing date, subject to extension by the General Partner for up to three additional one-year periods to allow for an orderly liquidation of the Partnership's investments. The Partnership will be subject to early termination and dissolution under certain circumstances as provided in the Limited Partnership Agreement. The investment period is five years from final closing. Partners may not withdraw from this investment prior to its termination.

(d) - There is no redemption option for the Kayne Anderson commitments. The Fund will continue until the tenth anniversary of the investment commencement date, October 1, 2012, or such later date up to two years thereafter, as determined by the General Partner and approved by the Fund's advisory board.

(j) - Alcentra European Credit Opportunities is a closed end vehicle which does not provide for investor redemptions. There is a six-year term with no liquidity. Alcentra Multi-Strategy European Credit Fund allows redemptions on a quarterly basis with 90-day prior written notice.

(m) - The Alcentra European Credit Opportunities Fund III is a closed fund, and redemptions are not permitted. The fund has a six-year term from its final closing date, with two one-year extension options at the request of investor consent.

(o) - The KPS Special Situations Fund IV, L.P., KPS Special Situations Fund V, L.P., and KPS Special Situations Fund VI, L.P. have a seven-year commitment period and a twelve-year term.

(s) - Other than with respect to quarterly income distributions, it is not expected that the Fund will make any redemption distributions for until the Fund's closing date, which is 3 years after the final closing date, which is 8 years after the initial closing date of August 9, 2019.

(u) - At the option of the General Partner, the Fund may distribute cash annually in an amount equal to the highest individual marginal tax rates under applicable laws on the items of income and loss of the Fund, as determined for income tax reporting purposes. Cash distributions not earmarked as income tax distributions and in-kind distributions are determined by the General Partner, who may elect to treat each distribution, in whole or in part, as a return of capital contributions or as a distribution of net investment income.

(v) - For the Union Labor Life Insurance Infrastructure, a redemption of all or a portion of its units is permitted after the expiration of the four-year Lock-up period. Upon 45 days notice, the redemption request will be placed in a redemption queue. A redemption request that is up next in the queue will be able to have all or a portion of its requested units redeemed.

(x) - The Fund is a closed-end fund, and redemptions are not permitted.

(z) - There is no redemption option for the JFL Equity Investors commitments. The Fund will continue until terminated on March 1, 2026, unless otherwise extended or dissolved by the General Partner, in accordance with the Partnership's Amended and Restated Limited Partnership Agreement and the consent and approval of the Advisory Committee, who may together extend the term of the Partnership for up to three successive one-year periods to allow for orderly liquidation.

(aa) - There is no redemption option for Lightyear Fund IV. The Partnership will terminate on February 18, 2026 unless further extended pursuant to the Second Amended and Restated Agreement of the Limited Partnership of the Partnership dated as of November 9, 2017.

(ab) - There is no redemption option for the Oak Hill Strategic Credit Fund II. The fund has an investment period of 3 years ending on April 18, 2020, with an option for a one-year extension and a wind down period of four years, with two one-year extension options.

(ad) - The CVI Credit Value Fund is a closed-end fund and therefore does not allow redemptions. The fund will begin returning capital back to the investors after the conclusion of the investment period. The investment period is three years from the final close, subject to a one-year extension with advance approval of the Fund's Investor Advisory Committee. The Fund's term is six years from final closing, subject to two one-year extensions at the sole and absolute discretion of the GP. Thereafter, any extensions require consent of a fund-wide, two-thirds, majority-in-interest of the investors in the Fund.

^ - A redemption may be delayed when cash and other liquid assets, less amount already committed for mortgages and reserves for account expenses, are inadequate to meet the request after satisfying all prior requests and funding commitments and expense reserves.

n/a - For these investments, a request for a redemption needs to be made before or on the day of the valuation for the redemption to be paid out.

Adams Street Co-Investment Fund II, L.P. was organized on April 2, 2008 to invest in direct private placements of emerging growth companies and buyout transactions. The Partnership began operations on March 9, 2009.

Adams Street 2009 Direct Fund, L.P. was organized on December 22, 2008 to invest in direct private placements of emerging growth companies. The Partnership began operations on January 12, 2009.

The Advent International GPE X-C L.P. was formed on November 10, 2021 and commenced operations on June 1, 2022, as a Cayman Islands Limited Partnership to provide risk capital for, and make investments in, the securities of privately held and publicly listed companies primarily in Europe and Northern America, including businesses in the development stage and other small and medium sized businesses.

The Alcentra Multi-Strategy European Credit Fund's investment objective is to generate attractive risk-adjusted returns through a blend of capital appreciation and current income.

The Alcentra Clareant European Direct Lending Fund No. 1 Limited Partnership's principal activity is to, via a wholly owned subsidiary, make, hold, monitor and realize investments in companies, bodies corporate or partnerships.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The ARA Core Property Fund invests in high-quality core industrial, residential, office, retail and select other properties located in U.S. markets that typically exhibit the strongest real estate fundamentals over the long-term. The Fund's mission is to provide broad-based core real estate exposure and achieve attractive risk-adjusted returns over a full cycle by investing in commercial and residential properties that they believe have potential for durable and growing income and appreciation.

The Ares Global Multi-Asset Credit investment objective is to achieve an attractive risk-adjusted total return by investing in a diversified portfolio of syndicated loans, high-yield bonds, debt and equity tranches of collateralized loan obligations, and to a more limited extent, commercial mortgage-backed securities, rated private asset-backed securities as well as other opportunistic investments. The fund is long-oriented and seeks to provide institutional investors diversified access to the global markets to take advantage of opportunities across the credit spectrum.

Asia Alternative AACP Tax Exempt is a Cayman Islands exempted limited partnership. The partnership acts as a feeder fund the AACP VI (ERISA).

The Asia Alternative Delaware VI (ERISA) L.P. objective is to achieve long term capital appreciation through investing, directly or indirectly, in a diversified portfolio of alternative investments including venture funds, private equity funds, buyout funds and direct investments.

The Beachpoint Opportunities Fund III LP's investment objective is to achieve superior returns with less-than-commensurate risk by investing primarily in middle market credit opportunities, special situations and distressed debt, focusing on companies that lack access to capital, companies in dislocation or under Stress, and companies close to or experiencing financial distress, bankruptcy or restructuring. The Fund will generally seek to invest at a meaningful discount to intrinsic value and to realize profits primarily through capital appreciation.

The BentallGreenOak US Core Plus Fund L.P. is an open-end real estate private equity fund that offers an attractive blend of income and appreciation.

Bessemer Venture Partners XI Institutional L.P. is a Cayman Islands exempted limited partnership that was formed on January 13, 2021 and commenced operations on March 22, 2021 to buy, sell, hold, and otherwise invest in securities of both private and publicly held companies.

Bessemer Venture Partners XII Institutional L.P. is a Cayman Islands exempted limited partnership that was formed on May 6, 2022 and commenced operations on March 18, 2024 to buy, sell, hold, and otherwise invest in securities of both private and publicly held companies.

Bessemer Venture Partners Century Fund II L.P. is a Cayman Islands exempted limited partnership that was formed on January 13, 2021 and commenced operations on November 1, 2021. The primary purpose of the Partnership is to buy, sell and otherwise invest in securities of companies, both public and private, in which a Core BVP Fund has invested or is simultaneously investing in and to make other investments as permitted in the Partnership Agreement.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The Blue Torch Offshore Credit Opportunities Fund III, L.P. was formed on July 19, 2022 and commenced operations on September 12, 2022 for the purpose of identifying, investing in, managing, holding, monitoring, and selling investments, securities, assets and instruments.

Blue Wolf provides capital principally to companies that have value which is often obscured by complexities such as companies with significant regulatory and compliance obligations; operational turnarounds; carve-outs of orphaned subsidiaries or divisions; family- or entrepreneur-owned businesses that lack formal systems; Chapter 11 reorganizations; and out-of-court restructurings. Blue Wolf Capital Advisors V, L.P. serves as the general partner to the Funds and is primarily responsible for, among other things, all investment and disposition decisions for the Funds. The Funds are managed by Blue Wolf Capital Partners, LLC (the "Management Company"), which is responsible for the day-to-day operations of the Funds.

The Bond II L.P. is a Delaware limited partnership that was organized on February 8, 2021 and commenced operations on March 17, 2021. The Fund was organized for the purpose of making or acquiring portfolio investments; owning, managing, supervising and disposing of such investments; and engaging in all activities related thereto. There may be no established market for portfolio investments and transfer of ownership of such investments may be restricted.

The Bond III L.P. is a Delaware limited partnership that was organized on January 28, 2022 and commenced operations on May 13, 2022. The Fund was organized for the purpose of making or acquiring portfolio investments; owning, managing, supervising and disposing of such investments; and engaging in all activities related thereto. There may be no established market for portfolio investments and transfer of ownership of such investments may be restricted.

The BPEA Strategic Healthcare I-B, L.P. and BPEA Strategic Healthcare II, L.P. are limited partnership formed under Delaware Revised Uniform Limited Partnership Act. The primary purpose of the Partnerships are to acquire, manage and dispose of investments in healthcare-focused (a) private equity funds that are focused primarily on making buyout and growth capital investments in companies that are organized or headquartered within the United States and/or that conduct a substantial portion of their business activity with the United States, and (b) companies that are privately held at the time of investment, including, without limitation, co-investing in such companies with or through Portfolio Funds and other private equity funds that are not Portfolio Funds. The partnership may occasionally invest in private equity funds that are not exclusively healthcare-focused.

The purpose of the Clareant Strategic Credit Fund (the “Partnership”) is to accept commitments from investors and carry on the business of an investor in accordance with the Limited Partnership Agreement. The Partnership invests all of its investable assets into Clareant Strategic Credit Fund (Holding) SCSp ("the Master Fund").

Crescent Mezzanine Partners VIB, L.P. and Crescent Mezzanine Partners VIIB, L.P. are closed-end Delaware limited partnerships formed for the purpose of allowing qualified investors to pool their assets to invest in privately negotiated mezzanine level subordinated debt and equity securities issued by larger middle-market companies. Such investments include securities issued in connection with leveraged transactions, specifically management buyouts, acquisitions, refinancings, recapitalizations and later-stage growth capital financings.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The CVC Capital Partners VIII, L.P. is a Jersey limited partnership. The principal activity of the Partnership is investing in a wide range of equity and equity related securities.

The CVI Credit Value Fund B V, L.P. ultimately invest its assets in the CVI CVF V Pooling Fund I LP, CVI CVF V Pooling Fund II LP, CVI CVF V Pooling Fund III LP and the CVI group Pooling FAIF S.C.A - CVF V Sub-Fund (collectively referred to as the Master Portfolio). The primary investment objective of the Master Portfolio is to achieve attractive and sustainable risk adjusted returns over a medium and long-term horizon. The Master Portfolio employs proprietary investment strategies in selecting, managing and disposing of loan portfolios, corporate securities, structured credit, hard assets and special opportunities.

Dawson Portfolio Finance (Offshore) IV, L.P., Dawson Portfolio Finance (Offshore) V, L.P., and Dawson Portfolio Finance (Offshore) VI, L.P. are limited partnership organized under the laws of Delaware. The primary purpose of the Partnership is to generate returns for its partners through long-term capital appreciation and current income through structured special situations investments, such as (i) preferred equity investments in respect of private investment funds and portfolios of limited partner interest and (ii) purchase of private investment fund interests and direct interest in secondary market transactions.

The Diameter Dislocation Offshore Fund III LP seeks to capitalize on a wide range of credit opportunities and other special investments resulting from or in connection with, credit market disruptions and dislocations.

The Grosvenor Labor Impact Feeder Fund, L.P. was formed for the purpose of investing, directly or indirectly, as a limited partner in the Labor Impact Fund, L.P. and the LIF AIV I, L.P., which have the same investment objective as the Partnership.

The Grosvenor Infrastructure Advantage Fund II, L.P. was formed for the purpose of investing, directly or indirectly, as a limited partner in the Labor Impact Fund, L.P. and the LIF AIV I, L.P, which have the same investment objective as the Partnership.

Industry Ventures Secondary IX, L.P. and Industry Ventures Partnership Holdings VI, L.P. were formed under the laws of the State of Delaware. They invest primarily in private venture capital backed companies, venture capital funds, private equity funds and special vehicle investments. The general strategy is to make investments in these companies and funds by purchasing them on the "secondary" market.

The investment objective of the JFL Equity Investors IV, L.P. is to seek long-term capital appreciation by investing in companies involved in or connected with defense, aerospace, marine or engineering industries or other specialized service or manufacturing industries. The Partnership shall terminate on March 1, 2026, unless otherwise extended or dissolved by the General Partner, in accordance with the Partnership's Amended and Restated Limited Partnership Agreement (the "Partnership Agreement").

The Kayne Anderson Energy Fund VI, L.P. is a Delaware limited partnership which commenced operations on October 1, 2012. The principal purpose of the partnership is to make investments in public and private energy companies, principally through privately issued securities. The partnership invests in oil and gas companies which are generally formed as limited liability companies or limited partnerships. The transaction prices, excluding transaction costs, of the underlying operating companies are typically the Fund's best estimate of fair value at inception.

The KPS Special Situations Fund IV, L.P., KPS Special Situations Fund V, L.P., and KPS Special Situations Fund VI, L.P. will seek significant capital appreciation by making controlling equity and equity-related investments in companies across a diverse range of manufacturing industries experiencing a period of transition or challenged by the need to effect immediate and significant change.

The Lightyear Fund IV, L.P. seeks capital appreciation through direct private equity and equity-related investments, including management buyouts, leveraged recapitalizations, restructurings, consolidations, leveraged acquisitions, build-ups, pre-public offering opportunities and growth capital transactions. The Partnership will terminate on February 18, 2026 unless further extended.

Mesirow Financial Private Equity Fund VII-A, L.P., a Delaware limited partnership, invests funds in private equity limited partnerships. Mesirow Financial Services, Inc., wholly-owned by

Mesirow Financial Holdings, Inc., is the General Partner of the Partnership. The Partnership held its first close on January 23, 2017 and commenced operations on May 22, 2017, the initial drawdown date. Pursuant to the Amended and Restated Limited Partnership Agreement dated January 23, 2017, the Partnership is scheduled to terminate on May 22, 2030, the twelfth anniversary of the Commencement Date as defined in the LPA, May 22, 2018. However, provisions in the LPA allow for up to three one-year extensions of the initial term.

The MGG SF Evergreen Fund (Cayman) L.P. is a Cayman Islands exempted limited partnership that was formed on January 19, 2016 and invests substantially all of its capital into the MGG SF Evergreen Master Fund (Cayman) LP for the purpose of making investments primarily in debt securities in middle-market businesses, primarily operating in the United States of America.

Mill Point Capital Partners II-1, L.P. investment strategy is focused on identifying companies that can be acquired outside of the traditional investment banking process yet are stable niche market leaders needing operational and strategic enhancements. The primary focus is to execute control buyouts within the industrial/basic manufacturing and business services industries.

Napier Park Multi-Asset Fund I (Cayman) LP seeks to earn returns comprised of current cash distributions of lease income from assets indirectly owned by the Underlying Funds, and potential gains on sales of assets indirectly owned by the Underlying Funds. In addition, Napier Park Multi-Asset Fund I will seek to generate potential tax benefits for its investors through the pass-through of the tax assets indirectly owned by Rail III and Air Rollover.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The NEA 18 Venture Growth Equity, L.P. and New Enterprise Associates 18, L.P. are Delaware limited partnerships which invest in and assist new and emerging growth-oriented businesses.

Nexus Special Situations IV, L.P. seeks to capitalize on opportunities across all macroeconomic and credit market cycles, targeting high quality companies and industries experiencing dislocation.

The North Sky Alliance Fund II, LP is a limited partnership organized under the laws of the state of Delaware. The Partnership had its initial closing on July 9, 2015 and commenced operations on November 23, 2015. The operations of the Partnership will continue until January 4, 2027, unless sooner terminated or extended, as provided for in the partnership agreement. The purpose of the Partnership is to invest primarily in cleantech infrastructure projects and the developers of such projects.

Nut Tree Drawdown Offshore Fund, L.P. is a Cayman Islands exempted limited partnership and commenced operations on April 6, 2020. The Partnership invests substantially all of its assets through a master-feeder structure in Nut Tree Drawdown Master Fund, LP (the "Master Fund"), a Cayman Islands exempted limited partnership. The Partnership, through its investment in the Master Fund, seeks to generate attractive risk-adjusted returns primarily by investing in distressed and stressed corporate debt.

Oak Hill Strategic Credit Fund II (Offshore), L.P. was organized for the purpose of investing in distressed, stressed and undervalued loans, bonds, equities and other investments. Its investment period shall run through April 18, 2020. The Partnership's investment period may be extended up to one year under certain circumstances.

OakTree TICP Feeder 2 (Cayman) L.P. was formed as Cayman Islands exempted limited partnership on June 27, 2022. The primary objective of the fund is to realize substantial capital appreciation without subjecting principal to undue risk. They seek to achieve this objective primarily by making investments in corporations, partnerships, limited liability companies and other similar entities companies that focus primarily on the transportation infrastructure industry.

Riverstone Global Energy and Power Fund VI, L.P. is organized as a Delaware limited partnership where the objective is to generate long-term capital appreciation through privately negotiated equity and equity-related investments. The Partnership Agreement provides for a termination date of February 23, 2025, although the General Partner, with the approval of Investment Advisory Committee, may extend Riverstone Energy Fund VI for up to two consecutive one-year terms. Terms not defined herein are defined in the Partnership Agreement.

Schroder Taft-Hartley Income Fund, L.P. is a Delaware limited partnership. The Fund was established on June 8, 2020 and commenced operations on June 22, 2020. The Fund holds investments in affiliate sourced loans through Schroder Taft-Hartley Income REIT, LLC, a Delaware limited liability company (the "REIT Subsidiary"), a subsidiary that may elect to be classified as a real estate investment trust ("REIT") for U.S. federal income tax purposes. The Fund's investment objective is to target attractive risk-adjusted returns, produced from either income or appreciation, primarily by purchasing securities within securitized credit markets in the United States with a focus on asset backed and mortgage backed securities and/or by holding, through acquisition or origination, a portfolio of mortgage loan investments, including but not limited to commercial property loans, performing residential mortgages, consumer loans or leases, income producing property loan investments, and mezzanine loan investments, including whole loans and participations therein.

Schroder Taft-Hartley Ventures SCS, L.P. was formed under the laws of the Grand Duchy of Luxembourg on June 8, 2022. The primary focus of the Partnership shall be to invest its assets in Schroder Capital Private Equity Global Innovation X S.C.S. (SCGI Fund X) and Schroder Capital Private Equity Global Innovation XI S.C.S. (SCGI Fund XI), and at the discretion of the AIFM, will invest its remaining assets, if any, alongside SCGI Fund X and SCGI Fund XI in early stage and growth investment opportunities (including through Direct Investments, Co-Investments and investments in Underlying Portfolio Funds that focus on such investments), or opportunistically invest in other segments and strategies.

Spark Capital Growth Fund IV, L.P. and Spark Capital V, LP invest in venture securities under the laws of the Delaware Revised Uniform Limited Partnership Act. Its purpose is to make venture capital investments, principally by investing in and holding equity and equity-oriented securities of privately held growth equity stage companies in media, entertainment, information technology and technology-related fields.

Spark Capital VII, L.P. invest in venture securities under the laws of the Delaware Revised Uniform Limited Partnership Act. Its purpose is to invest in small, privately held companies across a broad range of business stages and sectors. The primary sector of investment focus is media, entertainment and technology.

Spark Capital VIII, L.P. invest in venture securities under the laws of the Delaware Revised Uniform Limited Partnership Act. Its purpose is to invest in small, privately held companies across a broad range of business stages and sectors. The primary sector of investment focus is media, entertainment and technology.

The purpose of the Thoma Bravo Fund XII, L.P., Thoma Bravo Fund XIV, L.P. and Thoma Bravo Fund XV-A, L.P. is investing in private equity transactions. The Fund intends to use a consolidation or buy and build investment strategy with an emphasis on software and technology enabled services sectors.

The Tiger Infrastructure Partners Fund III, L.P. was organized in the state of Delaware on March 31, 2020 and commenced operations on September 21, 2020. The Partnership shall continue through the close of business on the tenth anniversary of the final closing date, or March 21, 2032. The General Partner may extend, in its discretion, the term of the Partnership for up to two consecutive one-year periods.

Trive Capital Fund IV, L.P. Trive Capital Fund V, L.P. and the Trive Structured Capital Fund I, L.P. were organized for the purpose of making private equity investments in middle market companies.

VWH Offshore Fund III, L.P. invests substantially all of their assets through a master-feeder structure in VWH Master Fund II, L.P., whose objective is to produce superior risk-adjusted total returns by investing in U.S. residential non-performing loans and other mortgage or credit related assets and instruments from U.S. government or affiliated agencies such as Fannie Mae, Freddie Mac, The Department of Housing and Urban Development, as well as banks and other market participants.

PRISA III Fund L.P., offered by Prudential, executes a value added strategy by making investments through direct property ownership, joint ventures, mezzanine debt and other equity linked real estate interests. The Fund's purpose is to invest in commercial real estate through one or more real estate investment trusts. The Fund seeks enhanced returns based on accepting the appropriate market, leasing, and leverage risk at the time of the investment. The Fund plans to invest through joint ventures in properties that require development, re-development or other management expertise to create or enhance value. PRISA III also seeks to purchase properties at below replacement cost prices, take advantage of seller timing pressure, and actively manage properties with value added potential to enhance the risk-adjusted returns over the life of the fund. PRISA III will acquire real estate investments located in various markets in North America (US, Canada and Mexico).

WCP Special Core Plus Fund III, L.P. fund makes direct and indirect investments in real estate. The Fund may also invest in equity securities of real estate related companies, real estate mortgage loans, real estate mezzanine loans, and other debt instruments.

WCP Special Core Plus Fund, L.P. is a closed-end fund that will pursue a broad range of core-plus real estate investment opportunities. The Fund is expected to focus on properties with good current cash flow. The Fund will continue proactively managing and repositioning assets, investing capital to make physical improvements, and aggressively executing leasing and operational plans to increase revenues and minimize expenses.

