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 ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1980

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

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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	25947
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)**	25636
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	24665
b	Retired or separated participants receiving benefits	**6b**	489
c	Other retired or separated participants entitled to future benefits	**6c**	169
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	25323
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	25326
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)**	24603
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)**	25145
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**	1024

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

2E 2F 2G 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] 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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 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 ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

VOYA ALTERNATIVE ASSET MANAGEMENT

13-3863170

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

ALCENTRA

80-6263676

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

BNY MELLON

25-6078093

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

SCHRODER INVESTMENT MGMT N. AMERICA

13-4064414

(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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

KENNEDY LEWIS CAPITAL PARTNERS

86-3409742

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

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

AMALGAMATED BANK

13-4920330

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

DAWSON PORTFOLIO FINANCE 4 LP

79 WELLINGTON STREET WEST, STE 2100
TORONTO, ONTARIO CA

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

SS&C TECHNOLOGIES, INC.

06-1169696

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

MGG INVESTMENT GROUP LP

47-1415826

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

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

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 19 50	NONE	1057681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	144597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VITECH SYSTEMS GROUP

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?
16 50	NONE	124703	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)

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	121000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	69337	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	63214	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)

MC CREDIT PARTNERS

46-2738205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	60938	Yes [ ] No [X]

(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	NONE	60276	Yes [ ] No [X]	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	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	59200	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)

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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	58730	Yes [ ] No [X]

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

FRANCISCO PARTNERS

94-3339666

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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]	58167	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	58100	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)

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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	53704	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	50122	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	50029	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)

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	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	48946	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	45607	Yes [ ] No [X]

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

NORTHERN TRUST GLOBAL INVESTMENTS

45-6138589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	41780	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)

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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	39534	Yes [ ] No [X]

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

MICHELLE 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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	39396	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	38452	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)

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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	38373	Yes [ ] No [X]

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

ROXANNE MUNDO

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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	37218	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	35257	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)

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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	34505	Yes [ ] No [X]

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

JERRY SHIPP

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	0	Yes [X] No [ ]	Yes [ ] No [X]	32400	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	30728	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)

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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	27668	Yes [ ] No [X]

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

PARK HILL GROUP LLC

38-3943496

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 61	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	27415	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	27022	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)

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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	25852	Yes [ ] No [X]

(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 49	EMPLOYEE	0	Yes [X] No [ ]	Yes [ ] No [X]	25180	Yes [ ] No [X]

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

PIIAF DC 9

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?
13 50	NONE	20891	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)

STUART PORTFOLIO CONSULTANTS LP

11-3418653

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 61	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	18277	Yes [ ] No [X]

(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?
50	NONE	18154	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARQUETTE ASSOCIATES

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	10506	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)

RICHARD J WOLF AND COMPANY INC

36-3182363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	9665	Yes [ ] No [X]	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?
13 50	NONE	8061	Yes [ ] No [X]	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	7309	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)

PACIFIC SOUTHWEST ADMINISTRATORS LL

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	6802	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JAMES BOGART	30 49	48946

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MAUDELINE QUARRIE	30 49	53704

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MICHELLE ABABNEH	30 49	39396

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

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
LUZ RODRIGUEZ	30 49	45607

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MARJI SMITH	30 49	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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GOSAYE KIDANEMARIAM	30 49	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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

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
JERRY SHIPP	30 49	32400

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EBONY DOZIER	30 49	63214

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHRISTINA EMMEL	30 49	25180

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

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
ASHLEY KERN	30 49	50122

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMY MCELORY	30 49	35257

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FRANCISCO PARTNERS	28 52	58167

(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.
FP CREDIT PARTNERS II AGGREG 98-0332417	INVESTMENT MANAGEMENT FEE

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
MC CREDIT PARTNERS	28 99	60938

(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.
MC CREDIT ASSOCIATES III LP 81-2731933	CARRIED INTEREST PAID

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JACQUILINE COURTIEN	30 49	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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BRADY NELSON	30 49	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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