Alinda Infrastructure Fund II, L.P. is a Delaware limited partnership which commenced operations on July 10, 2008. The primary investment objective of the Partnership is to seek capital appreciation and current income by acquiring, holding, financing, refinancing and disposing of infrastructure investments and related assets.

Carlyle Global Infrastructure Opportunity Fund (the Partnership) is an exempted limited partnership formed on April 6, 2016 (Inception) in accordance with the laws of the Cayman Islands. The Partnership's primary activity is to invest in privately negotiated equity investments or equity-related investments in assets related to the infrastructure sector.

Star America Infrastructure Fund II was organized in the State of Delaware as a limited partnership for the purpose of seeking to generate significant returns for its Partners, principally through long-term capital gain, by making, holding and disposing of privately negotiated debt, equity and equity-related investments.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The investment objective of the Park Square Capital Credit Opportunities Fund II is to focus on European Secured debt, both through primary deals and opportunistically through secondary market purchase.

The investment in the pooled separate accounts - fixed income consists of the Union Labor Life Insurance Separate Account J, which is used as a funding vehicle for group annuity contracts issued to qualified pension plans.

Arrowstreet Global Equity Fund investment objective is to produce returns in excess of the benchmark of the respective Fund with a generally expected tracking error in the range of 3%-7% over rolling five year periods.

The Metis Real Asset Index Portfolio seeks to provide investment results that correspond to the total return performance of a custom index (the "Underlying Index") of publicly-traded common stocks comprised of 20% Dow Jones U.S. Select REIT Index, 20% of Bloomberg Roll Select Commodity Index, 20% S&P Global Natural Resources Index, 20% gold bullion, and 20% S&P Global Infrastructure Index. There is no assurance that the Portfolio will achieve its investment objectives.

The State Street MSCI ACWI EX USA NL Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the MSCI ACWI ex USA Index (the "Index") over the long term. The Fund attempts to achieve its investment objective by investing in other collective investment fund(s), each an underlying fund, managed by the Trustee, which have characteristics consistent with the Fund's overall investment objective. Refer to the financial statements of each underlying

The Crescent Capital Trust II Levered investment objective is to seek to realize superior risk-adjusted returns by investing in a multi-asset class, diversified portfolio of primarily below-investment grade debt securities on a levered basis.

JPMCB Core Bond Fund seeks to maximize total return by investing primarily in a diversified portfolio of intermediate and long-term debt securities. The Fund attempts to outperform the Bloomberg U.S. Aggregate Index, gross of fees, over a market cycle.

The AFL-CIO Building Trust (BIT) invests in real estate investments meeting the Trust’s investment criteria and objectives. In selecting real estate investments, one of the Trust’s principal objectives is to generate competitive risk-adjusted returns by investing in Real Estate Investments that have the potential to offer the Trust current cash return, long-term capital appreciation, or both. Since the Trust is a commingled real estate investment fund, funds invested in the BIT are not subject to the investment guidelines or policies of the Unitholders.

The ASB Allegiance Real Estate Fund seeks to invest in high-quality, union-constructed, income-producing properties which are diversified by property type, location, and lease exposures. The Fund targets value creation real estate opportunities through ground-up development, re-development, re-positioning, and expansion. Fund Management seeks to maintain a competitive market advantage by utilizing a creative and flexible approach to respond quickly to market opportunities.

The purpose and investment objective of the ERECT Fund is to invest in financing instruments, primarily loans to real estate projects. These real estate construction projects are built utilizing employees organized under collective bargaining agreements with labor organizations affiliated with the Building and Construction Trades Department of the AFL-CIO. Excess cash is invested in short-term, liquid investments until additional loans are identified, approved, and funded. The Fund seeks diversified properties to lend to; including office, retail, operating, and residential rental properties.

The Long View Ultra I Construction Loan Fund was established to invest the pooled contributions of eligible trusts principally in real estate construction loans which are secured by properties constructed with union labor. All loans made by the Fund have an approved exit strategy, including, but not limited to, a permanent take-out commitment or acceptable alternative.

The Ullico Value-Add Real Estate Fund I was organized for the principal purpose of making investments to build a select portfolio of high-quality real estate assets across multiple markets comprising the major property types that offer the possibility of accretive risk-adjusted returns.

The BNYM AFL-CIO SL Broad Market Stock Index Fund's investment objective is to track the performance of the S&P 500 Index. While there is no assurance that the Fund will achieve its investment objective, it endeavors to do so by following the principal investment strategies and policies.

Caxton Global Investments Institutional Limited, a British Virgin Islands corporation, offers shares to Benefit Plan Investors as defined under the U.S. Employee Retirement Income Security Act of 1974, as amended. The Company's objective is capital appreciation.

Renaissance Institutional Equities Funds invest primarily in US and non-US equity securities publicly traded on US exchanges, based on a quantitative, long-biased investment strategy. The Fund has been designed to achieve over the long term a risk-adjusted return that, on a gross basis, exceeds that of the S&P 500 Index with dividends reinvested. The Fund seeks a higher Sharpe ratio than the Index, a beta to the Index of 0.4 or lower, and the generation of most returns as alpha relative to the Index. The Fund is not a tracking fund and seeks to provide diversification from the Index. The RIEF investment process is automated and employs proprietary statistical models of price prediction, risk, and trading cost to build a portfolio of thousands of long/short positions.

KLCP Offshore Fund II and KLCP Offshore Fund III invests substantially all of its assets in the Intermediate Fund, KLCP Intermediate Fund LP, a Caymen Islands Exempt Limited Partnership pursuant to the limited partnership agreement dated November 5, 2019. The investment objective is long-term growth of capital. Kennedy Lewis Management LP intends to achieve the investment objective by investing in a focused portfolio of debt and equity securities.

Orchard Landmark LTD investment objective is to achieve an attractive risk-adjusted return by employing a primarily credit and credit linked investment program with a focus on privately negotiated credit-intensive investments in securities and assets of companies that have a strong presence in developed and developing Asian/Pacific countries.

Acadian Global Equity Fund's objective is to seek long-term capital appreciation by investing primarily in common stocks of global issuers. This will include both large and small cap issuers as well as opportunistic exposure to issuers in emerging markets. The Fund's performance benchmark is the Morgan Stanley Capital International All County World Index.

Adams Street Partnership Fund - 2009 Non-U.S. Emerging Markets Fund, L.P., Adams Street Partnership Fund - 2009 U.S. Fund, L.P., and the Adams Street Partnership Fund - 2009 Non-U.S. Developed Markets Fund, L.P. are Delaware limited partnerships. The Partnerships were formed for the purpose of investing in closed-end private equity limited partnerships. Closed-end limited partnership interests are generally illiquid and cannot be redeemed. It is expected that the liquidation of the limited partnership interests will generally coincide with the term of the Partnership. The limited partnerships fall into five categories which are venture capital, buyout, mezzanine/subordinated debt, restructuring/distressed debt and special situation.

The object of the Alcentra European Credit Opportunities Fund III (ECOF) is to generate attractive risk-adjusted returns through a blend of capital appreciation and current income. Alcentra expects to utilize two separate investment strategies in seeking to achieve the ECOF Fund's investment objective, which may include, without limitation, investment in "European Direct Lending" and "European Leverage Loans." As it takes time to deploy capital in the direct lending space, the ECOF Fund will at first invest in more liquid European senior secured loans, which will be sold as opportunities to present themselves in European Direct Lending. The strategies will generally be managed based upon bottom-up, fundamental research. For European Direct Lending investment opportunities will be assigned to a specific risk category in order to seek to achieve diversification of the risk in the portfolio. The ECOF Fund will not seek to utilize borrowing.

Union Labor Life Insurance Infrastructure, a Delaware limited partnership, commenced operations on April 17, 2012. It is designed to permit U.S. tax-exempt investors, including principally multiemployer plans subject to the Taft-Hartley Act, to commingle a portion of their assets for investment. Substantially all of the Partnership's assets are invested in units issued by Ullico Infrastructure Master Fund, L.P, the objective of which is to make, either directly or indirectly through a blocker corporation, investments with both minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. It seeks to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility.

The Washington Capital Transportation Fund's primary objective is to realize substantial capital appreciation without subjecting principal to undue risk, targeting control or influential minority investments in core infrastructure assets across the transportation sector. The Fund will seek to achieve this objective primarily by making investments in corporations, partnerships, limited liability companies and other similar entities that focus primarily on the transportation infrastructure industry, including hard assets, brownfield investments, operating companies and other permitted investments, such as airports, railroads, toll roads, ports, parking and other transportation assets in the air, land and sea transportation sectors.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The AFL-CIO Housing Investment Trust invests in high credit quality mortgage securities. The investment objective of the trust is to provide current income while preserving capital over time and obtaining returns competitive with industry benchmarks.

The Plan holds an investment in the PAT International Pension Realty, Inc. The PAT International Pension Realty, Inc. has an investment in 1000K, LLC. 1000K, LLC was formed to own, construct and operate a hotel in the District of Columbia. There are no redemption issues with these real estate investments.

The unfunded commitments, redemption and redemption notice period information are as follows at December 31, 2024:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships - private equity:				
Adams Street Co-Investment Fund II	$ 4,661,864	$ 407,000	(a)	(a)
Adams Street 2009 Direct Fund	676,583	59,400	(a)	(a)
Advent International GPE X-C L.P.	13,280,637	10,560,000	(x)	(x)
Alcentra Multi-Strategy European Credit Fund	854,635	-	(j)	(j)
Alcentra Clareant European Direct Lending Fund II	8,778,586	10,982,513	(x)	(x)
Ares Global Multi-Asset Credit	40,681,450	-	Monthly	30 days
Asia Alternative AACP Tax Exempt	22,149,879	11,825,674	(x)	(x)
Asia Alternative Delaware VI (ERISA) L.P.	1,362,172	459,081	(x)	(x)
Beachpoint Opportunities Fund III L.P.	20,198,538	-	Daily	10 days
BentallGreenOak US Core Plus Fund L.P.	50,311,131	-	Quarterly	90 days
Bessemer Venture Partners XI Institutional L.P.	6,126,271	1,199,813	(x)	(x)
Bessemer Venture Partners XII Institutional L.P.	2,543,400	12,253,801	(x)	(x)
Bessemer Venture Partners Century II L.P.	683,664	2,300,000	(x)	(x)
Blue Torch Offshore Credit Opportunities Fund III, L.P.	19,895,358	22,000,000	(x)	(x)
Blue Wolf Capital Fund V L.P.	25,026,916	6,407,675	(x)	(x)
Bond II L.P.	6,090,558	506,250	(u)	(u)
Bond III L.P.	5,919,235	8,535,000	(u)	(u)
BPEA Strategic Healthcare I-B, L.P.	28,928,133	1,430,000	(x)	(x)
BPEA Strategic Healthcare II, L.P.	8,476,398	12,800,000	(x)	(x)
Clareant Strategic Credit Fund	10,405,648	9,654,922	(x)	(x)
Crescent Mezzanine Partners VIB	1,287,074	1,853,522	(c)	(c)
Crescent Mezzanine Partners VIIB	4,735,877	3,002,949	(c)	(c)
CVC Capital Partners IX, L.P.	2,141,535	11,833,310	(x)	(x)
CVC Capital Partners VIII, L.P.	15,305,992	580,473	(x)	(x)
CVI Credit Value Fund B V, L.P.	24,313,715	1,500,000	(ad)	(ad)
Dawson Portfolio Finance (Offshore) IV, L.P.	17,966,915	5,193,445	(x)	(x)
Dawson Portfolio Finance (Offshore) V, L.P.	19,440,337	18,958,128	(x)	(x)
Dawson Portfolio Finance (Offshore) VI, L.P.	23,692,584	18,588,303	(x)	(x)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships - private equity (continued):				
Grosnevor Labor Impact Feeder Fund, L.P.	$ 19,214,987	$ 4,323,567	(x)	(x)
Grosnevor Infrastructure Advantage Fund II, L.P.	7,171,935	12,494,894	(x)	(x)
Industry Ventures Secondary IX, L.P.	16,552,833	1,015,639	(x)	(x)
Industry Ventures Partnership Holdings VI, L.P.	14,029,706	6,509,221	(x)	(x)
J.F. Lehman Equity Investors IV, L.P.	1,424,139	800,198	(z)	(z)
Kayne Anderson Energy Fund VI, L.P.	1,292,645	-	(d)	(d)
KPS Special Situations Fund IV, L.P.	7,831,917	3,336,640	(o)	(o)
KPS Special Situations Fund V, L.P.	15,107,500	4,770,683	(o)	(o)
KPS Special Situations Fund VI, L.P.	1,224,519	8,745,717	(o)	(o)
Lightyear Fund IV, L.P.	17,454,871	1,188,381	(aa)	(aa)
Mesirow Financial Private Equity Fund VII-A, L.P.	93,276,716	10,725,000	(x)	(x)
MGG SF Evergreen Fund (Cayman) L.P.	42,109,961	3,693,264	(x)	(x)
Mill Point Capital Partners II-1, L.P.	13,909,138	4,458,805	(x)	(x)
Napier Park Multi-Asset Fund I (Cayman) LP	54,011,613	-	(x)	(x)
NEA 18 Venture Growth Equity, L.P.	6,539,953	3,000,000	(x)	(x)
New Enterprise Associates 18, L.P.	6,877,122	5,250,000	(x)	(x)
Nexus Special Situations IV, L.P.	2,759,535	37,925,625	(x)	(x)
North Sky Alliance Fund II	2,138,983	-	(x)	(x)
Nut Tree Drawdown Offshore Fund, L.P.	12,279,884	24,000,000	(x)	(x)
Oak Hill Strategic Credit Fund II (Offshore) L.P.	7,109,565	7,000,000	(ab)	(ab)
OakTree TICP Feeder 2 (Cayman) L.P.	55,420,824	-	(x)	(x)
Riverstone Global Power and Energy Fund VI	5,769,130	3,579,500	(x)	(x)
Schroder Taft-Hartley Income Fund, L.P.	74,665,832	34,652,697	Annual	90 days
Schroder Taft-Hartley Ventures SCS, L.P.	4,539,676	10,725,000	Annual	90 days
Spark Capital Growth Fund IV, L.P.	24,556,012	4,200,000	(x)	(x)
Spark Capital V, L.P.	2,884,468	17,000,000	(x)	(x)
Spark Capital VII, L.P.	11,812,918	3,060,000	(x)	(x)
Spark Capital VIII, L.P.	1,128,886	8,750,000	(x)	(x)
Thoma Bravo XII, L.P.	34,733,940	7,380,854	(x)	(x)
Thoma Bravo XIV, L.P.	16,634,864	2,468,860	(x)	(x)
Thoma Bravo XV-A, L.P.	38,786,371	8,952,441	(x)	(x)
Tiger Infrastructure Partners Fund III, L.P.	24,500,406	7,410,106	(x)	(x)
Trive Capital Fund IV, L.P.	16,305,889	2,947,410	(x)	(x)
Trive Structured Capital Fund I, L.P.	15,979,119	2,294,916	(x)	(x)
VWH Offshore Fund III, L.P.	22,481,780	25,792,025	(x)	(x)
Limited partnerships - real estate:				
Prudential PRISA III Fund, L.P.	13,080,732	-	Quarterly	90 days
Westport (WCP) Special Core Plus Fund III	17,520,754	4,750,000	(x)	(x)
Westport (WCP) Special Core Plus Fund	2,203,406	-	(x)	(x)
Limited partnerships - Infrastructure:				
Alinda Infrastructure Fund II	27,291	2,602,288	(b)	(b)
Caryle Global Infrastructure Opportunity Fund	82,851,318	16,338,107	(b)	(b)
Star America Infrastructure Fund II	13,272,536	21,039,466	(b)	(b)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Foreign limited partnerships:				
Park Square Capital				
Credit Opportunities Fund II	$ 9,795	$ -	(b)	(b)
Pooled separate accounts - fixed income:				
Union Labor Life Insurance				
Separate Account J	64,056,286	-	^Monthly	^90 days
Common collective trust - equity:				
Arrowstreet Global Equity Fund	221,272,362	-	Daily	n/a
BNY Mellon AFL-CIO SSL Broad Market				
Stock Index Fund	816,643,016	-	Daily	1 day
Metis Real Asset Index Portfolio	77,585,417	-	Monthly	5 days
State Street MSCI ACWI EX				
USA NL Fund	241,187,703	-	Daily	n/a
Common collective trust - fixed income:				
Crescent Capital Trust II Levered	27,280,187	3,243,599	(s)	(s)
JPMCB Core Bond Fund	643,174,314		Daily	n/a
Common collective trust -				
building investment trust:				
AFL-CIO Building				
Investment Trust	56,427,336	-	Quarterly	one year
Common collective trust -				
real estate:				
ASB Allegiance Real				
Estate Fund	16,861,177	-	Quarterly	n/a
ERECT Fund	6,320,252	-	Monthly	(w)
Long View Ultra I Construction				
Loan Fund	159,534	-	^Monthly	^90 days
Hedge fund of funds - diversified:				
Caxton Global Investments Instl. Ltd.	21,579,689	-	Quarterly	45 days
EnTrust Special Opportunities Fund II	8,552	-	Quarterly	95 days
Renaissance Institutional				
KLCP Offshore Fund II	36,935,949	5,965,859	(x)	(x)
KLCP Offshore Fund III	35,957,039	11,555,037	(x)	(x)
Orchard Landmark LTD	61,967,620	-	(x)	(x)
103-12 investment entity- balanced:				
Acadian Global Equity Fund	107,607,381	-	Daily	10 days
Adams Street Partnership Fund-				
2009 Non-US Emerging				
Markets Fund	1,526,949	244,500	(a)	(a)
Adams Street Partnership Fund-				
2009 U.S. Fund	6,313,472	1,230,000	(a)	(a)
Adams Street Partnership Fund-				
2009 Non-US Developed				
Market Fund	2,986,725	994,500	(a)	(a)
Alcentra European Credit				
Opportunities Fund III	23,586,545	11,221,860	(m)	(m)
Union Labor Life Insurance				
Infrastructure	18,557,420	-	(v)	(v)
Washington Capital Transportation Fund	52,649,169	4,566,835	(x)	(x)
Housing investment trust:				
AFL-CIO Housing				
Investment Trust	49,156,369.0	-	Monthly	15 days
Total	$ 3,797,219,017	$ 535,094,753		

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Adams Street Co-Investment Fund II, Adams Street 2009 Direct Fund, Advent International GPE X-C L.P., Alcentra Multi-Strategy European Credit Fund, Alcentra Clareant European Direct Lending Fund II, ARA Core Property Fund, Ares Global Multi-Asset Credit Fund, Asia Alternatives AACP Tax Exempt, Asia Alternative Delaware VI (ERISA) L.P., Beachpoint Opportunities Fund III, L.P., BentallGreenOak US Core Plus Fund L.P., Bessemer Venture Partners XI L.P., Bessemer Venture Partners XII Institutional L.P., Bessemer Venture Partners Century II L.P., Blue Torch Offshore Credit Opportunities Fund III, L.P., Blue Wolf Capital Fund V L.P., Bond II L.P., Bond III L.P., BPEA Strategic Healthcare I-B, L.P., BPEA Strategic Healthcare II, L.P., Clareant Strategic Credit Fund, Crescent Mezzanine Partners VIB, Crescent Mezzanine Partners VIIB,CVC Capital Partners IX, L.P., CVC Capital Partners VIII, L.P., CVI Credit Value Fund B V, L.P., Dawson Portfolio Finance (Offshore) IV, L.P., Dawson Portfolio Finance (Offshore) V, L.P., Dawson Portfolio Finance (Offshore) VI, L.P., Diameter Dislocation Offshore Fund III, L.P., Grosvenor Labor Impact Feeder Fund, Grosvenor Infrastructure Advantage Fund II, L.P., Industry Ventures Secondary IX, L.P., Industry Ventures Partnership Holdings VI, L.P., J.F. Lehman Equity Investors IV, Kayne Anderson Energy Fund VI, L.P., KPS Special Situations Fund IV, L.P., KPS Special Situations Fund V, L.P., KPS Special Situations Fund VI, L.P., Lightyear Fund IV, L.P., Mesirow Financial Private Equity Fund VII-A, LP, MGG SF Evergreen Fund (Cayman) L.P., Mill Point Capital Partners II-1, L.P., Napier Park Multi-Asset Fund I (Cayman) LP, NEA 18 Venture Growth Equity, L.P., New Enterprise Associates 18, L.P., Nexus Special Situations IV, L.P., North Sky Alliance Fund II, Nut Tree Drawdown Offshore Fund, L.P., Oak Hill Strategic Credit Fund II (Offshore) L.P., OakTree TICP Feeder 2 (Cayman) L.P., Riverstone Global Power and Energy Fund VI, Schroder Taft-Hartley Income Fund, L.P., Schroder Taft-Hartley Ventures SCS, L.P., Spark Capital Growth Fund IV, L.P., Spark Capital V, L.P., Spark Capital VII, L.P., Spark Capital VIII, L.P., Thoma Bravo XII, L.P., Thoma Bravo XIV, L.P., Thoma Bravo XV-A, L.P., Tiger Infrastructure Partners Fund III, L.P., Trive Capital Fund IV, L.P., Trive Capital Fund V, L.P., Trive Structured Capital Fund I, L.P., VWH Offshore Fund III, L.P., Prudential PRISA III Fund, L.P., Westport (WCP) Special Core Plus Fund III, Westport (WCP) Special Core Plus Fund, Carlyle Global Infrastructure Opportunity Fund, Star America Infrastructure Fund II, Union Labor Life Insurance Separate Account J, Acadian Global Equity Fund, Arrowstreet Global Equity Fund, Metis Real Asset Index Portfolio, State Street MSCI ACWI EX USA NL Fund, Crescent Capital Trust II Levered, JPMCB Core Bond Fund, AFL-CIO Building Investment Trust, ASB Allegiance Real Estate Fund, ERECT Fund, Long View Ultra I Construction Loan Fund, Ullico Value-Add Real Estate Fund I, BNY Mellon AFL-CIO SL Broad Market Stock Index Fund, KLCP Offshore Fund, KLCP Offshore Fund III, Orchard Landmark Ltd., Adams Street Partnership Fund-2009 Non-US Emerging Markets Fund, Adams Street Partnership Fund-2009 U.S. Fund, Adams Street Partnership Fund-2009 Non-US Developed Market Funds, Alcentra European Credit Opportunities Fund III, Union Labor Life Insurance Infrastructure, Washington Capital Transportation Fund and AFL-CIO Housing Investment Trust are measured at fair value, without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2025 and 2024, respectively.

NOTE 14. DERIVATIVES

One of the Plan's investment managers has purchased derivative financial instruments as allowed under the Plan's investment policy. These types of investments must be consistent with the investment guidelines established by the Board of Trustees. According to management, the use of derivative financial instruments is not believed to materially increase the market risk of the Plan's investments as the investment manager monitors and controls this risk by accounting for the portfolio duration impact of the derivative positions and adhering to the Plan's investment policy. Risks associated with derivatives vary widely but generally may be categorized as market risk and credit risk. Market risk is defined as that risk associated with fluctuations in market price. Credit risk is defined as that risk associated with an entity not paying.

To monitor the Plan's investment portfolio, reports are reviewed and investments are monitored by the investment consultant on a monthly basis. Specific reports related to accounts with derivative transactions are prepared by the investment manager in which market values, gains and losses, and duration gaps are presented to the investment consultant and investment committee for review.

This investment manager uses futures. A futures contract is a standardized agreement between two parties to buy and sell an asset at a set price on a future date. The Plan invests in financial futures contracts solely for the purpose of hedging its existing portfolio securities, or securities the Plan intends to purchase, against fluctuations in fair value caused by changes in prevailing interest rates. Upon entering into a financial futures contract, the Plan is required to pledge to the broker an amount in cash, U.S. Government securities, or other assets equal to a certain percentage of the contract amounts (initial margin deposit).

Subsequent payments, known as "variation margin," are made or received by the Plan each day, depending on the daily fluctuations in the fair value of the underlying security. The Plan recognizes a gain or loss equal to the daily variation margin. Should market conditions move unexpectedly, the Plan may not achieve the anticipated benefits of the financial futures contracts and may realize a loss. The use of futures transactions involves the risk of imperfect correlation in movements in the price of futures contracts, interest rates, and the underlying hedged assets.

The Plan may sell a security it does not own in anticipation of a decline in the fair value of that security. When the Plan sells a security short, it must borrow the security sold short and deliver it to the broker-dealer through which the short sale was made. A gain, limited to the price which the Plan sold the security short, or a loss, unlimited in size, will be recognized upon termination of the short sale.

Derivatives and Hedging seeks to provide adequate information about how derivative and hedging activities affect an entity's financial position, financial performance, and cash flows.

The Plan records the fair value of derivative financial instruments on the Statements of Net Assets Available for Benefits as an investment if the instrument has a positive fair value. The Plan records the fair value of derivative financial instruments on the Statements of Net Assets Available for Benefits as a liability if the instrument has a negative fair value. The Plan terminated their investments in derivatives during the Plan year ending December 31, 2024.

NOTE 14. DERIVATIVES (continued)

The effect of the Derivative Instruments on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024 is as follows:

	December 31, 2025		December 31, 2024	
	Amount recognized in net appreciation (depreciation) in fair value of investments	Amount recognized in interest and dividends	Amount recognized in net appreciation (depreciation) in fair value of investments	Amount recognized in interest and dividends
Equity futures	$ -	$ -	$ 3,961,385	$ -
Fixed income futures	-	-	(3,109,793)	-
Currency futures	-	-	(270,514)	1,577,324
Total	$ -	$ -	$ 581,078	$ 1,577,324

NOTE 15. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant 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 16. AMENDMENTS

The Plan has been amended to modify the suspension of benefits rules effective for 2024 and to clarify both the before and after normal retirement age to the plan.

NOTE 17. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 25, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

International Painters and Allied Trades Industry Pension Plan

Schedules of Expenses

Years Ended December 31, 2025 and 2024

	2025	2024
Investment expenses		
Investment manager fees		
AFL-CIO	$ 62,490	$ 14,816
Acadian	430,574	158,203
ASB Capital Management	80,746	228,313
Asia Alternatives	-	63,794
Blackrock	81,736	29,325
Carlyle	958,681	-
Chartwell Investment Partners	426,017	205,284
Dawson Portfolio	94,723	149,826
JP Morgan	730,150	-
KPS	24,339	17,396
Orchard Landmark	-	127
Parametric	-	244,742
Prudential Insurance	167,211	128,760
Schroder Taft-Hartley	-	180,950
State Street	200,722	14,862
Tiger Infrastructure	466	-
Thoma Bravo	44,800	60,578
ULLICO	212,725	29,332
Washington Capital	609,231	104,530
Investment custodian fees and expenses	226,365	156,848
Investment consultant fees	1,181,628	1,191,764
Federal tax - UBIT	1,200,000	1,528,745
Miscellaneous investment expenses	244,575	418,059
Total investment expenses	$ 6,977,179	$ 4,926,254
Administrative expenses		
Personnel		
Salaries	$ 4,223,236	$ 4,070,809
Employee benefits	2,263,889	2,174,518
Payroll taxes	326,078	307,610

	2025	2024
ADMINISTRATIVE EXPENSES (continued)		
SHARED SERVICES		
Accounting	$ 363,337	$ 227,323
Human resources	64,380	41,016
Information services accounting	92,070	142,052
OFFICE EXPENSES		
Delivery and freight	11,589	8,351
Leases and maintenance	38,689	52,347
Office supplies and expense	4,494	5,815
Postage	195,146	171,885
Scanning services	11,936	11,136
Stationary and printing	69,064	67,116
Telephone	31,961	49,602
OCCUPANCY		
Rent	539,078	551,714
COMMUNICATION		
Administrative travel	43,390	96,481
Pension Newsletter	3,086	16,930
Promotion	7,608	6,812
THIRD PARTY ADMINISTRATION FEES	382,102	566,723
COMPUTER EXPENSES		
Vitech Systems Group, Inc. (non-recurring)	301,114	22,466
Data processing	205,042	137,756
Maintenance, licensing and support - Vitech (recurring)	849,310	1,138,812
OTHER		
Bank fees	138,803	132,447
Depreciation and amortization	2,943	2,992
Insurance	375,617	383,483
Meetings	3,247	2,363
Miscellaneous	294	334
NCCMP Membership dues	26,615	26,380
Pension Benefit Guaranty premium	3,436,095	3,240,349
Taxes - personal property	2,464	2,521
Training and education	3,389	14,718
Miscellaneous pension expenses	71,909	2,750
Administrative Reimbursements	(317,970)	(271,494)
Trustee meetings - net of IUPAT reimbursements	163,847	177,442
Total administrative expenses	$ 13,933,852	$ 13,581,559

	2025	2024
PROFESSIONAL FEES		
Actuarial and consulting fees	$ 250,586	$ 332,150
Audit and accounting fees	166,354	166,832
Legal fees and expenses - X PAN	67,430	72,540
Litigation fees - outside counsel	60,698	16,696
Legal Fees - Bredhoff	410,755	185,797
Collections - national	975,997	326,084
Collections - local	264,873	607,590
Collections - Wilson McShane Corp.	-	53,703
Legal fees - withdrawal liab.	1,082,405	1,206,048
Employer payroll review fees	1,093,878	1,310,118
Total professional fees	$ 4,372,976	$ 4,277,558

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6073909
Plan No: 001

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	Corporate obligations:					
Chase Home Lending MTG TR 2023-1 MTG Passthru CTF CL A-5	Bond	580,000	6.000 %	06/25/54	$ 570,415	$ 590,796
CMO J P Morgan MTG TR 2006 A6 MTG Passthru CTF CL 1-a-2	Bond	1,250	VAR	10/25/36	1,141	867
Energy Transfer L P	Bond	885,000	VAR	12/31/49	871,584	906,439
Flagstar MTG TR	Bond	568,016	2.500	02/01/51	584,169	471,542
Ford MTR CR CO LLC	Bond	1,315,000	4.542	08/01/26	1,285,215	1,313,282
Fortress Transn & Infrastructure SR NT 144a	Bond	1,090,000	5.500	05/01/28	1,062,396	1,091,256
Frontier Issuer	Bond	1,620,000	6.600	08/20/53	1,621,943	1,634,842
General Motors FIN CO	Bond	1,475,000	5.650	01/17/29	1,518,324	1,528,550
Getty Images INC SR NT 144a	Bond	1,070,000	14.000	03/01/28	1,070,000	1,005,811
GS MTG Backed Secs Fltg RT	Bond	440,293	2.500	08/25/52	399,993	419,231
GS MTG Backed Secs Fltg RT	Bond	406,965	3.000	10/25/52	343,376	357,836
GS MTG Backed Secs Fltg RT	Bond	421,321	6.500	01/25/54	420,376	429,484
GS Mtg-backed Secs	Bond	313,250	2.500	11/25/51	273,800	282,401
GS Mtg-backed Secs	Bond	939,686	5.000	10/27/53	901,805	935,170
GS Mtg-backed Secs Fltg RT	Bond	970,000	6.000	02/25/54	914,757	981,715
GS Mtg-backed Secs TR 2021-pj3	Bond	853,159	2.500	08/25/51	865,956	708,212
GS Mtg-backed Secs TR 2022-mm1 MTG Pass Thru CTF CL A-8	Bond	633,282	2.500	07/25/52	622,991	568,523
H a Sustainable Infrastructure CAP SR NT	Bond	2,905,000	6.150	01/15/31	2,901,459	2,988,743
Hewlett Packard Step CPN	Bond	2,864,000	6.350	10/15/45	3,093,507	2,944,899
HLF Fing Sarl LLC / Herbalife Intl SR Nt144a	Bond	1,750,000	4.875	06/01/29	1,255,625	1,643,467
HP Enterprise CO	Bond	2,625,000	5.600	10/15/54	2,568,730	2,439,318
Icahn Enterprises Lp/corp	Bond	2,000,000	5.250	05/15/27	1,826,130	1,972,543
J P Morgan MTG TR	Bond	734,808	2.500	08/25/51	741,123	610,924
J P Morgan MTG TR	Bond	645,739	2.500	10/25/51	652,701	536,032
J P Morgan MTG TR	Bond	484,240	3.000	09/25/52	454,732	423,788
J P Morgan MTG TR	Bond	467,456	6.000	12/26/53	462,006	473,272
J P Morgan MTG TR	Bond	670,000	6.000	02/25/54	649,221	684,009
J P Morgan MTG TR 2023-10 MTG Pass Thru CTF CL A-7	Bond	785,000	6.000	05/25/54	763,140	798,447
J P Morgan MTG TR 2024-7 MTG Pass Thru CTF CL A-3	Bond	3,006,778	3.000	04/25/53	2,577,842	2,629,521
J P Morgan MTG TR 2024-8 MTG Pass Thru CTF CL A-3	Bond	1,572,684	5.500	01/25/55	1,569,735	1,585,567
J P Morgan MTG TR 2024-ccm1 MTG Pass Thru CTF CL A-3	Bond	1,744,150	5.500	04/25/55	1,709,812	1,757,218
JBS USA Hold/food/lux CO	Bond	1,400,000	6.750	03/15/34	1,517,605	1,546,720
Kennedy Wilson INC	Bond	1,710,000	4.750	03/01/29	1,454,865	1,659,129
Mello MTG CAP	Bond	300,728	2.500	07/01/51	301,808	250,027
Morgan Stanley	Bond	3,470,000	5.656	04/18/30	3,594,484	3,617,603
Morgan Stanley	Bond	350,590	5.500	12/25/53	345,222	354,356
Morgan Stanley Fltg RT	Bond	620,000	6.000	11/25/53	603,436	635,640
Morgan Stanley Resdntl MTG LN TR	Bond	1,198,012	6.000	07/25/54	1,198,012	1,216,235

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
	Corporate obligations (continued):					
	NRZ FHT Excess LLC	Bond	37,831	3.104 %	07/25/26	$ 37,830	$ 37,375
	OBX 2021-j1 TR Fltg RT	Bond	650,654	2.500	05/25/51	655,636	540,112
	Oracle CORP	Bond	3,330,000	3.950	03/25/51	2,729,819	2,200,707
	Oracle CORP Fixed	Bond	1,445,000	6.900	11/09/52	1,595,381	1,432,427
	PRA Group INC	Bond	1,415,000	5.000	10/01/29	1,294,886	1,330,627
	Provident FDG	Bond	1,150,000	9.750	09/15/29	1,150,000	1,213,066
	Pvtpl AAdvantage Loyalty IP Ltd/amern Airls	Bond	221,667	5.500	04/20/26	218,479	221,982
	Pvtpl AAdvantage Loyalty IP Ltd/amern Airls	Bond	990,000	5.750	04/20/29	974,895	1,008,088
	Pvtpl Adams Homes INC	Bond	1,065,000	9.250	10/15/28	1,101,434	1,114,008
	Pvtpl Aph/aph2/aph3/aquarian	Bond	675,000	7.875	11/01/29	678,375	682,489
	Pvtpl Arko CORP SR NT	Bond	1,000,000	5.125	11/15/29	877,480	857,148
	Pvtpl Atlanticus Holdings CORP	Bond	1,250,000	9.750	09/01/30	1,250,000	1,251,464
	Pvtpl BlueLinx Hldgs INC	Bond	625,000	6.000	11/15/29	563,309	612,394
	Pvtpl Brink's Company	Bond	2,000,000	6.500	06/15/29	2,006,800	2,070,714
	Pvtpl Brundage-bone Concrete Pumping Hldg	Bond	1,865,000	7.500	02/01/32	1,802,443	1,903,786
	Pvtpl Burford CAP Global FIN LLC	Bond	1,320,000	6.875	04/15/30	1,281,032	1,287,122
	Pvtpl Cleveland-cliffs INC	Bond	460,000	6.875	11/01/29	436,080	476,427
	Pvtpl CMO GS MTG Backed Secs TR 2021-pj4 VAR RT	Bond	1,102,055	VAR	09/25/51	1,114,797	915,222
	Pvtpl CMO GS MTG Backed Secs TR SER 2024-pj7 CL A3 VAR	Bond	1,550,608	VAR	11/25/54	1,534,617	1,561,449
	Pvtpl CMO GS Mtg-backed Secs SER 21-pj1 CL A4 VAR RT	Bond	721,534	VAR	06/25/51	745,773	599,707
	Pvtpl CMO GS Mtg-backed Secs TR 2021-pj1 VAR RT	Bond	699,382	VAR	06/25/51	728,559	587,135
	Pvtpl CMO GS Mtg-backed Secs TR 2021-pj2cl A-4 VAR RT	Bond	670,893	VAR	07/25/51	691,840	557,365
	Pvtpl CMO GS Mtg-backed Secs TR 2022-pj6gsmbs 2022-pj6 A4 VAR RT	Bond	3,243,362	VAR	01/25/53	2,781,180	2,844,367
	Pvtpl CMO J P Morgan MTG TR 2022-7 SR 22-7 CL 1A2 VAR RT	Bond	3,517,217	VAR	12/25/52	3,052,285	3,086,027
	Pvtpl CMO J P Morgan MTG TR 2022-8 SER 22-8 CL A3 VAR RT	Bond	751,279	VAR	01/25/53	726,511	703,385
	Pvtpl CMO OBX 2023-j2 TR NT CL A-11 144avar RT	Bond	720,000	VAR	11/25/53	690,178	737,642
	Pvtpl CMO RMF Buyout Issuance TR SER 20-hb1 CL A1 144a VAR	Bond	199,860	VAR	10/25/50	199,859	188,440
	Pvtpl CPI CG INC	Bond	996,000	10.000	07/15/29	1,025,012	1,055,027
	Pvtpl Ffmc Gmsr Issuer Trust SR 20-gt1 CL a VAR RT	Bond	725,000	VAR	01/25/28	724,720	721,199
	Pvtpl Genting NEW York LLC / Genny CAP	Bond	1,125,000	7.250	10/01/29	1,126,094	1,154,398
	Pvtpl Harsco CORP	Bond	1,090,000	5.750	07/31/27	1,065,207	1,090,620
	Pvtpl Jefferson CAP Hldgs LLC	Bond	1,395,000	8.250	05/15/30	1,409,694	1,466,576
	Pvtpl Kehe Distrs LLC/kehe FIN CORP	Bond	1,195,000	9.000	02/15/29	1,225,151	1,254,390
	Pvtpl Long Ridge Energy	Bond	1,305,000	8.750	02/15/32	1,291,860	1,388,667
	Pvtpl Manitowoc CO INC	Bond	1,560,000	9.250	10/01/31	1,568,388	1,679,498
	Pvtpl Newrez LLC/newres Gmsr Excess Owner LL SR 21-gnt1 CL a	Bond	164,308	3.474	11/25/26	164,305	161,596
	Pvtpl Organon & Co/organon for	Bond	1,235,000	7.875	05/15/34	1,262,207	1,005,206
	Pvtpl Owens & Minor INC NEW SR NT	Bond	1,640,000	6.625	04/01/30	1,043,066	1,039,144
	Pvtpl Pagaya U S Hldg CO LLC	Bond	1,630,000	8.875	08/01/30	1,591,568	1,422,184
	Pvtpl Starwood Ppty TR INC	Bond	990,000	3.625	07/15/26	943,304	984,881
	Pvtpl STL Hldg CO LLC	Bond	950,000	8.750	02/15/29	975,425	997,852
	Pvtpl Synergy Infrastructure Hldgs LLC	Bond	1,140,000	7.875	12/01/30	1,140,000	1,181,864
	Pvtpl Univision Communications INC	Bond	785,000	8.500	07/31/31	774,967	819,881
	Pvtpl Velocity VEH Group LLC	Bond	1,000,000	8.000	06/01/29	1,016,400	950,045
	Pvtpl Wulf Compute LLC	Bond	1,475,000	7.750	10/15/30	1,488,027	1,519,616
	Radian MTG CAP TR 2024-j1 MTG Passthru CTF CL A-4	Bond	1,172,576	6.000	11/25/54	1,167,996	1,192,992

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
	Corporate obligations (continued):						
	Radian MTG CAP TR Fltg RT	Bond	2,439,505	5.500 %	03/25/55	$ 2,409,393	$ 2,455,391
	Railworks Hldgs LP	Bond	1,032,000	8.250	11/15/28	1,036,035	1,037,820
	Rate MTG TR 2024-j2	Bond	1,617,039	5.500	07/25/54	1,598,847	1,633,358
	Rate MTG TR Fltg RT	Bond	758,095	2.500	01/25/52	734,050	632,844
	Rckt MTG TR 2021-1 Fltg RT	Bond	427,364	2.500	03/25/51	434,976	355,527
	Rckt MTG TR 2021-4 Fltg RT	Bond	863,288	2.500	09/25/51	868,009	715,854
	Rckt MTG TR 2022-1 Fltg RT	Bond	390,263	2.500	01/25/52	382,396	326,886
	Rckt MTG TR 2022-2 MTG Passthru CTF 144acl	Bond	645,875	2.500	02/25/52	629,526	579,424
	Safehold Oper Partnership LP	Bond	1,955,000	2.850	01/15/32	1,747,739	1,763,878
	Sequoia MTG TR	Bond	517,362	6.000	09/25/53	512,027	527,042
	Small Business	Bond	168,040	2.570	11/01/36	167,590	156,883
	Small Business Admin GTD DEV Partn CTF SER 2013-20c CL 1 2.22	Bond	91,766	VAR	03/01/33	90,160	86,582
	VA ELEC & PWR CO	Bond	935,000	3.500	03/15/27	934,769	930,592
	Total corporate obligations					107,037,822	106,301,807
	U.S. Government and Government Agency obligations:						
	Fannie MAE Pool #CB7331	Bond	481,992	5.500	10/01/53	470,846	491,004
	Fannie MAE Pool FN Cb5266	Bond	2,239,573	4.500	11/01/52	2,171,686	2,197,101
	FED Natl MTG Assn GTD MTG Pool #AJ0764 4.5	Bond	27,311	VAR	09/01/41	29,009	27,510
	Federal Farm Credit Bank	Bond	915,000	3.300	03/23/32	915,000	880,463
	Federal Home LN BK	Bond	3,835,000	5.000	04/21/32	3,835,000	3,846,018
	Federal Home LN MTG CORP Pool #C91347	Bond	31,024	3.500	12/01/30	32,430	30,686
	Federal Home LN MTG CORP Pool #C91370	Bond	9,285	4.500	05/01/31	9,827	9,364
	Federal Home LN MTG CORP Pool #C91707	Bond	65,317	3.000	06/01/33	66,909	63,392
	Federal Home LN MTG CORP Pool #C91826	Bond	38,307	3.000	05/01/35	39,307	36,670
	Federal Home LN MTG CORP Pool #C91945	Bond	169,333	3.000	08/01/37	173,011	160,828
	Federal Home LN MTG CORP Pool #G05297	Bond	77,804	4.500	02/01/39	78,266	78,585
	Federal Home LN MTG CORP Pool #G06893	Bond	97,071	4.000	01/01/42	101,211	95,171
	Federal Home LN MTG CORP Pool #G07579	Bond	29,175	4.000	08/01/43	30,538	28,594
	Federal Home LN MTG CORP Pool #G60989	Bond	22,863	3.000	12/01/46	22,998	20,843
	Federal Home LN MTG CORP Pool #Q24143	Bond	77,256	4.000	01/01/44	80,769	75,409
	Federal Home LN MTG CORP Pool #Q50554	Bond	56,288	3.500	09/01/47	56,103	53,196
	Federal Home LN MTG CORP Pool #RA9258	Bond	1,448,425	5.000	06/01/53	1,422,172	1,450,845
	Federal Home LN MTG CORP Pool #SD3857	Bond	678,358	6.000	09/01/53	672,210	698,390
	Federal Home LN MTG CORP Pool Sd2184	Bond	685,077	6.000	01/01/53	681,384	707,289
	Federal Home Loan Bank	Bond	2,615,000	5.200	06/17/32	2,615,000	2,623,763
	Federal Home Loan Mortgage CORP	Bond	3,251,250	4.500	08/01/52	3,159,687	3,191,142
	Federal National Mortgage Assoc	Bond	3,805,404	3.500	05/01/52	3,428,431	3,533,406
	Federal National Mortgage Assoc	Bond	5,706,581	4.500	12/01/52	5,482,979	5,598,171
	Federal Natl MTG Assn GTD MTG Pool #AH3659	Bond	82,519	4.000	02/01/31	87,470	81,996
	Federal Natl MTG Assn GTD MTG Pool #AH7007	Bond	18,752	4.000	03/01/41	19,572	18,383
	Federal Natl MTG Assn GTD MTG Pool #AJ6973	Bond	9,028	3.000	11/01/26	9,304	8,968
	Federal Natl MTG Assn GTD MTG Pool #AL1697	Bond	20,208	4.000	10/01/41	21,092	19,808
	Fhlmc C9-1926	Bond	27,449	4.000	04/01/37	29,165	27,183
	Fhlmc Gold Pool -18662	Bond	10,689	2.500	10/01/32	10,752	10,314
	Fhlmc Pool #SD3518	Bond	1,417,362	5.500	07/01/53	1,408,282	1,444,189
	Fhlmc Pool #SD6320	Bond	4,175,751	5.500	08/01/54	4,125,512	4,240,461
	Fhlmc Super 30Y Fixed	Bond	2,374,020	5.000	05/01/54	2,351,022	2,380,665
	Fnma	Bond	356,664	2.500	08/01/40	376,169	324,290
	Fnma Pool #880871	Bond	1,975	5.500	04/01/36	1,915	1,994
	Fnma Pool #256339	Bond	213	5.500	07/01/36	206	213
	Fnma Pool #190379	Bond	9,885	5.500	05/01/37	9,866	10,341
	Fnma Pool #256808	Bond	150	5.500	07/01/37	145	150
	Fnma Pool #256900	Bond	345	5.500	09/01/37	336	344
	Fnma Pool #888637	Bond	10,195	6.000	09/01/37	10,285	10,786
	Fnma Pool #899303	Bond	337	5.500	03/01/37	328	332