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
LAUREN BROWN	30 49	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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATALIE CUESTA	30 49	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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JULIET GRAY	30 49	58100

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

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
ROXANNE MUNDO	30 49	37218

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BRENDA QUEST	30 49	25852

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JULIETA SPENARD	30 49	38373

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

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
KYSHAWNA SYE	30 49	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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MATRIX TRUST COMPANY	18 52	69337

(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.
MILLIMAN 91-0675641	CUSTODIAL FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PARK HILL GROUP LLC	49 61	27415

(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.
MGG INVESTMENT GROUP LP 47-1415826	PLACEMENT AGENT FEE

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
STUART PORTFOLIO CONSULTANTS LP	49 61	18277
(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.	
MGG INVESTMENT GROUP LP 47-1415826	PLACEMENT AGENT FEE	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADAM BOSTON	30 49	38452
(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.	
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALEXIS COX	30 49	58730
(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.	
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL	

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
CLAUDIA FONSECA-GIRALDO	30 49	27668

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LAURIE HAND	30 49	34505

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ANDREW HERMAN	30 49	27022

(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.
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL

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
MICHAEL O'MALLEY	30 49	59200
(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.	
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JENNIFER ROLLINS	30 49	30728
(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.	
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BRUCE ROSAS	30 49	39534
(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.	
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL	

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
DAN WILLIAMS	30 49	50029
(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.	
IUPAT INDUSTRY PENSION PLAN 52-6073909	ALLOCATED PAYROLL	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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 ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

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

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: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
52-6328901-001	C	37381652

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA I CONSTR LOAN INVEST

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

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)
20-8434730-006	C	7014

a Name of MTIA, CCT, PSA, or 103-12 IE: NT SHORT-TERM INVESTMENT FUND

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

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)
45-6138589-084	C	10686702

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES INC

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)
20-0005644-001	C	103979185

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US TREASURY INFLATION

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

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)
04-0025081-152	C	26644036

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO SL SMALL CAP STOCK IND

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

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)
25-6078093-342	C	53287864

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SL ACWI EX-US FUND

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

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)
25-6078093-322	C	100872

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SL INT'L STOCK INDEX FD

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

c EIN-PN 25-6078093-081	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89088962

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO SL STOCK INDEX FUND

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) 114639714

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SL EMERGING MKTS STOCK INDEX F

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

c EIN-PN 25-6078093-281	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52822898

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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 ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

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

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9592223	8647853
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	162328	54692
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4046997	4225576
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	120051488	120408118
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	425556536	488638899
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	58241915	65065172
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	26064283	27979607

		(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		
1f Total assets (add all amounts in lines 1a through 1e)	1f	643715770	715019917
Liabilities			
1g Benefit claims payable	1g	2272524	2388189
1h Operating payables	1h	26204	15421
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	6823857	3851811
1k Total liabilities (add all amounts in lines 1g through1j)	1k	9122585	6255421
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	634593185	708764496

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)	52396644	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	488717	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		52885361
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	281717	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	125334	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		407051
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4193380	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4193380
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	23146288	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23173791	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-27503
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	16119949	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		16119949

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		67651824
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		600560
c Other income	2c		414292
d Total income. Add all **income** amounts in column (b) and enter total	2d		142244914
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64572199	
(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)		64572199
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)	1357824	
(2) Contract administrator fees	2i(2)	1029763	
(3) Recordkeeping fees	2i(3)	37040	
(4) IQPA audit fees	2i(4)	35200	
(5) Investment advisory and investment management fees	2i(5)	131506	
(6) Bank or trust company trustee/custodial fees	2i(6)	99552	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	185098	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	25720	
(11) Other expenses	2i(11)	599701	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3501404
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		68073603
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		74171311
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		148387725
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**		X	
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**		X	

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.) ..... ☐ Yes ☐ No ☐ Not determined