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		U.S. Government and Government Agency obligations (continued):					
	Fnma Pool #910333	Bond	10,907	5.500 %	03/01/37	$ 10,880	$ 11,411
	Fnma Pool #922386	Bond	2,854	5.500	01/01/37	2,764	2,885
	Fnma Pool #959983	Bond	3,244	6.000	11/01/37	3,273	3,432
	Fnma Pool #AD3812	Bond	182,367	5.000	04/01/40	190,745	187,743
	Fnma Pool #B08653	Bond	360,129	3.000	02/01/50	369,414	323,093
	Fnma Pool #BK5492	Bond	44,725	4.000	05/01/48	45,550	43,272
	Fnma Pool #BM3635	Bond	196,192	3.500	07/01/47	195,272	187,778
	Fnma Pool #BM4427	Bond	370,193	3.500	04/01/48	364,177	349,455
	Fnma Pool #BM6059	Bond	89,453	3.000	09/01/29	90,710	88,662
	Fnma Pool #BO3192	Bond	309,116	3.000	10/01/49	316,820	277,809
	Fnma Pool #BP6450	Bond	258,036	2.500	07/01/40	271,824	234,971
	Fnma Pool #BP6565	Bond	856,902	2.500	08/01/40	898,140	779,920
	Fnma Pool #CB6096	Bond	241,940	6.000	04/01/53	240,485	249,642
	Fnma Pool #FA3939	Bond	4,145,000	5.000	01/01/56	4,156,010	4,162,493
	Fnma Pool #FM8793	Bond	337,904	2.500	10/01/51	351,314	289,827
	Fnma Pool #FS5175	Bond	465,975	5.000	05/01/53	457,384	467,529
	Fnma Pool #MA0457	Bond	56,785	4.000	07/01/30	60,336	56,597
	Fnma Pool #MA0680	Bond	75,023	3.500	03/01/31	78,727	74,317
	Fnma Pool #MA4840	Bond	906,723	4.500	12/01/52	877,822	889,685
	Fnma Pool #MA5283	Bond	1,069,131	4.000	02/01/54	1,028,036	1,016,264
	Fnma Preassign 00733	Bond	48,568	4.754	09/26/33	48,176	47,897
	Fnma Preassign 00837 7.5	Bond	15,276	7.500	10/25/40	15,680	15,392
	Fnma Preassign 00886 7.5	Bond	11,126	7.500	02/25/41	11,486	11,835
	Fnma Remic TR 2001-t4 Cl-a1 Prin Only 7.5	Bond	29,675	7.500	07/25/41	30,621	31,150
	Fnma SER 2001-t5 CL A4 8	Bond	46,499	8.000	06/19/41	48,861	48,467
	Freddie MAC Pool FR Qx0525 1/12/2054	Bond	4,904,049	5.000	12/01/54	4,787,578	4,953,885
	Small Business Admin GTD DEV Partn CTF SER 2013-20a CL 1 2.13	Bond	56,957	VAR	01/01/33	55,520	53,778
	Small Business Admin GTD DEV SER 2012-20k CL 1 2.09	Bond	108,873	VAR	11/01/32	106,781	102,373
	TSY Infl IX N/b TII 0 1/8 04/15/27	Bond	2,395,000	3.614	04/15/27	2,701,472	2,712,025
	TSY Infl IX N/b Tips	Bond	8,110,000	4.735	02/15/48	8,080,179	7,836,141
	United States of Amer BDS Indx Lnkd	Bond	6,395,000	0.875	02/15/47	6,573,970	6,230,460
	United States of Amer Treas Bonds	Bond	4,285,000	2.875	05/15/52	3,254,608	3,008,037
	United States of Amer Treas Bonds	Bond	2,375,000	3.000	08/15/52	1,870,802	1,708,887
	United States of Amer Treas Notes	Note	11,288,000	4.625	06/30/26	11,350,295	11,346,556
	United States of Amer Treas Notes	Note	5,812,000	3.750	08/31/26	5,796,789	5,818,266
	United States of Amer Treas Notes	Note	6,121,000	3.500	09/30/26	6,086,808	6,116,553
	United States of Amer Treas Notes	Note	5,810,000	4.625	10/15/26	5,859,249	5,856,843
	United States of Amer Treas Notes	Note	6,736,000	4.000	01/15/27	6,746,788	6,768,458
	United States of Amer Treas Notes	Note	6,738,000	4.125	02/15/27	6,764,057	6,782,481
	United States of Amer Treas Notes	Note	6,883,000	3.875	03/31/27	6,887,302	6,913,113
	United States of Amer Treas Notes	Note	6,859,000	2.750	04/30/27	6,729,322	6,792,821
	United States of Amer Treas Notes	Note	6,660,000	4.500	05/15/27	6,740,648	6,748,713
	United States of Amer Treas Notes	Note	6,869,000	4.375	07/15/27	6,946,545	6,960,766
	United States of Amer Treas Notes	Note	6,743,000	3.875	10/15/27	6,757,224	6,788,831
	United States of Amer Treas Notes	Note	7,722,000	3.750	04/15/28	7,719,285	7,763,626
	United States of Amer Treas Notes	Note	6,825,000	2.750	05/31/29	6,413,080	6,645,311
	United States of Amer Treas Notes	Note	5,895,000	0.125	01/15/31	6,324,528	6,880,101
	United States of Amer Treas Notes	Note	3,520,000	2.875	05/15/32	3,234,798	3,323,650
	United States of Amer Treas Notes	Note	2,845,000	4.125	11/15/32	2,842,214	2,881,896
	United States of Amer Treas Notes	Note	7,740,000	1.125	01/15/33	7,623,109	8,128,093
	United States Treas BDS	Bond	6,832,000	6.375	08/15/27	7,202,689	7,141,575
	United States Treas BDS	Bond	6,865,000	6.125	11/15/27	7,237,212	7,190,819
	United States Treas BDS	Bond	2,190,000	1.875	02/15/51	1,522,443	1,229,907
	United States Treas BDS 0 DEB Usd1000 4.625	Bond	3,790,000	4.625	02/15/40	3,720,418	3,843,149
	United States Treas BDS BD	Bond	3,355,000	3.750	08/15/41	3,636,748	3,034,309

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	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
		U.S. Government and Government Agency obligations (continued):					
	United States Treas NTS	Note	11,346,000	4.375 %	07/31/26	$ 11,392,442	$ 11,398,918
	United States Treas NTS	Note	5,698,000	4.250	11/30/26	5,724,042	5,732,989
	United States Treas NTS	Note	2,480,000	1.250	04/15/28	2,563,032	2,682,138
	United States Treas NTS	Note	7,925,000	1.250	06/30/28	7,365,355	7,502,437
	United States Treas NTS	Note	8,290,000	2.375	03/31/29	7,666,515	7,990,459
	United States Treas NTS	Note	8,115,000	2.875	04/30/29	7,693,477	7,939,386
	United States Treas NTS	Note	10,545,000	1.375	11/15/31	9,049,946	9,197,629
	United States Treas NTS	Note	3,675,000	2.750	08/15/32	3,368,605	3,430,813
	United STS Treas	Bond	7,900,000	0.625	12/31/27	7,312,746	7,469,203
	United STS Treas	Bond	7,930,000	1.125	02/29/28	7,403,398	7,543,722
	United STS Treas	Bond	7,925,000	1.250	05/31/28	7,380,156	7,515,748
	United STS Treas NTS	Note	8,031,000	1.250	03/31/28	7,507,730	7,645,136
	United STS Treas NTS	Note	12,000,000	1.125	02/15/31	10,479,410	10,576,406
	United STS Treas NTS .	Note	7,166,000	0.375	09/30/27	6,647,025	6,793,144
	United STS Treas NTS .	Note	7,945,000	0.750	01/31/28	7,360,298	7,513,301
	US Treasury Infl Indx	Bond	1,140,000	0.125	01/15/30	1,279,244	1,369,463
	UTD States Treas	Bond	7,074,000	1.750	12/31/26	6,856,530	6,952,693
	UTD States Treas Fixed .	Bond	7,088,000	0.500	06/30/27	6,644,169	6,783,162
		Total U.S. Government and Government Agency obligations				329,467,282	331,927,953
		Foreign corporate obligations:					
	Pvtpl Ggam FIN LTD	Bond	725,000	8.000	02/15/27	720,893	741,473
	Pvtpl Kronos Acquisition Hldgs INC 144a	Bond	1,280,000	8.250	06/30/31	1,280,206	841,600
	Pvtpl Mercer Intl INC	Bond	1,000,000	12.875	10/01/28	1,065,300	775,553
	Saturn OIL & GAS INC SR Secd NT 144a	Bond	2,094,000	9.625	06/15/29	2,089,238	2,065,124
		Total foreign corporate obligations				5,155,637	4,423,750
		Limited partnerships - private equity:					
	Adams Street Co-Investment Fund II, L.P.		1,815,240			1,815,240	3,583,415
	Adams Street 2009 Direct Fund, L.P.		1			1	533,231
	Advent International GPE X-C Limited		13,571,384			13,571,384	18,225,123
	Alcentra European Credit Credit Fund		2			2	982,135
	Alcentra Clareant European Direct Lending Fund II		10,947,816			10,947,816	7,808,474
	ARA Core Property Fund		275			33,000,000	33,000,000
	Ares Global Multi-Asset Credit		40,000,000			40,000,000	43,261,298
	Asia Alternative AACP Tax Exempt		25,424,961			25,424,961	30,721,434
	Asia Alternatives Delaware VI		1,492,125			1,492,125	2,098,531
	Beachpoint Opportunities Fund III L.P.		2			2	18,325,725
	Bentall Green Oak US Core Plus Fund		50,000,000			50,000,000	52,975,560
	Bessemer Venture Partners XI Institutional L.P.		6,017,530			6,017,530	7,906,977
	Bessemer Venture Partners XII Institutional L.P.		6,745,018			6,745,018	8,128,346
	Bessemer Venture Partners Century II L.P.		2,158,000			2,158,000	3,536,694
	Blue Torch Offshore Credit Opportunities III L.P.		24,804,049			24,804,049	29,682,417
	Blue Wolf Capital Fund V L.P.		24,816,003			24,816,003	30,646,944
	Bond II L.P.		7,147,500			7,147,500	7,022,012
	Bond III L.P.		11,137,494			11,137,494	15,154,835
	BPEA Strategic Healthcare I-B, L.P.		21,236,668			21,236,668	28,696,870
	BPEA Strategic Healthcare II, L.P.		9,387,428			9,387,428	12,091,101
	Clareant Strategic Credit Fund		11,003,108			11,003,108	12,555,304
	Crescent Mezzanine Partners VIB L.P.		4,093,894			4,093,894	616,424
	Crescent Mezzanine Partners VIIB L.P.		4,834,645			4,834,645	4,619,126
	CVC Capital Partners VIII, L.P.		14,004,402			14,004,402	5,046,755
	CVC Capital Partners IX, L.P.		4,472,526			4,472,526	18,163,715
	CVI Credit Value Fund B V, L.P.		15,668,012			15,668,012	22,947,320

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate / Maturity Date		
		Limited partnerships - private equity (continued):				
	Dawson Portfolio Finance (Offshore) IV, L.P.		13,672,716		$ 13,672,716	$ 16,975,360
	Dawson Portfolio Finance (Offshore) V, L.P.		19,078,496		19,078,496	25,168,507
	Dawson Portfolio Finance (Offshore) VI, L.P.		13,429,952		13,429,952	16,455,119
	Diameter Dislocation Offshore Fund III, L.P.		2,150,000		2,150,000	2,240,075
	Grosvenor Infrastructure Advantage Fund II, L.P.		19,572,046		19,572,046	21,693,870
	Grosvenor Labor Impact Feeder Fund, L.P.		6,194,777		6,194,777	5,822,225
	Industry Ventures Secondary IX, L.P.		12,338,902		12,338,902	16,422,575
	Industry Ventures Partnership Holdings VI, L.P.		14,122,523		14,122,523	17,013,851
	J.F. Lehman Equity Investors IV, L.P.		2,955,134		2,955,134	1,270,152
	Kayne Anderson Energy Fund VI, L.P.		11,414,362		11,414,362	94,065
	KPS Special Situations Fund, IV, L.P.		15,101,149		15,101,149	8,439,958
	KPS Special Situations Fund, V, L.P.		14,324,501		14,324,501	15,268,061
	KPS Special Situations Fund, VI, L.P.		1,332,965		1,332,965	1,413,984
	Lightyear Fund IV, L.P.		11,434,429		11,434,429	11,816,793
	Mesirow		49,246,746		49,246,746	92,735,510
	MGG SF Evergreen Fund (Cayman) L.P.		36,712,774		36,712,774	43,785,038
	Mill Point Capital Partners II-A, L.P.		14,800,035		14,800,035	17,897,832
	Napier Park Multi-Asset Fund I (Cayman) L.P.		45,438,771		45,438,771	57,322,097
	NEA 18 Venture Growth Equity, L.P.		8,946,223		8,946,223	12,266,664
	New Enterprise Associates 18, L.P.		5,428,776		5,428,776	12,047,169
	Nexus Special Situations IV, L.P.		7,398,416		7,398,416	8,210,093
	North Sky Alliance Fund II		1,099,787		1,099,787	1,721,646
	Nut Tree Drawdown Offshore Fund, L.P.		1		1	10,486,279
	Oak Hill Strategic Credit Fund II (Offshore) L.P.		541,577		541,577	6,500,861
	Oaktree TICP Feeder 2 (Cayman) L.P.		50,725,138		50,725,138	54,424,667
	Riverstone Global Power and Energy Fund VI		10,743,641		10,743,641	4,987,471
	Schroder Taft-Hartley Income Fund, L.P.		6,825,000		6,825,000	8,831,693
	Spark Capital Growth Fund IV, L.P.		22,080,000		22,080,000	50,634,190
	Spark Capital Growth Fund V, L.P.		13,500,000		13,500,000	15,202,213
	Spark Capital VII, L.P.		9,780,000		9,780,000	15,581,139
	Spark Capital VIII, L.P.		3,750,000		3,750,000	3,795,108
	Thoma Bravo XII		20,604,414		20,604,414	15,102,711
	Thoma Bravo XIV		14,962,618		14,962,618	16,146,556
	Thoma Bravo Fund XV-A		33,316,294		33,316,294	44,453,635
	Tiger Infrastructure Partners Fund III, L.P.		19,974,362		19,974,362	28,046,485
	Trive Capital Fund IV, L.P.		12,345,181		12,345,181	17,798,051
	Trive Capital Fund V, L.P.		4,538,978		4,538,978	4,301,073
	Trive Structured Capital Fund I, L.P.		11,852,852		11,852,852	15,573,415
	VWH Offshore Fund III L.P.		4,893,712		4,893,712	13,645,079
		Total limited partnerships - private equity			910,405,056	1,149,921,036
		Limited partnerships - real estate:				
	Prudential PRISA III Fund, L.P.		3,029		5,574,387	12,533,986
	Schroder Taft-Hartley Capital Ventures		76,711,183		76,711,183	85,154,905
	Westport (WCP) Special Core Plus Fund III		12,825,928		12,825,928	15,137,395
	Westport (WCP) Special Core Plus Fund		7,132,531		7,132,531	1,074,020
		Total limited partnerships - real estate			102,244,029	113,900,306
		Limited partnerships - infrastructure:				
	Carlyle Global Infrastructure Opportunity Fund		64,263,034		64,263,034	91,444,686
	Star America Infrastructure Fund II, L.P.		22,116,610		22,116,610	17,471,747
		Total limited partnerships - infrastructure			86,379,644	108,916,433
		Guaranteed investment contracts:				
	GAC Cigna GR-1123		1,809,016		1,809,016	1,809,016
	GAC Prudential GA-9400		19,285,095		19,285,095	19,285,095
		Total guaranteed investment contracts			21,094,111	21,094,111

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type / Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
		Pooled separate account - fixed income:				
	Ullico Separate Account J	3,407,543			$ 34,781,027	$ 68,181,094
		Common collective trusts - equity:				
	Arrowstreet Global Equity Fund	1,619,296			200,000,000	283,753,850
	BNY Mellon AFL-CIO SLBroad Market Stock Index Fund	45,695,835			671,419,844	956,413,831
	Metis Real Asset Index Portfolio	70,000,000			70,000,000	97,350,001
	State Street MSCI ACWI EC USA NL Fund	9,120,406			236,664,346	345,955,221
		Total common collective trusts - equity			1,178,084,190	1,683,472,903
		Common collective trusts - fixed income:				
	Crescent Capital Trust II Levered	24,285,928			24,285,928	22,117,003
	JPMCB Core Bond Fund	21,538,660			461,590,907	492,589,161
		Total common collective trusts - fixed income			485,876,835	514,706,164
		Common collective trust - building investment trust:				
	AFL-CIO Building Investment Trust	10,318			30,697,352	58,751,799
		Common collective trusts - real estate:				
	Amalgamated Bank Long View Ultra I Construction Loan Fund	4			12,981	22,443
	ASB Allegiance Real Estate Fund Investment Trust For Employee Benefit	10,912			6,412,546	16,091,016
	ERECT Fund	1,467			5,000,000	6,768,148
		Total common collective trusts - real estate			11,425,527	22,881,607
		Hedge fund of funds - diversified:				
	KLCP Offshore Fund	16,900,845			16,900,845	32,501,319
	KLCP Offshore Fund III	31,126,251			31,126,251	43,893,747
	Orchard Landmark Ltd	30,592			69,666,833	57,562,071
		Total hedge fund of funds - diversified			117,693,929	133,957,137
		103-12 investment entity-balanced:				
	Acadian Global Equity Fund	19,977			74,006,236	95,403,285
	Adams Street Partnership Fund - 2009 Non-U.S. Emerging Markets Fund	738,944			738,944	1,197,324
	Adams Street Partnership Fund - 2009 US Fund	2,792,241			2,792,241	4,297,786
	Adams Street Partnership Fund - 2009 Non-U.S Developed Markets Fund	1,291,375			1,291,375	2,032,487
	Alcentra European Credit Opportunities Fund III	22,521,205			22,521,205	22,722,922
	Ullico Infrastructure Fund	61,435			14,647,892	19,934,875
	Ullico Value-Add Real Estate Fund I	18,111,941			18,111,941	18,607,402
	Washington Capital Transportation Fund	23,661,001			23,661,001	40,934,037
		Total 103-12 investment entity-balanced			157,770,835	205,130,118
		Housing investment trust:				
	AFL-CIO Housing Investment Trust	53,102			58,607,657	52,697,520
		Real estate equity investment:				
	PAT International Pension Realty, Inc.				95,591,456	160,805,201
		Short-term investments:				
*	NTGI Coltv Short Term Invt Fd	156,733,815			156,733,815	156,733,815
	United States of Amer Treas Bills T-bill	Bond 6,038,000	VAR	01/22/26	5,901,310	6,026,064
	United States of Amer Treas Bills T-bill	Bond 5,818,000	VAR	04/16/26	5,638,196	5,758,787
	United States of Amer Treas Bills T-bill	Bond 5,807,000	VAR	02/19/26	5,660,789	5,779,395
	United States of Amer Treas Bills T-bill	Bond 5,865,000	VAR	03/19/26	5,699,930	5,821,342
	United STS Treas Bills	Bond 2,300,000	VAR	06/11/26	2,244,332	2,264,418

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
	Short-term investments (continued):						
	United STS Treas Bills	Bond	2,350,000	VAR	07/09/26	$ 2,286,719	$ 2,308,274
	United STS Treas Bills ZCPN	Bond	5,962,000	VAR	05/14/26	5,760,141	5,885,597
	Total short-term investments					189,925,232	190,577,692
	Total investments					$ 3,922,237,621	$ 4,927,646,631

* A party-in-interest as defined by ERISA.

Securities loaned to third parties

Included in the above listing of assets held for investment purposes are the following, which the custodian has indicated are held by third parties under a securities lending agreement:

	Corporate obligations:					
	General motors fin	Bond	7,000	5.650 %	01/17/29	$ 7,440
	H A sustainable infrastructure cap sr nt	Bond	2,208,000	6.150	01/15/31	2,344,072
	Hewlett packard	Bond	2,331,000	6.350	10/15/45	2,429,325
	Icahn enterprises lp/corp	Bond	237,000	5.250	05/15/27	235,405
	PVTPL aadvantage loyalty ip ltd/amern	Bond	232,332	5.500	04/20/26	239,323
	PVTPL arko corp sr nt	Bond	1,000,000	5.125	11/15/29	863,982
	PVTPL atlanticus holdings corp	Bond	1,250,000	9.750	09/01/30	1,297,167
	PVTPL kronos acquisition hldgs inc	Bond	1,280,000	8.250	06/30/31	842,187
	PVTPL manitowoc co inc	Bond	127,000	9.250	10/01/31	139,763
	PVTPL organon & co	Bond	1,200,000	7.875	05/15/34	989,318
	PVTPL pagaya u s hldg co llc	Bond	1,630,000	8.875	08/01/30	1,485,674
	PVTPL starwood ppty tr inc	Bond	120,000	3.625	07/15/26	121,446
	PVTPL velocity veh group llc	Bond	826,000	8.000	06/01/26	790,611
	Safehold oper partnership lp	Bond	436,000	2.850	01/15/32	399,279
	Saturn oil & gas inc se secd nt	Bond	796,000	9.625	06/15/29	788,854
	Total corporate obligations					12,973,846
	U.S. Government and Government Agency obligations:					
	United States of Amer bds indx lnkd	Bond	3,642,691	0.875	02/15/47	3,565,455
	United States of Amer treas bonds	Bond	4,285,000	2.875	05/15/52	3,024,237
	United States of Amer treas bonds	Bond	2,375,000	3.000	08/15/52	1,736,215
	United States of Amer treas notes	Note	5,895,000	0.125	01/15/31	6,884,418
	United States of Amer treas notes	Note	3,520,000	2.875	05/15/32	3,336,958
	United States of Amer treas notes	Note	2,845,000	4.125	11/15/32	2,897,329
	United States of Amer treas notes	Note	7,740,000	1.125	01/15/33	8,172,681
	United States of Amer treas notes	Note	6,825,000	2.75	05/31/29	6,662,279
	United States treas bds	Bond	1,883,068	1.875	02/15/51	1,071,076
	United States treas bds bd	Bond	1,525,000	3.75	08/15/41	1,401,166
	United States treas nts	Note	11,206,600	1.125	02/15/31	9,925,485
	United States treas nts	Note	3,675,000	2.75	08/15/32	3,469,577
	United States treas nts	Note	1,490,000	1.25	04/15/28	1,615,821
	United States treas nts	Note	4,452,028	2.375	03/31/29	4,318,394
	United States treas nts	Note	10,545,000	1.375	11/15/31	9,216,696
	Total U.S. Government and Government Agency obligations					67,297,787
	Total securities on loan					$ 80,271,633

International Painters and Allied Trades Industry Pension Plan

Schedule of Reportable Transactions

Year Ended December 31, 2025

Form 5500, Schedule H, Line 4j

EIN: 52-6073909
Plan No: 001

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset	(g) Net Gain (Loss) on Transaction
*	NTGI Collective Short Term Inv Fund	$ 1,436,877,680	N/A	$ 1,436,877,680	$ 1,436,877,680	N/A
		N/A	$ 1,391,018,049	1,391,018,049	1,391,018,049	$ -
	JPMCB Core Bond Fund	30,000,000	N/A	30,000,000	30,000,000	N/A
		N/A	225,730,150	218,406,900	225,730,150	7,323,250

* A party-in-interest as defined by ERISA.

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

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Fifth anniversary of a Participant's Plan participation
- **Amount:** Sum of (A) and (B) below:

A) **Non-GO Staff and LUDC participants**: Sum of (1), (2) and (3) below:

1) Accrued monthly pension benefit as of December 31, 2002
2) 2% times Employer Contributions made between January 1, 2003, and December 31, 2005
3) The applicable percent of Employer Contributions as shown in the following table. For 2018 – 2021, if the investment return for the second preceding Plan Year is negative, the accrual for the Plan Year is zero.

Appendix B: Summary of plan provisions

Year	Percent of Contributions Based on 2006 Base Rate (contribution rate in effect as of January 1, 2006)	Percent of Contributions Above 2006 Base Rate up to 2009 Rate (contribution rate in effect as of March 2009)	Percent of Contributions Above 2009 Rate up to 135% of 2009 Rate	Percent of Contributions Made in Excess of 135% of 2009 Rate
2006 – 2007	1%	2%	N/A	N/A
2008	2%	2%	N/A	N/A
2009	1%	2%	N/A	N/A
2010 – 2011	0.5%	1%	2%	2%
2012	0.5%	1%	0%	0%
2013 – 2021	0.5%	1%	0%	2%

GO Staff participants: Sum of (1) and (2) below:

1) 1% of benefit-bearing salaried contributions
2) 1% of benefit-bearing hourly contributions

LUDC participants: Sum of (1) and (2) below:

1) 0.5% of benefit-bearing salaried contributions
2) 2% of benefit-bearing hourly contributions

B) Variable Benefit Accrual Rate (VBAR) formula effective January 1, 2022. Benefit-bearing contributions multiplied by the applicable percent shown in the following table. To earn an accrual during the year, a participant must work at least 450 Hours.

Appendix B: Summary of plan provisions

Default, Alternate 1 & LUDC 1 Salary Accrual

3-Yr Ave. Investment Return on MVA	Plan Years with Hours of Service up to 9,000	Plan Years with Hours of Service in Excess of 9,000
15.0% or higher	1.00%	1.30%
10.0% up to 14.9%	0.80%	1.05%
5.0% up to 9.9%	0.65%	0.85%
0.0% up to 4.9%	0.50%	0.65%
Less than 0.0%	0.35%	0.45%

Alternate 2, GO Staff, LUDC 2, & LUDC 1 Hourly Accrual

3-Yr Ave. Investment Return on MVA	Plan Years with Hours of Service up to 9,000	Plan Years with Hours of Service in Excess of 9,000
15.0% or higher	1.15%	1.50%
10.0% up to 14.9%	0.95%	1.25%
5.0% up to 9.9%	0.75%	1.00%
0.0% up to 4.9%	0.60%	0.75%
Less than 0.0%	0.40%	0.50%

For Alternate 2, the increased VBAR does not apply before January 1, 2025 unless the contribution rate increases by at least 8% over the 2022 Base Rate. On or after January 1, 2025, a 20% increase over the 2022 Base Rate is required for the increased VBAR to apply. For LUDC 2, increased VBAR does not apply on salary accruals until the hourly contribution rate is increased by $0.78 per hour. The accrual rate varies each year based on the average investment returns on the market value of assets for the three-year period ending with the second preceding plan year.

- **Delayed Retirement Amount:** Normal Retirement pension accrued at Normal Retirement Age (NRA), increased by greater of 1.5% for each month past NRA and actuarially equivalent late retirement adjustment using the 1994 Group Annuity Mortality Male Table and a 7% interest rate. Benefits will be adjusted for each complete calendar month between NRA and the Annuity Starting Date, provided that no suspension due to continued work occurs before the Participant's Required Beginning Date.

Special early retirement

- **Age/Service Requirements:**

Cumulative Hours Requirements for Each Age

Age	Default & Alternate 1	Alternate 2, GO Staff, LUDC 1 & LUDC 2
55	N/A	60,000
58	60,000	N/A
60	N/A	54,000
62	45,000	45,000

Participants on the Default and Alternate 1 Schedules who earn the necessary hours for an unreduced early retirement under Alternate 2 Schedule provisions by December 31, 2024, will be eligible for an unreduced early retirement at the applicable age.

Amount: Unreduced Normal Retirement pension accrued benefit

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 18,000 Benefit Hours
- **Amount:**

  For Default Schedule: Normal Retirement pension accrued reduced by 3% for each year of age less than NRA if completed 45,000 Benefit Hours by December 31, 2024, otherwise, reduced by 6% each year of age less than NRA

  For all other Schedules: Normal Retirement pension accrued reduced by 3% for each year of age less than NRA if completed 45,000 Benefit Hours, otherwise, reduced by 6% each year of age less than NRA

Appendix B: Summary of plan provisions

Disability

- **Age Requirement:** Under age 65
- **Service Requirement:** 18,000 Benefit Hours
- **Other Requirement:** Entitlement to Social Security Disability Benefits
- **Amount:** 110% of Accrued Benefit, reduced by 3% per year that the benefit begins before age 65, but not greater than Accrued Benefit. If completed at least 54,000 Benefit Hours, the amount is unreduced Normal Retirement pension accrued benefit.

Vesting

- **Age Requirement:** 65
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Normal Retirement accrued

Pro rata pension

- **Age Requirement:** Same as for Normal, Special Early or Early Retirement Pension
- **Service Requirement:** At least one year of pension credit for benefit accrual purposes under each of the Signatory Plans
- **Amount:** Calculated in the same manner as Normal, Special Early, Early, Disability or Vested Pension.

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service

  Amount: 50% of the benefit participant would have received had he or she retired the day before death and elected the 50% joint and survivor option.

Appendix B: Summary of plan provisions

Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Service Requirement:** 9,000 Benefit Hours
- **Amount:** A lump-sum payment equal to 50% of the total amount of contributions paid to the Fund on the participant's behalf. While the Plan is in critical status, the amount is payable as a monthly annuity over the lifetime of the designated Beneficiary, rather than a lump sum. This benefit is not provided if the Spouse's Benefit is payable.

Post-retirement death benefit

Married participant pension: 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 rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

Life Annuity with 60 or 120 months guaranteed; 50%, 75% or 100% joint and survivor option; Married Participant Pension with pop-up. While the Plan is in critical status, Social Security level income, combined level income and joint and survivor, and partial lump sum payment options are not available.

Active Participant

A Participant in the Plan who has not retired as of a particular relevant date and earned 450 Benefit Hours in the three-year period immediately preceding the relevant date.

Benefit Hours

Effective January 1, 2003, hours worked in Covered Employment or other hours on behalf of which contributions are required to be made to the fund. Prior to January 1, 2003, Benefit Hours were set equal to Pension Credits times 150.

Vesting credit

One year of vesting service for each calendar year in which the employee works 1,000 hours.

Appendix B: Summary of plan provisions

Contribution rate

Non-GO Staff and non-LUDC participants: As of January 1, 2025, the average hourly contribution rate was $7.50, weighted based on the future benefit accrual hours assumption and taking into account the impact of salaried groups.

GO Staff participants:

Item	Benefit-Bearing	Non-Benefit-Bearing	Total
Percent of gross wages			
2022 to 2024	13.75%	5.22%	18.97%
Beginning in 2025	18.97%	–	18.97%
Per hour	$3.30	–	$3.30

LUDC participants:

Item	Benefit-Bearing	Non-Benefit-Bearing	Total
Percent of gross wages			
2022 to 2024	11.5%	2.0%	13.5%
Beginning in 2025	13.5%	–	13.5%
Per hour			
LUDC Schedule 1	$2.72	–	$2.72
LUDC Schedule 2	$3.50	–	$3.50

Changes in plan provisions

In this year's valuation, the benefit accrual rate for 2025 was adjusted based on the three-year average market value investment return for 2021-2023 and the terms of the VBAR formula.

Default, Alternate 1 & LUDC 1 Salary Accrual

Year	First 9,000 Hours	After 9,000 Hours
2024 & 2025	0.50%	0.65%

Alternate 2, GO Staff, LUDC 2 & LUDC 1 Hourly Accrual

Year	First 9,000 Hours	After 9,000 Hours
2024 & 2025	0.60%	0.75%

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Schedule of active participant data

The following table shows the distribution of active participant data by age and cumulative hours as of December 31, 2024. The table also shows average monthly accrued benefits for groupings with at least 20 participants.

Schedule MB, Line 8b(2)

Actives by Age and Cumulative Hours

Age	Total	Under 1,800	1,800 - 8,999	9,000 - 17,999	18,000 - 26,999	27,000 - 35,999	36,000 - 44,999	45,000 - 53,999	54,000 - 62,999	63,000 - 71,999	72,000 & over
Under 25	2,028	1,117	876	33	1	1	—	—	—	—	—
	$99	$38	$164	$385	—	—	—	—	—	—	—
25 - 29	2,996	845	1,463	679	9	—	—	—	—	—	—
	$229	$43	$215	$480	—	—	—	—	—	—	—
30 - 34	3,929	731	1,636	1,234	316	12	—	—	—	—	—
	$359	$48	$254	$536	$891	—	—	—	—	—	—
35 - 39	4,351	630	1,435	1,352	551	369	14	—	—	—	—
	$515	$50	$302	$592	$930	$1,190	—	—	—	—	—
40 - 44	4,689	500	1,245	1,299	613	707	313	12	—	—	—
	$724	$62	342	$673	$967	$1,295	$1,699	—	—	—	—
45 - 49	4,559	389	1,169	1,063	543	661	491	236	7	—	—
	$933	$64	$456	$751	$1,022	$1,352	$1,816	$2,263	—	—	—
50 - 54	4,152	292	826	854	470	561	568	456	122	3	—
	$1,163	$75	$508	$786	$1,128	$1,329	$1,850	$2,260	$2,866	—	—
55 - 59	4,203	198	691	808	484	530	623	596	181	90	2
	$1,285	$74	$534	$764	$1,052	$1,305	$1,776	$2,176	$2,900	$2,936	—
60 - 64	2,946	78	437	575	354	393	423	424	144	91	27
	$1,360	$81	$595	$817	$1,023	$1,264	$1,700	$2,228	$2,721	$3,036	$2,988
65 - 69	636	15	97	144	93	72	73	95	20	15	12
	$1,243	—	$436	$633	$878	$1,176	$1,648	$2,261	$2,081	—	—
70 & over	73	12	24	12	8	6	4	4	—	2	1
	$492	—	$225	—	—	—	—	—	—	—	—
Unknown	1,781	1,361	286	79	24	27	4	—	—	—	—
	$105	$36	$171	$525	$763	$795	—	—	—	—	—
Totals	36,343	6,168	10,185	8,132	3,466	3,339	2,513	1,823	474	201	42
	$755	**$48**	**$335**	**$660**	**$998**	**$1,291**	**$1,772**	**$2,225**	**$2,805**	**$3,019**	**$3,492**

Note: Excludes 7,222 non-vested participants with less than 450 hours in the prior Plan Year.

1800 M Street NW, Suite 900 S
Washington, DC 20036-5880
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T:202.833.6400

March 31, 2025

Department of the Treasury
Internal Revenue Service
Employee Plans
CHI-7602 – 25th Floor
230 S. Dearborn St.
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of January 1, 2025, for the following plan:

Name of Plan:	International Painters and Allied Trades Industry Pension Plan
Plan number:	EIN 52-6073909 / 001
Plan sponsor:	Board of Trustees, International Painters and Allied Trades Industry Pension Plan
Address:	7234 Parkway Drive, Hanover, MD 21076
Phone number:	410.564.5500

As of January 1, 2025, the Plan is in critical status but not declining status.

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan based on the standards in the rehabilitation plan.

If you have any questions on the attached certification, you may contact me at the following:

March 31, 2025

Segal
1800 M Street NW, Suite 900 S
Washington, DC 20036-5880
Phone number: 202.833.6400

Sincerely,



Maria Kirilenko, ASA, FCA, MAAA
Vice President and Actuary
Enrolled Actuary No. 23-08331

Actuarial Status Certification as of January 1, 2025, Under IRC Section 432
March 31, 2025
Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the International Painters and Allied Trades Industry Pension Plan as of January 1, 2025, in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2024, actuarial valuation, dated January 31, 2025. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA) and the American Rescue Plan Act of 2021 (ARPA). Additional assumptions required for the projections (including those under MPRA and ARPA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal’s understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the Plan sponsor. In addition, in my opinion, the combined effect of these assumptions is expected to have no significant bias.



Maria Kirilenko, ASA, FCA, MAAA
EA# 23-08331
Title Vice President and Actuary
Email mkirilenko@segalco.com

Certificate Contents

Exhibit Number	Certification Contents
1	Status Determination as of January 1, 2025
2	Summary of Actuarial Valuation Projections
3	Funding Standard Account Projections
4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2024
5	Solvency Projection
6	Actuarial Assumptions and Methodology

Actuarial Status Certification Under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2025

Status/Condition	Component Result	Final Result
Critical status:		
1. Initial critical status tests:		
C1. A funding deficiency is projected in four years?	No	No
C2. a. A funding deficiency is projected in five years,	Yes	
b. **and** the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
c. **and** the normal cost-plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	No	No
C3. a. A funding deficiency is projected in five years,	Yes	
b. **and** the funded percentage is less than 65%?	No	No
C4. a. The funded percentage is less than 65%,	No	
b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	No	No
C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
2. Emergence test:		
C6. a. Was in critical status for the immediately preceding plan year,	Yes	
b. **and either** a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
c. **or** insolvency is projected for the current year or any of the 30 succeeding plan years?	No	

Status/Condition	Component Result	Final Result
Plan did not emerge?		**Yes**
3. In critical status? (If C1-C6 is Yes, then Yes)		**Yes**
4. Determination of critical and declining status:		
C7. a. Any of (C1) through (C5) are Yes?	No	No
b. **and either** insolvency is projected within 15 years?	No	No
c. **or**		
1) The ratio of inactives to actives is at least 2 to 1,	No	
2) **and** insolvency is projected within 20 years?	No	No
d. **or**		
1) The funded percentage is less than 80%,	Yes	
2) **and** insolvency is projected within 20 years?	No	No
In critical and declining status?		**No**
Endangered status:		
E1. a. Is not in critical status,	No	
b. **and** the funded percentage is less than 80%?	Yes	No
E2. a. Is not in critical status,	No	
b. **and** a funding deficiency is projected in seven years?	No	No
In endangered status? (Yes when either (E1) or (E2) is Yes)		**No**
Neither critical status nor endangered status:		
Neither critical nor endangered status?		**No**

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan based on the standards in the rehabilitation plan. The rehabilitation plan standards are that the Plan is projected to emerge from critical status by January 1, 2035. The projected year of emergence in this certification is 2030.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2025 (based on projections from the January 1, 2024, valuation certificate):

	Description	Value
1.	**Financial information:**	
a.	Market value of assets	$4,398,718,204
b.	Actuarial value of assets	4,473,213,535
c.	Reasonably anticipated contributions	
1)	Upcoming year	416,350,000
2)	Present value for the next five years	1,821,629,617
3)	Present value for the next seven years	2,425,920,159
d.	Projected benefit payments	464,624,828
e.	Projected administrative expenses (beginning of year)	18,650,000
2.	**Liabilities:**	
a.	Present value of vested benefits for active participants	$1,363,155,674
b.	Present value of vested benefits for non-active participants	4,756,973,306
c.	Total unit credit accrued liability	6,395,775,511
d.	Present value of payments in the next five years:	
1)	Benefit payments	2,048,020,177
2)	Administrative expenses	86,533,837
3)	Total	2,134,554,014
e.	Present value of payments in the next seven years:	
1)	Benefit payments	2,736,785,954
2)	Administrative expenses	116,787,753
3)	Total	2,853,573,707
f.	Unit credit normal cost-plus expenses	128,476,465
g.	Ratio of inactive participants to active participants	1.4159

	Description	Value
3.	**Funded percentage (1.b)/(2.c)**	**69.9%**
4.	**Funding Standard Account:**	
a.	Credit balance as of the end of prior year	$150,748,071
b.	Years to projected funding deficiency	5
c.	Projected year of emergence	2030
d.	Years to projected insolvency	N/A

Exhibit 3: Funding Standard Account Projections

The tables below present the **Funding Standard Account projections for the plan years beginning January 1.**

	Description	2024	2025	2026	2027	2028	2029
1.	Credit balance (BOY)	$195,941,044	$150,748,071	$123,816,743	$98,434,398	$55,308,880	$11,118,514
2.	Interest on (1)	13,715,873	10,552,365	8,667,172	6,890,408	3,871,622	778,296
3.	Normal cost	111,654,963	109,826,465	111,318,204	147,456,283	149,419,506	151,436,968
4.	Administrative expenses	20,200,000	18,650,000	19,209,500	19,785,785	20,379,359	20,990,740
5.	Net amortization charges	302,505,127	308,151,188	310,192,188	295,701,449	298,620,290	280,592,933
6.	Interest on (3), (4) and (5)	30,405,206	30,563,936	30,850,392	32,406,046	32,789,341	31,711,445
7.	Expected contributions	393,240,000	416,350,000	423,920,000	431,490,000	439,060,000	446,630,000
8.	Interest on (7)	12,616,450	13,357,896	13,600,767	13,843,638	14,086,508	14,329,379
9.	**Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**$150,748,071**	**$123,816,743**	**$98,434,398**	**$55,308,880**	**$11,118,514**	**($11,875,897)**

	Description	2030	2031	2032	2033	2034
1.	Credit balance (BOY)	($11,875,897)	$2,952,044	$55,252,168	$135,946,742	$232,425,150
2.	Interest on (1)	(831,313)	206,643	3,867,652	9,516,272	16,269,761
3.	Normal cost	154,233,316	154,556,743	155,322,263	156,007,855	157,004,433
4.	Administrative expenses	21,620,462	22,269,076	22,937,148	23,625,262	24,334,020
5.	Net amortization charges	247,616,312	212,593,591	188,044,634	177,198,765	160,484,106
6.	Interest on (3), (4) and (5)	29,642,906	27,259,359	25,641,283	24,978,232	23,927,579
7.	Expected contributions	454,200,000	454,200,000	454,200,000	454,200,000	454,200,000
8.	Interest on (7)	14,572,250	14,572,250	14,572,250	14,572,250	14,572,250
9.	**Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**$2,952,044**	**$55,252,168**	**$135,946,742**	**$232,425,150**	**$351,717,022**

Note: Numbers may not add due to rounding.

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2024
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Loss	1/1/2025	$73,460,817	15	$7,537,947
Experience Loss	1/1/2026	63,191,384	15	6,484,182
Experience Loss	1/1/2027	88,391,520	15	9,070,013
Experience Gain	1/1/2028	(48,596,290)	15	(4,986,553)
Experience Gain	1/1/2029	(28,965,399)	15	(2,972,192)

Exhibit 5: Solvency Projections

The table below presents the projected **market value of assets for the plan years beginning January 1, 2024, through 2044.**

	Description	2024	2025	2026	2027	2028	2029	2030
1.	Market Value at beginning of year	$4,068,219,405	$4,400,422,244	$4,637,176,698	$4,889,036,084	$5,156,355,486	$5,439,616,610	$5,740,147,410
2.	Contributions	393,240,000	416,350,000	423,920,000	431,490,000	439,060,000	446,630,000	454,200,000
3.	Benefit payments	456,560,106	464,624,828	473,011,017	482,056,508	491,662,734	501,046,315	510,188,520
4.	Administrative expenses	20,200,000	18,650,000	19,209,500	19,785,785	20,379,359	20,990,740	21,620,462
5.	Interest earnings	415,722,945	303,679,282	320,159,903	337,671,695	356,243,217	375,937,855	396,849,238
6.	Market Value at end of year: (1)+(2)-(3)-(4)+(5)	$4,400,422,244	$4,637,176,698	$4,889,036,084	$5,156,355,486	$5,439,616,610	$5,740,147,410	$6,059,387,666
7.	**Available resources: (1)+(2)-(4)+(5)**	**$4,856,982,350**	**$5,101,801,526**	**$5,362,047,101**	**$5,638,411,994**	**$5,931,279,344**	**$6,241,193,725**	**$6,569,576,186**

	Description	2031	2032	2033	2034	2035	2036	2037
1.	Market Value at beginning of year	$6,059,387,666	$6,390,407,054	$6,735,247,752	$7,094,351,806	$7,469,405,520	$7,861,243,584	$8,270,239,467
2.	Contributions	454,200,000	454,200,000	454,200,000	454,200,000	454,200,000	454,200,000	454,200,000
3.	Benefit payments	519,701,489	528,021,242	536,826,584	544,947,903	553,318,794	562,439,266	570,011,682
4.	Administrative expenses	22,269,076	22,937,148	23,625,262	24,334,020	25,064,041	25,815,962	26,590,441
5.	Interest earnings	418,789,953	441,599,088	465,355,900	490,135,637	516,020,899	543,051,111	571,339,489
6.	Market Value at end of year: (1)+(2)-(3)-(4)+(5)	$6,390,407,054	$6,735,247,752	$7,094,351,806	$7,469,405,520	$7,861,243,584	$8,270,239,467	$8,699,176,833
7.	**Available resources: (1)+(2)-(4)+(5)**	**$6,910,108,543**	**$7,263,268,994**	**$7,631,178,390**	**$8,014,353,423**	**$8,414,562,378**	**$8,832,678,733**	**$9,269,188,515**

Note: Numbers may not add due to rounding.

	Description	2038	2039	2040	2041	2042	2043	2044
1.	Market Value at beginning of year	$8,699,176,833	$9,149,652,130	$9,623,447,093	$10,121,590,712	$10,645,725,823	$11,198,028,873	$11,780,649,746
2.	Contributions	454,200,000	454,200,000	454,200,000	454,200,000	454,200,000	454,200,000	454,200,000
3.	Benefit payments	577,366,927	584,433,433	592,055,873	599,711,459	606,996,088	614,081,328	621,199,757
4.	Administrative expenses	27,388,154	28,209,799	29,056,093	29,927,776	30,825,609	31,750,377	32,702,888
5.	Interest earnings	601,030,378	632,238,195	665,055,585	699,574,346	735,924,747	774,252,578	814,699,456
6.	Market Value at end of year: (1)+(2)-(3)-(4)+(5)	$9,149,652,130	$9,623,447,093	$10,121,590,712	$10,645,725,823	$11,198,028,873	$11,780,649,746	$12,395,646,557
7.	**Available resources: (1)+(2)-(4)+(5)**	**$9,727,019,057**	**$10,207,880,526**	**$10,713,646,585**	**$11,245,437,282**	**$11,805,024,961**	**$12,394,731,074**	**$13,016,846,314**

Note: Numbers may not add due to rounding.

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2024, actuarial valuation certificate, dated January 31, 2025, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Plan of benefits

The benefit accrual rates for 2024 through 2026 were adjusted based on the three-year average market value investment return for 2020-2022, 2021-2023 and 2022-2024, respectively and the terms of the variable benefit accrual rate (VBAR) formula.

Default, Alternate 1 & LUDC 1 Salary Accrual

Year	First 9,000 Hours	After 9,000 Hours
2024 – 2026	0.50%	0.65%
2027 & thereafter	0.65%	0.85%

Alternate 2, LUDC 2 & LUDC 1 Hourly Accrual

Year	First 9,000 Hours	After 9,000 Hours
2024 – 2026	0.60%	0.75%
2027 & thereafter	0.75%	1.00%

Contribution rates

The average hourly contribution rates are assumed to be $6.96 for 2024 and $7.57 for subsequent years.

The average hourly contribution rates on and after January 1, 2024, are based on formal commitments made by the collective bargaining parties as provided by the plan sponsor.

Asset information

The market value of assets as of January 1, 2025, was estimated based on the net investment return of 10.4% for the 2024 plan year, as provided by the Plan's investment consultant, Verus. The income and expense items for 2024 were projected based on the January 1, 2024, actuarial valuation. Administrative expenses for 2024 were estimated according to the budget provided by the Fund Office, while the contributions for 2024 were projected based on an estimated 56.5 million hours worked during that year.

For projections after that date, assumed administrative expenses were expected to be $18.65 million for 2025, based on the information received from the Fund Office, then increased by 3% per year. Benefit payments were projected based on an open group forecast, where new entrants are assumed to have the same characteristics as those who joined in the last four years. The projected net investment return was assumed to be 7% of the average market value of assets for the 2025–2044 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

Projected industry activity

The projected industry activity assumption takes into account information provided by the Plan sponsor as required by Internal Revenue Code Section 432. Based on information provided by the Board of Trustees, total contribution hours are assumed to be 55 million hours in 2025, increase by 1 million hours per year in each of the next five plan years, and remain at 60 million hours in 2030 and each year thereafter.

Future normal costs

We have determined the normal cost based on an open group forecast with the number of active participants assumed to remain level and the new entrants to have the same demographic mix as new hires from the last four years. The Normal Cost was then adjusted for the increase in negotiated contribution rates, assumed future contribution hours per the industry activity assumption and VBAR changes.

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 presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. 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 actuary.

Technical issues

This document does not constitute legal, tax, accounting or investment advice or create or imply a fiduciary relationship.

Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

Certain assumptions are prescribed as noted above. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

Schedule MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Payments	Lump Sum Amounts	Total Amounts
1/6/2025	$1,001.81	$0.00	$1,001.81
1/8/2025	$2,965.00	$0.00	$2,965.00
1/9/2025	$29,069.00	$0.00	$29,069.00
1/17/2025	$43,714.00	$0.00	$43,714.00
1/24/2025	$418,823.00	$0.00	$418,823.00
1/27/2025	$335,351.00	$0.00	$335,351.00
1/28/2025	$12,158.00	$0.00	$12,158.00
1/31/2025	$2,082.00	$606,607.00	$608,689.00
2/5/2025	$1,001.81	$0.00	$1,001.81
2/7/2025	$15,534.00	$0.00	$15,534.00
2/10/2025	$6,225.00	$0.00	$6,225.00
2/12/2025	$1,788.00	$0.00	$1,788.00
2/14/2025	$53,706.00	$0.00	$53,706.00
2/21/2025	$238,146.00	$0.00	$238,146.00
2/27/2025	$73,306.00	$0.00	$73,306.00
2/28/2025	$54,668.00	$0.00	$54,668.00
3/4/2025	$44,109.00	$0.00	$44,109.00
3/5/2025	$1,001.81	$0.00	$1,001.81
3/6/2025	$13,473.00	$0.00	$13,473.00
3/7/2025	$59,951.00	$0.00	$59,951.00
3/11/2025	$37,469.00	$0.00	$37,469.00
3/14/2025	$1,632.00	$0.00	$1,632.00
3/18/2025	$10,000.00	$0.00	$10,000.00
3/24/2025	$3,447.00	$0.00	$3,447.00
3/25/2025	$334,375.00	$0.00	$334,375.00
3/31/2025	$5,900.00	$0.00	$5,900.00
4/4/2025	$6,307.00	$0.00	$6,307.00
4/7/2025	$34,922.81	$0.00	$34,922.81
4/8/2025	$95,187.00	$0.00	$95,187.00
4/10/2025	$39,551.00	$0.00	$39,551.00
4/11/2025	$5,500.00	$0.00	$5,500.00
4/15/2025	$10,000.00	$0.00	$10,000.00

Schedule MB, line 3(d) – Withdrawal Liability Amounts

4/17/2025	$162,438.00	$0.00	$162,438.00
4/28/2025	$13,931.00	$0.00	$13,931.00
4/29/2025	$212,783.00	$0.00	$212,783.00
4/30/2025	$11,865.00	$0.00	$11,865.00
5/2/2025	$36,016.50	$0.00	$36,016.50
5/6/2025	$1,001.81	$0.00	$1,001.81
5/8/2025	$9,917.00	$0.00	$9,917.00
5/13/2025	$37,469.00	$0.00	$37,469.00
5/15/2025	$82,158.00	$0.00	$82,158.00
5/20/2025	$105,928.00	$0.00	$105,928.00
5/23/2025	$11,632.00	$73,447.62	$85,079.62
5/27/2025	$14,364.50	$0.00	$14,364.50
5/28/2025	$8,865.00	$0.00	$8,865.00
6/2/2025	$18,232.00	$0.00	$18,232.00
6/3/2025	$11,350.00	$0.00	$11,350.00
6/4/2025	$1,001.81	$0.00	$1,001.81
6/5/2025	$5,449.00	$0.00	$5,449.00
6/12/2025	$37,469.00	$0.00	$37,469.00
6/16/2025	$377,043.35	$0.00	$377,043.35
6/20/2025	$155,452.00	$0.00	$155,452.00
6/24/2025	$22,029.00	$0.00	$22,029.00
6/26/2025	$27,069.00	$0.00	$27,069.00
6/30/2025	$276,476.00	$0.00	$276,476.00
7/7/2025	$1,001.81	$0.00	$1,001.81
7/8/2025	$10,995.00	$0.00	$10,995.00
7/10/2025	$56,258.00	$0.00	$56,258.00
7/11/2025	$7,237.00	$0.00	$7,237.00
7/15/2025	$148,306.00	$0.00	$148,306.00
7/18/2025	$232,982.00	$0.00	$232,982.00
7/25/2025	$160,230.00	$0.00	$160,230.00
7/28/2025	$39,057.00	$0.00	$39,057.00
7/29/2025	$10,856.00	$0.00	$10,856.00
7/31/2025	$0.00	$15,000.00	$15,000.00

Schedule MB, line 3(d) – Withdrawal Liability Amounts

8/1/2025	$8,900.00	$0.00	$8,900.00
8/4/2025	$4,692.00	$0.00	$4,692.00
8/5/2025	$2,965.00	$0.00	$2,965.00
8/7/2025	$38,470.81	$0.00	$38,470.81
8/8/2025	$8,023.00	$0.00	$8,023.00
8/11/2025	$1,394.00	$0.00	$1,394.00
8/14/2025	$47,545.00	$0.00	$47,545.00
8/15/2025	$81,116.00	$0.00	$81,116.00
8/26/2025	$124,811.00	$0.00	$124,811.00
8/27/2025	$162,398.00	$300,000.00	$462,398.00
8/28/2025	$5,449.00	$0.00	$5,449.00
8/29/2025	$11,814.00	$0.00	$11,814.00
9/2/2025	$5,900.00	$0.00	$5,900.00
9/4/2025	$81,988.00	$94,568.00	$176,556.00
9/8/2025	$1,001.81	$0.00	$1,001.81
9/15/2025	$434,125.00	$0.00	$434,125.00
9/19/2025	$112,574.00	$0.00	$112,574.00
9/22/2025	$105,859.00	$0.00	$105,859.00
9/25/2025	$6,072.00	$0.00	$6,072.00
9/26/2025	$45,350.00	$0.00	$45,350.00
10/2/2025	$11,814.00	$0.00	$11,814.00
10/6/2025	$9,866.81	$0.00	$9,866.81
10/9/2025	$120,208.00	$0.00	$120,208.00
10/13/2025	$1,778.00	$0.00	$1,778.00
10/16/2025	$37,460.00	$0.00	$37,460.00
10/17/2025	$442,072.00	$0.00	$442,072.00
10/24/2025	$128,118.00	$194,084.00	$322,202.00
10/30/2025	$2,965.00	$0.00	$2,965.00
10/31/2025	$5,900.00	$0.00	$5,900.00
11/4/2025	$16,386.00	$35,000.00	$51,386.00
11/6/2025	$1,001.81	$0.00	$1,001.81
11/10/2025	$16,402.00	$0.00	$16,402.00
11/14/2025	$168,354.00	$0.00	$168,354.00

Schedule MB, line 3(d) – Withdrawal Liability Amounts

11/17/2025	$37,469.00	$0.00	$37,469.00
11/20/2025	$161,246.00	$0.00	$161,246.00
11/25/2025	$67,490.00	$0.00	$67,490.00
12/1/2025	$2,965.00	$0.00	$2,965.00
12/4/2025	$5,693.81	$0.00	$5,693.81
12/5/2025	$19,282.00	$0.00	$19,282.00
12/8/2025	$25,750.00	$0.00	$25,750.00
12/10/2025	$43,369.00	$0.00	$43,369.00
12/15/2025	$34,782.00	$0.00	$34,782.00
12/18/2025	$71,464.00	$0.00	$71,464.00

Schedule MB, Line 9c

Schedule of Funding Standard Account Bases – Charges

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/1996	$542,052	1	$542,052
Benefit increase	01/01/1996	2,612,872	1	2,612,872
Benefit increase	01/01/1998	2,155,585	3	767,654
Plan amendment	01/01/1999	79,342,005	4	21,891,580
Plan amendment	01/01/2000	12,997,447	5	2,962,576
Change in assumptions	01/01/2001	2,893,351	6	567,302
Plan amendment	01/01/2001	70,980,330	6	13,917,173
Plan amendment	01/01/2002	33,325,072	7	5,779,041
Plan amendment	01/01/2004	26,530,773	9	3,805,715
Plan amendment	01/01/2005	10,844,987	10	1,443,067
Plan amendment	01/01/2006	90,038,136	11	11,221,689
Change in assumptions	01/01/2007	399,008	12	46,949
Investment loss subject to relief	01/01/2009	353,694,394	13	39,551,247
Investment loss subject to relief	01/01/2010	35,349,182	13	3,952,859
Actuarial loss	01/01/2011	1,380,692	1	1,380,692
Change in assumptions	01/01/2011	1,676,519	1	1,676,519
Investment loss subject to relief	01/01/2011	40,778,171	13	4,559,946
Actuarial loss	01/01/2012	45,957,938	2	23,756,036
Investment loss subject to relief	01/01/2012	46,862,032	13	5,240,263
Change in assumptions	01/01/2013	8,723,468	3	3,106,628
Investment loss subject to relief	01/01/2013	102,843,383	13	11,500,279
Investment loss subject to relief	01/01/2014	119,928,449	13	13,410,786
Change in assumptions	01/01/2015	25,696,430	5	5,857,122

Section 3: Actuarial Valuation Results

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2015	105,981,539	5	24,156,926
Change in assumptions	01/01/2016	3,840,694	6	753,048
Actuarial loss	01/01/2016	100,908,383	6	19,785,192
Change in assumptions	01/01/2017	35,676,148	7	6,186,752
Actuarial loss	01/01/2017	83,844,010	7	14,539,744
Actuarial loss	01/01/2018	105,821,478	8	16,562,323
Actuarial loss	01/01/2019	89,992,114	9	12,908,946
Change in assumptions	01/01/2020	5,686,546	10	756,669
Plan amendment	01/01/2020	12,001,859	10	1,597,004
Actuarial loss	01/01/2020	35,752,428	10	4,757,328
Change in assumptions	01/01/2022	328,856,190	12	38,694,998
Change in assumptions	01/01/2023	15,675,505	13	1,752,885
Actuarial loss	01/01/2023	119,070,451	13	13,314,842
Plan amendment[1]	01/01/2024	7,004,529	14	748,535
Actuarial loss	01/01/2024	89,693,118	14	9,585,004
Plan amendment[1]	01/01/2025	8,624,224	15	884,947
Actuarial loss	01/01/2025	75,329,874	15	7,729,734
Change in assumptions	01/01/2025	109,732,972	15	11,259,898
Total		**$2,449,044,338**		**$365,524,822**

[1] Due to changes in Rehabilitation Plan Schedule adoptions.

Schedule MB, Line 9h

Schedule of Funding Standard Account Bases – Credits

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Merger base	01/01/1996	$1,768,949	1	$1,768,949
Merger base	01/01/1997	377,801	2	195,288
Merger base	01/01/1998	29,649	3	10,559
Change in assumptions	01/01/1998	10,627,439	3	3,784,676
Change in assumptions	01/01/1999	17,905,979	4	4,940,513
Merger base	01/01/2002	11,282,679	7	1,956,577
Plan amendment	01/01/2003	36,524,061	8	5,716,451
Actuarial gain	01/01/2013	22,420,440	3	7,984,436
Actuarial gain	01/01/2014	6,871,360	4	1,895,905
Actuarial gain	01/01/2021	5,388,097	11	671,533
Actuarial gain	01/01/2022	33,955,489	12	3,995,387
Plan amendment	01/01/2023	108,356,094	13	12,116,728
Total		**$255,508,037**		**$45,037,002**

Appendix A: Actuarial assumptions, methods and models

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

- For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% 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 assumptions were changed as of January 1, 2025:
  - Mortality projection scale, previously MP-2021 improvement scale
  - Rates of disability, previously 150% of the Male 1987 Commissioner's Group Disability Table
  - Annual administrative expenses, previously $20,200,000

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

$21,000,000 for the year beginning January 1, 2025

The annual administrative expenses were based on historical and current data, adjusted to reflect the budget for the upcoming year, and estimated future experience and professional judgment.

Salary increase rate

4.50% per year (applies to salaried participants only)

Demographic and noneconomic assumptions

Rationale

The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation is based on experience that has been accumulated over the past valuations and assumptions used by the prior actuary for the January 1, 2021 actuarial valuation. Current data is reviewed in conjunction with each annual valuation.

Mortality rates

Healthy: 109% of Pri-2012 Employee and Retiree Blue Collar amount-weighted mortality tables (sex-distinct), projected generationally from 2022 with SSA-2025 scale

Disabled: Pri-2012 Disabled Retiree amount-weighted mortality tables (sex-distinct), projected generationally from 2022 with SSA-2025 scale

Survivors: Pri-2012 Contingent Survivor Blue Collar amount-weighted mortality tables (sex-distinct), projected generationally from 2022 with SSA-2025 scale

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

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

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 by age and the projected number based on the prior year's assumption over the most recent three years, taking into consideration the results of Segal's 2021 industry mortality study.

Appendix A: Actuarial assumptions, methods and models

Termination rates

Age	Disability Rate (%)
20	0.0780
30	0.0970
40	0.1690
50	0.5150
60	1.4820

Disability rates do not apply at or beyond unreduced early retirement age.

Service	Withdrawal Rate (%)
0	30.00
5	13.80
10	7.80
15	6.30
20	4.20
25	3.20
30	2.20
35	1.45
40	0.00

Each 1,500 hours is deemed to equal 1 year of service. Withdrawal rates do not apply at or beyond early retirement age.

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect the changes in economic conditions of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of disability retirements by age and actual number of terminations by service and the projected number based on the prior year's assumption over the most recent four years.

Retirement rates for active participants

Age	Rate (%) for Eligible for Unreduced	Rate (%) for Default Schedule & not projected to earn 45,000 hours by 12/31/2024	Rate (%) for Others
55	18.0	2.5	5.0
56	15.0	2.5	5.0
57 - 58	10.0	2.5	5.0
59	15.0	2.5	5.0
60	17.0	2.5	5.0
61	17.0	15.0	10.0
62	40.0	15.0	30.0
63	25.0	15.0	20.0
64	25.0	15.0	20.0
65 - 69	30.0	40.0	30.0
70 or older	100.0	100.0	100.0

Unreduced retirement rate for participants aged 55 to 61 is assumed to be 30.0% in the year when they first become eligible for early unreduced retirement.

The retirement rates were based on historical and current demographic data, adjusted to reflect the changes due to the Rehabilitation Plan, 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 year's assumption over the most recent two years.

Appendix A: Actuarial assumptions, methods and models

Retirement rates for inactive vested participants

Age	Rate (%)
65	65.0
66 – 69	10.0
70 or older	100.0

The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect the changes due to the Rehabilitation Plan, 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 year's assumption over the most recent four years.

Description of weighted average retirement age

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025, actuarial valuation.

Future benefit accruals

Based on average amount of hours worked in the last three years of covered employment (or actual number of years, if less than three). Hours are annualized in the year of hire, up to a maximum of 2,050 hours. Participants with less than 450 hours in the prior Plan Year are not assumed to accrue any additional benefits.

For 2025, a lower VBAR accrual rate than the median applies (0.65% for the Default Schedule and 0.75% for Alternate Schedule 2) based the average market rate of return for 2021-2023. After the valuation year, the accrual rate is assumed to be the median accrual rate under the VBAR formula (0.85% for the Default Schedule and 1% for Alternate Schedule 2). The corresponding lower rates apply for participants who have not yet earned 9,000 Hours of Service. See the VBAR table in Appendix B for reference.

The future benefit accruals were based on historical and current data, adjusted to reflect 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 most recent three years.

Appendix A: Actuarial assumptions, methods and models

Unknown data for participants

Date of birth: Same as those exhibited by participants with similar known characteristics.

Sex: Participants are assumed to be male. Beneficiaries are assumed to be female.

Expiration date for survivors with certain only benefit: Assumed to have three years certain remaining.

Participants reported as active vested or inactive vested for valuation purposes in the prior year who were not reported for valuation purposes in the current year: Assumed to be inactive vested until they reach age 85, unless they had a confirmed date of death on or before the valuation date.

Retirees with suspended benefits: Certain non-working retirees with suspended benefits but who are not confirmed to be deceased are assumed to be deceased. These include all suspended retirees over age 95, and retirees ages 90-94 whose benefits have been suspended for at least the prior two years.

Definition of active participants

Active participants are defined as those with at least 450 hours in the prior Plan Year and vested participants age 55 or over with less than 450 hours in the prior Plan Year but at least 450 hours in the prior three Plan Years, excluding those who have retired as of the valuation date.

Exclusion of inactive vested participants

Inactive participants over age 85 are excluded from the valuation.

The exclusion of inactive vested participants over age 85 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status over the most recent four years were reviewed.

Percent married

55%, based on a review of benefit recipients over the most recent four years.

Age and sex of spouse

Where spouse information is not available, male participants are assumed to have a female spouse and female participants are assumed to have a male spouse, with the female spouse three years younger than the male.

Benefit election

Married participants elect the 100% joint and survivor form of payment and non-married participants are assumed to elect a single life annuity.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent four years.

Delayed retirement factors

Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age are valued with delayed retirement increases.

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 projected market return 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. Normal Cost in the valuation year is prorated based on the applicable VBAR accrual rate.

Appendix A: Actuarial assumptions, methods and models

Benefits valued

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

Current liability assumptions

- **Interest:** 4.01%, 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): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 5.1%, for the plan year ending December 31, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 9.3%, for the plan year ending December 31, 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 July 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.

Additional liability

An additional liability is valued for retirees based on the Guaranteed Insurance Contracts reported in audited financial statements. The value was $20,361,746 as of December 31, 2024.

Appendix A: Actuarial assumptions, methods and models

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

- For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% 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 assumptions were changed as of January 1, 2025:
  - Mortality projection scale, previously MP-2021 improvement scale
  - Rates of disability, previously 150% of the Male 1987 Commissioner's Group Disability Table
  - Annual administrative expenses, previously $20,200,000

Schedule R, Summary of Rehabilitation Plan
Plan name: International Painters and Allied Trades Industry Pension Plan
Plan sponsor: Board of Trustees, International Painters and Allied Trades Industry Pension Fund
EIN / PN: 52-6073909 / 001
Plan Year: Beginning January 1, 2025 and ending December 31, 2025

Background

The International Painters and Allied Trades Industry Pension Plan (“Plan”) was certified to be in “endangered” status each plan year from 2009 through 2017. The Plan was certified to be in “seriously endangered” status each plan year from 2018 through 2021. Through these years, the Plan was operating under a Funding Improvement Plan, which was originally effective in 2009 and was amended in 2017.

In 2022, the Plan was once again certified to be in “seriously endangered” status. The Board of Trustees, however, elected to enter “critical status” early for that plan year. The Board of Trustees immediately adopted and implemented a Rehabilitation Plan.

Since the Trustees' election to enter critical status in 2022, the Plan has remained in “critical status” through plan year 2025 and continues to operate under the adopted Rehabilitation Plan. As required by law, the Trustees review the Rehabilitation Plan annually, but no updates have been made. The one-time grace period approved by the Fund's Board allowing bargaining parties to adopt Alternate Schedule 1 or 2 without penalty expired on April 1, 2025.

Rehabilitation Plan Summary

The Rehabilitation Plan includes three Schedules of contributions and benefits that have been provided to the bargaining parties:

- **Default Schedule.** This Schedule includes changes to benefits and does not require any further contribution rate increases above the rates required under the Funding Improvement Plan as amended in 2017. As required under federal law, the Default Schedule will be automatically imposed if the bargaining parties do not adopt one of the other Schedules within 180 days after the applicable collective bargaining agreement expires.
- **Alternate Schedule 1.** This Schedule provides the same accrual rate as the Default Schedule but provides greater Early Retirement benefits. This Schedule requires a contribution rate increase of at least 10% over the rate in effect on January 1, 2022, and the agreement must be effective and received by the Fund no later than April 1, 2025.
- **Alternate Schedule 2.** This Schedule provides a higher accrual rate and more generous Early Retirement and Special Early Retirement benefits than the Default Schedule. This Schedule requires a contribution rate increase of at least 20% above the rate in effect on January 1, 2022, and the agreement must be effective and received by the Fund no later than April 1, 2025. For the higher accrual rate to apply before January 1, 2025, the contribution rate must be increased by at least 8% above the rate in effect on January 1, 2022.

The Rehabilitation Plan is designed to enable the Plan to emerge from critical status at the end of the ten-year Rehabilitation Period. This Rehabilitation Period begins January 1, 2025 and ends December 31, 2034.

Schedule R, Summary of Rehabilitation Plan
Plan name: International Painters and Allied Trades Industry Pension Plan
Plan sponsor: Board of Trustees, International Painters and Allied Trades Industry Pension Fund
EIN / PN: 52-6073909 / 001
Plan Year: Beginning January 1, 2025 and ending December 31, 2025

A packet including a summary of the adopted Rehabilitation Plan, as well as the Rehabilitation Plan itself, can be found on the Plan's website at the address below.

https://www.iupat.org/participant-rehab-plan-packet_us-english/

Schedule MB, line 4(c) – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

Status/Condition	Component Result	Final Result
3. In critical status? (If C1-C6 is Yes, then Yes)		**Yes**
4. Determination of critical and declining status:		
C7. a. Any of (C1) through (C5) are Yes?	Yes	Yes
b. **and either** insolvency is projected within 15 years?	No	No
c. **or**		
1) The ratio of inactives to actives is at least 2 to 1,	No	
2) **and** insolvency is projected within 20 years?	No	No
d. **or**		
1) The funded percentage is less than 80%,	Yes	
2) **and** insolvency is projected within 20 years?	No	No
In critical and declining status?		**No**

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan based on the standards in the rehabilitation plan. The rehabilitation plan standards are that the Plan is projected to emerge from critical status by January 1, 2035. The projected year of emergence in this certification is 2032.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2025	$15,008,323	$10,949,149	$437,470,390	$463,427,862
2026	$30,772,857	$16,487,071	$425,166,619	$472,426,547
2027	$45,918,747	$22,325,500	$411,910,263	$480,154,510
2028	$60,435,697	$28,340,226	$397,841,553	$486,617,476
2029	$74,019,137	$35,725,456	$384,214,043	$493,958,636
2030	$86,641,155	$41,644,709	$370,208,185	$498,494,050
2031	$98,472,223	$48,415,007	$356,022,286	$502,909,516
2032	$109,341,939	$54,563,393	$341,693,923	$505,599,255
2033	$119,331,182	$60,816,282	$327,364,313	$507,511,777
2034	$128,531,536	$66,803,891	$312,943,465	$508,278,892
2035	$136,815,723	$72,259,356	$298,528,649	$507,603,728
2036	$144,455,802	$78,345,127	$284,118,112	$506,919,041
2037	$151,403,776	$84,030,743	$269,663,403	$505,097,922
2038	$157,780,159	$88,610,514	$255,212,032	$501,602,705
2039	$163,535,028	$92,958,401	$240,721,358	$497,214,787
2040	$168,806,049	$96,949,955	$226,197,351	$491,953,354
2041	$173,552,679	$100,863,813	$211,709,371	$486,125,863
2042	$177,797,911	$104,536,709	$197,357,706	$479,692,326
2043	$181,580,603	$107,234,370	$183,152,179	$471,967,152
2044	$184,767,599	$109,623,793	$169,153,133	$463,544,525
2045	$187,456,829	$111,419,010	$155,425,254	$454,301,093
2046	$189,662,861	$112,694,890	$142,036,323	$444,394,074
2047	$191,111,387	$113,332,697	$129,050,020	$433,494,104
2048	$192,057,279	$113,445,968	$116,555,407	$422,058,654
2049	$192,342,292	$112,915,276	$104,608,969	$409,866,537
2050	$191,888,691	$111,816,018	$93,282,885	$396,987,595
2051	$191,037,254	$110,231,163	$82,631,593	$383,900,010
2052	$189,406,409	$108,143,736	$72,697,043	$370,247,188
2053	$187,091,675	$105,537,469	$63,517,776	$356,146,920
2054	$184,198,963	$102,384,252	$55,115,427	$341,698,643
2055	$180,584,336	$98,953,829	$47,493,163	$327,031,327
2056	$176,718,246	$95,165,207	$40,645,186	$312,528,638
2057	$172,251,362	$91,149,649	$34,550,582	$297,951,593
2058	$167,247,314	$86,919,889	$29,177,565	$283,344,768
2059	$161,958,261	$82,543,048	$24,484,071	$268,985,380
2060	$156,269,228	$78,081,261	$20,421,174	$254,771,663
2061	$150,323,851	$73,468,965	$16,935,014	$240,727,830
2062	$144,129,554	$68,823,067	$13,969,092	$226,921,713
2063	$137,729,268	$64,228,855	$11,466,431	$213,424,554
2064	$131,203,980	$59,739,610	$9,370,838	$200,314,429
2065	$124,526,944	$55,313,025	$7,629,433	$187,469,402
2066	$117,761,145	$50,969,931	$6,192,929	$174,924,006
2067	$111,009,522	$46,773,230	$5,015,126	$162,797,878
2068	$104,269,293	$42,747,806	$4,054,970	$151,072,069
2069	$97,603,002	$38,914,749	$3,276,227	$139,793,978
2070	$91,014,134	$35,270,046	$2,647,367	$128,931,547
2071	$84,576,639	$31,831,023	$2,141,277	$118,548,939
2072	$78,338,496	$28,606,154	$1,734,977	$108,679,627
2073	$72,281,888	$25,596,816	$1,409,242	$99,287,946
2074	$66,465,316	$22,802,505	$1,148,101	$90,415,922

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.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$416,350,000	$0	$416,350,000
2026	$423,920,000	$0	$423,920,000
2027	$431,490,000	$0	$431,490,000
2028	$439,060,000	$0	$439,060,000
2029	$446,630,000	$0	$446,630,000
2030	$454,200,000	$0	$454,200,000
2031	$454,200,000	$0	$454,200,000
2032	$454,200,000	$0	$454,200,000
2033	$454,200,000	$0	$454,200,000
2034	$454,200,000	$0	$454,200,000

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2025 AND ENDING DECEMBER 31, 2025

FEDERAL TAX NO	EMPLOYER NAME	AGREEMENT CODE	AGREEMENT	Hourly Pension Rate	Wage Based Pension Rate	Expiration of Agreement
11-2030326	AHERN PAINTING CONTRACTORS INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YORK STRUCTURAL STEEL	13.49	0	2029-09-30
11-2030326	AHERN PAINTING CONTRACTORS INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	12.85	0	2028-04-30
11-2030326	AHERN PAINTING CONTRACTORS INC	DC9MADC9-05	DC9 - NIGHT TIME DIFFERENTIAL RATE - 5%, 10% & 15% DC9 - NIGHT TIME DIFFERENTIAL - 5%	12.85	0	2028-04-30
11-2030326	AHERN PAINTING CONTRACTORS INC	DC9MALU490-00	DC9 PAINTERS TRADE AGREEMENT DC9 LOCAL 490 - PAINTERS TRADE AGREEMENT - PAPERHANGER RATE	12.31	0	2028-04-30
36-2936794	ANNING-JOHNSON COMPANY	DC14INLU33-00	DC14 MWCC - DRYWALL AGREEMENT DC14 - DRYWALL RATES	12	0	2027-05-31
36-2936794	ANNING-JOHNSON COMPANY	DC16INLU567-03	DC16 LOCAL 567 DRYWALL FINISHING - NORTHERN NEVADA LOCAL 567 - DRYWALL RATE - NORTHERN NEVADA	12	0	2028-06-30
36-2936794	ANNING-JOHNSON COMPANY	DC16INLU567-03	DC16 LOCAL 567 DRYWALL FINISHING - NORTHERN NEVADA LOCAL 567 - DRYWALL RATE - NORTHERN NEVADA	8.01	0	2028-06-30
36-2936794	ANNING-JOHNSON COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	12	0	2028-06-30
36-2936794	ANNING-JOHNSON COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	11.85	0	2028-06-30
36-2936794	ANNING-JOHNSON COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	12	0	2028-06-30
36-2936794	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL - LOS ANGELES, ORANGE,	12	0	2030-08-31
36-2936794	ANNING-JOHNSON COMPANY	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL - LOS ANGELES, ORANGE,	8.63	0	2030-08-31
36-2936794	ANNING-JOHNSON COMPANY	DC36MADC36-07	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL - SAN DIEGO	12	0	2030-08-31
36-2936794	ANNING-JOHNSON COMPANY	DC36MADC36-07	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL - SAN DIEGO	7.01	0	2030-08-31
36-2936794	ANNING-JOHNSON COMPANY	DC5INDC5-25	DC5 DRYWALL AGREEMENT - WESTERN WASHINGTON AREA DRYWALL - WESTERN WASHINGTON	12	0	2028-06-30
36-2936794	ANNING-JOHNSON COMPANY	DC77INLU193-01	DC77 LOCAL 193 PAINTING DECORATING & DRYWALL FINISHING - ANNING JOHNSON LOCAL 193 - DRYWALL	12	0	2029-05-31
36-2936794	ANNING-JOHNSON COMPANY	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-PDCA DC77 LOCAL 193	12	0	2027-07-31
59-3019693	BVCC INC - NOT AFFILIATED WITH DISNEY	DC78INLU73-03	DC78 BUENA VISTA CONST. CO. CRAFT-CENTRAL FL BCTC LOCAL 73 BUENA VISTA - CENTRAL FL BCTC - EVENT	6.69	0	2030-01-05
59-3019693	BVCC INC - NOT AFFILIATED WITH DISNEY	DC78INLU73-03	DC78 BUENA VISTA CONST. CO. CRAFT-CENTRAL FL BCTC LOCAL 73 BUENA VISTA - CENTRAL FL BCTC - EVENT	7.23	0	2030-01-05
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	13.9	0	2028-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC1MMALU845-02	DC1M LOCAL 845 DRYWALL AGREEMENT - MICHIGAN LU845 DRYWALL-	8.86	0	2027-05-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC21MADC21-03	DC21 DELAWARE VALLEY INDUSTRIAL PAINTERS ALLIANCE PHILADELPHIA AREA	13.33	0	2027-01-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOUTHERN CALIFORNIA - LOS	13.9	0	2028-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOUTHERN CALIFORNIA - LOS	13.9	0	2028-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASHINGTON DC/BALTIMORE	13.33	0	2029-07-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASHINGTON DC/BALTIMORE	13.9	0	2029-07-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC53MALU1072-00	DC53 MASTER PAINTING AGREEMENT LOCAL 1072 - PAINTERS - ASHLAND, KENTUCKY	13.9	0	2027-11-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC57MALU6-00	DC57 WESTERN PA FCA LOCALS 6/409/530 PAINTERS REGION 1	13.9	0	2026-05-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTING INDUSTRY PAINTING -	13.9	0	2028-02-29
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC5MADC5-06	DC5 PAINTING INDUSTRIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL 427 - EASTERN WASHINGTON	13.9	0	2028-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC6INDC6-03	DC6 NORTHERN OHIO PAINTING & TAPING CONTRACTORS ASSOCIATION INC. (NOPTCA) PAINTERS AND TAPING	6.08	0	2028-04-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC6INDC6-03	DC6 NORTHERN OHIO PAINTING & TAPING CONTRACTORS ASSOCIATION INC. (NOPTCA) PAINTERS AND TAPING	13.9	0	2028-04-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	13.9	0	2027-01-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNSWICK, GA	13.9	0	2027-07-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC77INLU1756-01	DC77 LOCAL 1756 SAVANNAH RIVER SITE DOE - AIKEN, SC LOCAL 1756 - SAVANNAH RIVER SITE - DOE AIKEN,	13.9	0	2059-08-09
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC77INLU226-00	DC77 LOCAL 226 PAINTING - CHATTANOOGA AREA LOCAL 226 - PAINTERS CHATTANOOGA AREA	13.9	0	2028-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC77INLU226-00	DC77 LOCAL 226 PAINTING - CHATTANOOGA AREA LOCAL 226 - PAINTERS CHATTANOOGA AREA	5.41	0	2028-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NORTH CAROLINA & SOUTH	13.33	0	2027-03-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NORTH CAROLINA & SOUTH	13.9	0	2027-03-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NORTH CAROLINA & SOUTH	6.88	0	2027-03-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-PDCA DC77 LOCAL 193	13.9	0	2027-07-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC78MADC78-02	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT DC78 - PAINTERS INDUSTRIAL RATE FOR ALL	13.33	0	2029-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC78MADC78-02	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT DC78 - PAINTERS INDUSTRIAL RATE FOR ALL	13.9	0	2029-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC78MALU164-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCALS 164 AND 88 PAINTERS - ZONE 1	13.9	0	2029-06-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC80MALU779-00	DC77 LOCAL 779 PAINTING - MOBILE, AL - COMMERCIAL & INDUSTRIAL (FORMERLY DC 80) LOCAL 779 -	13.9	0	2026-12-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL - AREA H - MERRILLVILLE,	13.9	0	2028-05-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL - AREA H - MERRILLVILLE,	13.9	0	2028-05-31
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YORK STRUCTURAL STEEL	13.33	0	2029-09-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YORK STRUCTURAL STEEL	13.49	0	2029-09-30
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	13.9	0	2028-04-30

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2025 AND ENDING DECEMBER 31, 2025

FEDERAL TAX NO	EMPLOYER NAME	AGREEMENT CODE	AGREEMENT	Hourly Pension Rate	Wage Based Pension Rate	Expiration of Agreement
20-5168828	CHAMPION PAINTING SPECIALTY SERVICES	DC9MALU490-00	DC9 PAINTERS TRADE AGREEMENT DC9 LOCAL 490 - PAINTERS TRADE AGREEMENT - PAPERHANGER RATE	12.31	0	2028-04-30
37-1462733	FCS GROUP LLC	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	12.38	0	2027-04-30
37-1462733	FCS GROUP LLC	DC4MALU660-01	DC4 LOCAL 660 GLAZIERS AGREEMENT - WESTERN NEW YORK LOCAL 660 - WESTERN NY GLAZIERS	8.61	0	2028-04-30
37-1462733	FCS GROUP LLC	DC711MADC711-00	DC711 PAINTERS AGREEMENT - GARDEN STATE COUNCIL, INC. NEW JERSEY - PAINTERS COMMERCIAL RATES	12.38	0	2027-04-30
37-1462733	FCS GROUP LLC	DC711MADC711-00	DC711 PAINTERS AGREEMENT - GARDEN STATE COUNCIL, INC. NEW JERSEY - PAINTERS COMMERCIAL RATES	9.77	0	2027-04-30
37-1462733	FCS GROUP LLC	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	9.83	0	2027-01-31
37-1462733	FCS GROUP LLC	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	9.83	0	2027-01-31
37-1462733	FCS GROUP LLC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YORK STRUCTURAL STEEL	13.49	0	2029-09-30
37-1462733	FCS GROUP LLC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	12.38	0	2028-04-30
37-1462733	FCS GROUP LLC	DC9MALU201-00	DC9 EASTERN CONTRACTORS ASSOCIATION, INC. EASTERN CONTRACTORS ASSOCIATION - ALBANY,	12.38	0	#N/A
37-1462733	FCS GROUP LLC	DC9MALU490-00	DC9 PAINTERS TRADE AGREEMENT DC9 LOCAL 490 - PAINTERS TRADE AGREEMENT - PAPERHANGER RATE	12.31	0	2028-04-30
93-1017129	FD THOMAS INC	DC16INLU294-00	DC16 LOCAL 294 PAINTING - FRESNO AREA ADDENDUM TO THE NORTHERN CA MASTER AGREEMENT LOCAL	10.45	0	2026-08-31
93-1017129	FD THOMAS INC	DC16INLU294-00	DC16 LOCAL 294 PAINTING - FRESNO AREA ADDENDUM TO THE NORTHERN CA MASTER AGREEMENT LOCAL	13.75	0	2026-08-31
93-1017129	FD THOMAS INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	13.75	0	2028-06-30
93-1017129	FD THOMAS INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	13.9	0	2028-06-30
93-1017129	FD THOMAS INC	DC21MADC21-03	DC21 DELAWARE VALLEY INDUSTRIAL PAINTERS ALLIANCE PHILADELPHIA AREA	10.45	0	2027-01-31
93-1017129	FD THOMAS INC	DC36INDC36-28	DC36 - PREVAILING - NON CURRENT CBA RATES	13.75	0	#N/A
93-1017129	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOUTHERN CALIFORNIA - LOS	13.75	0	2028-06-30
93-1017129	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOUTHERN CALIFORNIA - LOS	6.04	0	2028-06-30
93-1017129	FD THOMAS INC	DC36MADC36-00	DC36 PAINTING - SOUTHERN CALIFORNIA - MASTER LABOR AGREEMENT FCA SOUTHERN CALIFORNIA - LOS	13.9	0	2028-06-30
93-1017129	FD THOMAS INC	DC4INDC4-03	DC4 BRIDGE WORKERS AGREEMENT DC4 BRIDGE AND TANK RATES	10.45	0	2027-04-30
93-1017129	FD THOMAS INC	DC4INDC4-03	DC4 BRIDGE WORKERS AGREEMENT DC4 BRIDGE AND TANK RATES	10.26	0	2027-04-30
93-1017129	FD THOMAS INC	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	13.75	0	2027-04-30
93-1017129	FD THOMAS INC	DC51MADC51-00	DC51 PAINTING, DECORATING & DRYWALL - DC, MD, VA & VC PAINTING, DECORATING & DRYWALL	13.75	0	2028-05-31
93-1017129	FD THOMAS INC	DC51MADC51-07	DC51 BRIDGE & INDUSTRIAL PAINTING CONTRACTORS OF DC, MD, VA & VC WASHINGTON DC/BALTIMORE	13.9	0	2029-07-31
93-1017129	FD THOMAS INC	DC53MALU1144-00	DC53 MASTER PAINTING AGREEMENT LOCAL 1144 - PAINTERS - PARKERSBURG, WEST VIRGINA	13.9	0	2027-11-30
93-1017129	FD THOMAS INC	DC53MALU93-00	DC53 MASTER PAINTING AGREEMENT LOCAL 93 - PAINTERS - MARIETTA, OHIO	13.75	0	2027-11-30
93-1017129	FD THOMAS INC	DC53MALU93-00	DC53 MASTER PAINTING AGREEMENT LOCAL 93 - PAINTERS - MARIETTA, OHIO	13.9	0	2027-11-30
93-1017129	FD THOMAS INC	DC53MALU970-00	DC53 MASTER PAINTING AGREEMENT LOCAL 970 - PAINTERS - CHARLESTON, WEST VIRGINIA	13.75	0	2027-11-30
93-1017129	FD THOMAS INC	DC53MALU970-00	DC53 MASTER PAINTING AGREEMENT LOCAL 970 - PAINTERS - CHARLESTON, WEST VIRGINIA	13.9	0	2027-11-30
93-1017129	FD THOMAS INC	DC57MALU6-00	DC57 WESTERN PA FCA LOCALS 6/409/530 PAINTERS REGION 1	13.75	0	2026-05-31
93-1017129	FD THOMAS INC	DC57MALU6-00	DC57 WESTERN PA FCA LOCALS 6/409/530 PAINTERS REGION 1	10.26	0	2026-05-31
93-1017129	FD THOMAS INC	DC58INLU1185-00	LOCAL 1185 - RECIPROCAL HOURS FOR MEMBERS IN ST. LOUIS	8.31	0	#N/A
93-1017129	FD THOMAS INC	DC58MADC58-00	DC58 PAINTING - SOUTHERN ILLINOIS WORKING AGREEMENTLOCAL UNIONS: 120-471-910, 32, 85, 90, 124, 288,	13.75	0	2029-08-31
93-1017129	FD THOMAS INC	DC58MALU90-00	DC58 PAINTING - SOUTHERN ILLINOIS WORKING AGREEMENTLOCAL UNIONS: 120-471-910, 32, 85, 90, 124, 288,	13.75	0	2029-08-31
93-1017129	FD THOMAS INC	DC5INLU77-02	DC5 LOCAL 77 SOUTHERN ID DRYWALL FINISHING-WESTERN PARTITIONS S ID DRYWALL FINISHING	13.75	0	2028-05-31
93-1017129	FD THOMAS INC	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTING INDUSTRY PAINTING -	13.75	0	2028-02-29
93-1017129	FD THOMAS INC	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTING INDUSTRY PAINTING -	13.9	0	2028-02-29
93-1017129	FD THOMAS INC	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTING INDUSTRY PAINTING -	10.26	0	2028-02-29
93-1017129	FD THOMAS INC	DC5MADC5-06	DC5 PAINTING INDUSTRIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL 427 - EASTERN WASHINGTON	13.9	0	2028-06-30
93-1017129	FD THOMAS INC	DC5MADC5-06	DC5 PAINTING INDUSTRIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL 427 - EASTERN WASHINGTON	10.26	0	2028-06-30
93-1017129	FD THOMAS INC	DC6INDC6-03	DC6 NORTHERN OHIO PAINTING & TAPING CONTRACTORS ASSOCIATION INC. (NOPTCA) PAINTERS AND TAPING	6.08	0	2028-04-30
93-1017129	FD THOMAS INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275 - PAINTERS - COLUMBUS, OH	13.75	0	2029-04-30
93-1017129	FD THOMAS INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275 - PAINTERS - COLUMBUS, OH	10.3	0	2029-04-30
93-1017129	FD THOMAS INC	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	13.9	0	2027-01-31
93-1017129	FD THOMAS INC	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNSWICK, GA	13.75	0	2027-07-31
93-1017129	FD THOMAS INC	DC77INLU1169-00	DC77 LOCAL 1169 PAINTING BRUNSWICK GA AREA LOCAL 1169 - PAINTERS BRUNSWICK, GA	13.9	0	2027-07-31
93-1017129	FD THOMAS INC	DC77INLU1756-02	DC77 LOCAL 1756 SOUTHERN NUCLEAR CONTRACTORS - PLANT FARLEY, PLANT HATCH, PLANT VOGTLE	13.9	0	#N/A
93-1017129	FD THOMAS INC	DC77INLU226-00	DC77 LOCAL 226 PAINTING - CHATTANOOGA AREA LOCAL 226 - PAINTERS CHATTANOOGA AREA	13.75	0	2028-06-30
93-1017129	FD THOMAS INC	DC77INLU226-00	DC77 LOCAL 226 PAINTING - CHATTANOOGA AREA LOCAL 226 - PAINTERS CHATTANOOGA AREA	5.41	0	2028-06-30

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2025 AND ENDING DECEMBER 31, 2025

FEDERAL TAX NO	EMPLOYER NAME	AGREEMENT CODE	AGREEMENT	Hourly Pension Rate	Wage Based Pension Rate	Expiration of Agreement
93-1017129	FD THOMAS INC	DC77INLU437-02	DC77 LOCAL 437 CLA - KNOXVILLE BCTC - DEPT. OF ENERGY OAK RIDGE TN LU 437 CLA - KNOXVILLE BCTC -	13.75	0	2026-09-30
93-1017129	FD THOMAS INC	DC77INLU57-00	DC77 LOCAL 57 PAINTING - BIRMINGHAM AREA LOCAL 57 - PAINTERS - BIRMINGHAM HEAVY INDUSTRIAL	13.9	0	2027-03-31
93-1017129	FD THOMAS INC	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NORTH CAROLINA & SOUTH	13.9	0	2027-03-31
93-1017129	FD THOMAS INC	DC77MALU1756-00	DC77 LOCAL 1756 PAINTING & DECORATING CONTRACTORS OF AUGUSTA, GA. NORTH CAROLINA & SOUTH	6.88	0	2027-03-31
93-1017129	FD THOMAS INC	DC77MALU193-00	DC77 LOCAL 193 INDUSTRIAL FACILITIES PAINTING & DECORATING AGREEMENT-PDCA DC77 LOCAL 193	13.9	0	2027-07-31
93-1017129	FD THOMAS INC	DC78MALU1010-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT ZONE 3 - INDUSTRIAL - PAINING FEDERAL	13.9	0	2029-06-30
93-1017129	FD THOMAS INC	DC78MALU1010-01	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCAL 1010 - PAINTERS - ZONE 2, ORANGE,	13.9	0	#N/A
93-1017129	FD THOMAS INC	DC78MALU365-00	DC78 PAINT & DRYWALL - MASTER MULTI-CRAFT AGREEMENT LOCALS 365 AND 452 - PAINTERS - ZONE 4,	13.9	0	2029-06-30
93-1017129	FD THOMAS INC	DC80INLU1244-00	DC10 LOCAL 1244 PAINTING - NEW ORLEANS AREA (FORMERLY DC80) LOCAL 1244 - PAINTING - NEW ORLEANS	13.9	0	2028-11-30
93-1017129	FD THOMAS INC	DC80MALU779-00	DC77 LOCAL 779 PAINTING - MOBILE, AL - COMMERCIAL & INDUSTRIAL (FORMERLY DC 80) LOCAL 779 -	13.9	0	2026-12-31
93-1017129	FD THOMAS INC	DC81MALU676-00	DC81 PAINTING & DRYWALL-FCA QUAD CITIES CHAPTER IOWA COUNTIES - QUAD CITIES - ZONE A: CLINTON,	13.75	0	#N/A
93-1017129	FD THOMAS INC	DC82INLU106-00	DC82 LOCAL 106 MINNESOTA PAINTING & WALLCOVERING EMPLOYERS ASSOCIATION LOCAL 106 PAINTING &	13.75	0	2027-04-30
93-1017129	FD THOMAS INC	DC82MALU1922-02	DC82 LOCAL 1922 P.D.C.A. BILLINGS MONTANA CHAPTER - INDUSTRIAL PAINTERS MONTANA INDUSTRIAL	10.26	0	#N/A
93-1017129	FD THOMAS INC	DC88INLU130-10	DC10 LOCAL 1778 PAINTING - HOUSTON, TX AREA (FORMERLY DC88) LOCAL 130 - PAINTING - HOUSTON, TX	13.9	0	2027-06-30
93-1017129	FD THOMAS INC	DC88INLU130-39	DC10 LOCAL 130 WAYTECH, INC. (FORMERLY DC88) WAYTECH, INC.	10.26	0	2024-06-30
93-1017129	FD THOMAS INC	DC88MALU823-00	DC36 LOCAL 823 - PAINTING - NEW MEXICO (MULTIPLE CONTRACTORS) (FORMERLY DC88) LOCAL 823 -	10.26	0	2026-12-31
93-1017129	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL - AREA H - MERRILLVILLE,	13.75	0	2028-05-31
93-1017129	FD THOMAS INC	DC91INLU460-01	DC91 LOCAL 460 NORTHWEST INDIANA F.C.A. - AREA 'H' PAINTERS AND DRYWALL - AREA H - MERRILLVILLE,	13.9	0	2028-05-31
93-1017129	FD THOMAS INC	LU911NON-00	TRAVELING LOCAL UNION 911 - MASTER AGREEMENT PAINTERS RATES PAINTERS RATES	13.9	0	2027-03-31
95-1565791	GEORGE M RAYMOND COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	12	0	2028-06-30
95-1565791	GEORGE M RAYMOND COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	11.85	0	2028-06-30
95-1565791	GEORGE M RAYMOND COMPANY	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	12	0	2028-06-30
95-1565791	GEORGE M RAYMOND COMPANY	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	9.89	0	2027-04-30
95-1565791	GEORGE M RAYMOND COMPANY	DC4MADC4-00	DC4 MASTER MULTICRAFT CBA - CENTRAL NY BUFFALO - NIAGARA FALLS - OLEAN	11.85	0	2027-04-30
81-1360274	INTERNATIONAL UNION OF PAINTERS	ADMLU9000-GO-STAFF-02	LOCAL 9000 - INTERNATIONAL GO & STAFF	3.3	0.1867	#N/A
13-1716319	L AND L PAINTING COMPANY INC	DC4INDC4-05	DC4 RECIPROCAL ANNUITY	10.14	0	#N/A
13-1716319	L AND L PAINTING COMPANY INC	DC711INLU1976-03	DC711 LOCAL 1976 DRYWALL AGREEMENT - NEW JERSEY LOCAL 1976 DRYWALL FINISHERS - NEW JERSEY	9.86	0	#N/A
13-1716319	L AND L PAINTING COMPANY INC	DC711MADC711-00	DC711 PAINTERS AGREEMENT - GARDEN STATE COUNCIL, INC. NEW JERSEY - PAINTERS COMMERCIAL RATES	12.38	0	2027-04-30
13-1716319	L AND L PAINTING COMPANY INC	DC711MADC711-00	DC711 PAINTERS AGREEMENT - GARDEN STATE COUNCIL, INC. NEW JERSEY - PAINTERS COMMERCIAL RATES	13.49	0	2027-04-30
13-1716319	L AND L PAINTING COMPANY INC	DC711MADC711-04	DC711 NEW JERSEY INDUSTRIAL PAINTERS ASSOCIATION BRIDGE PAINTER RATE	9.83	0	2027-01-31
13-1716319	L AND L PAINTING COMPANY INC	DC9INLU806-00	DC9 LOCAL 806 STRUCTURAL STEEL AND BRIDGE PAINTERS OF GREATER NEW YORK STRUCTURAL STEEL	13.49	0	2029-09-30
13-1716319	L AND L PAINTING COMPANY INC	DC9MADC9-00	DC9 PAINTERS TRADE AGREEMENT PAINTERS TRADE AGREEMENT - PAINTING	12.38	0	2028-04-30
13-1716319	L AND L PAINTING COMPANY INC	DC9MADC9-08	DC9 PAINTERS TRADE AGREEMENT DC9 - PLA 80% RATE	12.38	0	2028-04-30
13-1716319	L AND L PAINTING COMPANY INC	DC9MALU490-00	DC9 PAINTERS TRADE AGREEMENT DC9 LOCAL 490 - PAINTERS TRADE AGREEMENT - PAPERHANGER RATE	12.31	0	2028-04-30
34-1467168	PERFORMANCE CONTRACTING INC	DC16INLU567-03	DC16 LOCAL 567 DRYWALL FINISHING - NORTHERN NEVADA LOCAL 567 - DRYWALL RATE - NORTHERN NEVADA	12	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC16INLU567-03	DC16 LOCAL 567 DRYWALL FINISHING - NORTHERN NEVADA LOCAL 567 - DRYWALL RATE - NORTHERN NEVADA	8.01	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	12	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	11.85	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC16MALU159-00	DC16 LOCAL 159 PAINTING - PDCA SOUTHERN NEVADA CHAPTER AND WESTERN WALLS AND CEILINGS	12	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC21INLU1955-00	DC21 INTERIOR FINISH CONTRACTORS ASSOCIATION OF DELAWARE VALLEY (IFCA) MASTER MULTICRAFT CBA	12	0	2027-04-30
34-1467168	PERFORMANCE CONTRACTING INC	DC36INLU823-01	DC36 LOCAL 823 DRYWALL - MASTER DRYWALL AGREEMENT - NEW MEXICO (FORMERLY DC88) LOCAL 823 -	4.53	0	2028-05-31
34-1467168	PERFORMANCE CONTRACTING INC	DC36INLU823-01	DC36 LOCAL 823 DRYWALL - MASTER DRYWALL AGREEMENT - NEW MEXICO (FORMERLY DC88) LOCAL 823 -	4.53	0	2028-05-31
34-1467168	PERFORMANCE CONTRACTING INC	DC36INLU823-01	DC36 LOCAL 823 DRYWALL - MASTER DRYWALL AGREEMENT - NEW MEXICO (FORMERLY DC88) LOCAL 823 -	0.5	0	2028-05-31
34-1467168	PERFORMANCE CONTRACTING INC	DC36INLU86-04	DC36 LOCAL 86 DRYWALL TAPING - ARIZONA LABOR AGREEMENT (PREV. DC15) DRYWALL FINISHING &	2.73	0	2029-07-31
34-1467168	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL - LOS ANGELES, ORANGE,	12	0	2030-08-31
34-1467168	PERFORMANCE CONTRACTING INC	DC36MADC36-05	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL - LOS ANGELES, ORANGE,	8.63	0	2030-08-31
34-1467168	PERFORMANCE CONTRACTING INC	DC36MADC36-07	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL - SAN DIEGO	12	0	2030-08-31
34-1467168	PERFORMANCE CONTRACTING INC	DC36MADC36-07	DC36 DRYWALL FINISHERS - SOUTHERN CALIFORNIA JOINT AGREEMENT DRYWALL - SAN DIEGO	7.01	0	2030-08-31
34-1467168	PERFORMANCE CONTRACTING INC	DC3INLU2015-00	DC3 LOCAL 2015 BUILDERS ASSOCIATION - SW MO - DRYWALL FINISHERS DRYWALL FINISHERS -	12	0	2028-03-31
34-1467168	PERFORMANCE CONTRACTING INC	DC3INLU558-02	DC3 LOCAL 558 GLAZIERS BUILDERS' ASSOCIATION - KANSAS CITY, MISSOURI GLAZIERS	7.53	0	2028-03-31

SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
PLAN NAME: INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN
PLAN SPONSOR: BOARD OF TRUSTEES, INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
EIN / PN: 52-6073909 / 001
PLAN YEAR: BEGINNING JANUARY 1, 2025 AND ENDING DECEMBER 31, 2025

FEDERAL TAX NO	EMPLOYER NAME	AGREEMENT CODE	AGREEMENT	Hourly Pension Rate	Wage Based Pension Rate	Expiration of Agreement
34-1467168	PERFORMANCE CONTRACTING INC	DC51MADC51-00	DC51 PAINTING, DECORATING & DRYWALL - DC, MD, VA & VC PAINTING, DECORATING & DRYWALL	11.85	0	2028-05-31
34-1467168	PERFORMANCE CONTRACTING INC	DC58INLU456-00	DC58 LOCAL 456 PAINTING AGREEMENT - NASHVILLE, TN AREA - ADDENDUM 'G' PAINTERS AND DRYWALL -	11.85	0	2026-12-31
34-1467168	PERFORMANCE CONTRACTING INC	DC58INLU456-00	DC58 LOCAL 456 PAINTING AGREEMENT - NASHVILLE, TN AREA - ADDENDUM 'G' PAINTERS AND DRYWALL -	12	0	2026-12-31
34-1467168	PERFORMANCE CONTRACTING INC	DC5INDC5-25	DC5 DRYWALL AGREEMENT - WESTERN WASHINGTON AREA DRYWALL - WESTERN WASHINGTON	12	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC5INLU77-02	DC5 LOCAL 77 SOUTHERN ID DRYWALL FINISHING-WESTERN PARTITIONS S ID DRYWALL FINISHING	12	0	2028-05-31
34-1467168	PERFORMANCE CONTRACTING INC	DC5INLU77-02	DC5 LOCAL 77 SOUTHERN ID DRYWALL FINISHING-WESTERN PARTITIONS S ID DRYWALL FINISHING	11.85	0	2028-05-31
34-1467168	PERFORMANCE CONTRACTING INC	DC5MADC5-03	DC5 WESTERN WASHINGTON AREA AGREEMENT FOR THE PROFESSIONAL PAINTING INDUSTRY PAINTING -	11.85	0	2028-02-29
34-1467168	PERFORMANCE CONTRACTING INC	DC5MADC5-05	DC5 PAINTING COMMERCIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL 427 - EASTERN	11.85	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC5MADC5-06	DC5 PAINTING INDUSTRIAL - EASTERN WASHINGTON & NORTHERN IDAHO LOCAL 427 - EASTERN WASHINGTON	12	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC5MADC5-07	DC5 DRYWALL FINISHING AGREEMENT - EASTERN WASHINGTON-NORTHERN IDAHO DRYWALL - EASTERN WA	12	0	2028-06-30
34-1467168	PERFORMANCE CONTRACTING INC	DC6INDC6-04	DC6 CONSTRUCTION EMPLOYERS ASSOCIATION OF CLEVELAND, OHIO (I.S.C.A.) DC6 DRYWALL - CLEVELAND,	12	0	2028-04-30
34-1467168	PERFORMANCE CONTRACTING INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275 - PAINTERS - COLUMBUS, OH	12	0	2029-04-30
34-1467168	PERFORMANCE CONTRACTING INC	DC6INLU1275-00	DC6 LOCAL 1275 PAINTING WORKING AGREEMENT - COLUMBUS, OH LOCAL 1275 - PAINTERS - COLUMBUS, OH	11.85	0	2029-04-30
34-1467168	PERFORMANCE CONTRACTING INC	DC6MADC6-05	DC6 PAINTING WORKING CBA & RULES - LOCAL 123 AND 238 CINCINNATI AREA DC6 PAINTERS - CINCINNATI,	12	0	2028-05-01
34-1467168	PERFORMANCE CONTRACTING INC	DC6MADC6-05	DC6 PAINTING WORKING CBA & RULES - LOCAL 123 AND 238 CINCINNATI AREA DC6 PAINTERS - CINCINNATI,	11.85	0	2028-05-01
34-1467168	PERFORMANCE CONTRACTING INC	DC77INLU437-02	DC77 LOCAL 437 CLA - KNOXVILLE BCTC - DEPT. OF ENERGY OAK RIDGE TN LU 437 CLA - KNOXVILLE BCTC -	11.85	0	2026-09-30
34-1467168	PERFORMANCE CONTRACTING INC	DC81INLU246-07	DC81 LOCAL 246 DRYWALL FINISHING AGREEMENT - DES MOINES IA LOCAL 246 - DRYWALL FINISHING	12	0	2027-04-30
34-1467168	PERFORMANCE CONTRACTING INC	DC91INLU1118-00	DC91 LOCAL 1118 PAINTERS & DRYWALL AGREEMENT - SOUTH BEND, IN - ADDENDUM 'L' PAINTERS AND	11.85	0	#N/A
34-1467168	PERFORMANCE CONTRACTING INC	DC91MALU47-00	DC91 LOCAL 47 PAINTING & DRYWALL AGREEMENT - INDIANAPOLIS AND VICINITY - AREA 'B' PAINTERS AND	11.85	0	2027-05-31

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
International Painters and Allied Trades Industry Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6073909

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
	(1) Current value of assets	**1b(1)**	4,436,700,984
	(2) Actuarial value of assets for funding standard account	**1b(2)**	4,541,378,254
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	6,532,867,312
	(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)**	6,532,867,312
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)**	9,685,909,144
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	240,050,989
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	464,011,564
	(3) Expected plan disbursements for the plan year	**1d(3)**	485,791,332

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 Maria Kirilenko MK — 09/24/2026

Signature of actuary — Date

Maria Kirilenko, ASA, FCA, MAAA, EA — 2608331

Type or print name of actuary — Most recent enrollment number

SEGAL — 202-833-6400

Firm name — Telephone number (including area code)

1800 M STREET NW, SUITE 900 S
WASHINGTON DC 20036-5880

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**	4,436,700,984
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		31,541	5,173,677,202
(2) For terminated vested participants		21,335	1,572,969,128
(3) For active participants:			
(a) Non-vested benefits			564,026,276
(b) Vested benefits			2,375,236,538
(c) Total active		36,343	2,939,262,814
(4) Total		89,219	9,685,909,144
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	45.80 %

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
07/15/2025	440,642,180	0			

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** 4.01 %

		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**	4.50 % ☐ 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**	5.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	9.3 %	
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)**	21,000,000	
(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	75,329,874	7,729,734
3	8,624,224	884,947
4	109,732,972	11,259,898

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	143,780,064
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)**	2,449,044,338	365,524,822
(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**	35,651,342
e Total charges. Add lines 9a through 9d		**9e**	544,956,228
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	202,047,243
g Employer contributions. Total from column (b) of line 3		**9g**	440,642,180
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	255,508,037	45,037,002
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	31,433,167
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	2,612,933,189	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	4,509,711,371	
(3) FFL credit		**9j(3)**	
k (1) Waived funding deficiency		**9k(1)**	
(2) Other credits		**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	719,159,592
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	174,203,364
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)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No