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

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY ANNUITY PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY ANNUITY 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 of the
International Painters and Allied Trades
Industry Annuity Plan

Opinion

We have audited the financial statements of the International Painters and Allied Trades Industry Annuity 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 and Schedules of Administrative 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 is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 24, 2026

International Painters and Allied Trades Industry Annuity Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Common collective trusts		
Equity	$ 413,919,495	$ 356,113,577
Fixed income	35,120,136	32,302,462
Building investment trust	37,381,652	35,902,680
Real estate	7,014	49,345
Mutual fund	65,065,172	58,241,915
Limited partnerships	111,932,018	112,001,711
Master feeder fund - hedge funds	27,979,607	26,064,283
Short-term investment	14,912,278	13,285,246
Total investments	706,317,372	633,961,219
Receivables		
Employer contributions	8,647,853	9,592,223
Accrued interest and dividends	31,659	31,912
Due from related party	-	106,300
Total receivables	8,679,512	9,730,435
Prepaid expenses	23,033	24,116
Total assets	715,019,917	643,715,770
Liabilities and Net Assets		
Liabilities		
Cash overdraft	-	1,680
Annuity due to eligible participants	2,388,189	2,272,524
Due to investment managers	3,837,759	6,793,756
Accrued administrative expenses	15,421	26,204
Due to related party	14,052	28,421
Total liabilities	6,255,421	9,122,585
Net assets available for benefits	$ 708,764,496	$ 634,593,185

See accompanying notes to financial statements.

International Painters and Allied Trades Industry Annuity 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	$ 87,932,118	$ 33,998,461
Interest and dividends	1,013,143	13,407,379
	88,945,261	47,405,840
Less investment expenses	(1,219,402)	(1,226,253)
Investment income - net	87,725,859	46,179,587
Employer contributions	52,396,644	47,576,842
Forfeited contributions	488,717	-
Miscellaneous income	14,753	3,691
Hardship application fees	218,100	183,900
Total additions	140,844,073	93,944,020
Deductions		
Benefits paid directly to participants	64,572,199	77,498,716
Administrative expenses	2,024,664	2,006,819
Professional fees	75,899	177,939
Total deductions	66,672,762	79,683,474
Net increase	74,171,311	14,260,546
Net assets available for benefits		
Beginning of year	634,593,185	620,332,639
End of year	$ 708,764,496	$ 634,593,185

See accompanying notes to financial statements.

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

General

The International Painters and Allied Trades Industry Annuity Plan (the Annuity Plan) is a multi-employer defined contribution annuity 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. The benefits earned depend on the level of contributions. The Annuity Plan operates as a trust to provide lump-sum distributions for eligible participants.

Plan Administration

The Administration of the Annuity 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 Annuity Plan are managed by investment advisors and maintained by an independent custodian. The Trustees of the Plan are required to establish and maintain a separate account for each participant. Effective April 2023, Milliman was appointed the Fund Administrator of the Plan. Contributions to the Plan are invested as directed by the participants in various funds. Participants must evaluate their own investment goals and objectives and choose the funds best suited to achieve those goals and objectives. Poor investment performance by the funds selected by the participants may cause their vested balances to be lower than the amounts contributed to the Plan on their behalf.

Contributions

Participating employers' contributions are based on negotiated rates for each employee working hour. Contributions are credited to individual account balances when received and are accounted for as exchange transactions. Contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

Defined Contribution Plan

Benefits under the Annuity Plan are vested after 12 month of contributions into the plan.

Qualifying participants are eligible for Annuity Plan benefits upon retirement, death, disability, or after 12 consecutive months without contributions being paid into the Annuity Plan on behalf of the participant. Effective January 1, 2004, hardship withdrawals from the Annuity Plan are allowed.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Individual Accumulated Share

Contributions made by contributing employers are credited when received to individual accumulated share accounts that are established for each participant. As soon as practical after the valuation date, the amounts in each individual account are valued as follows:

The amount in the individual account as of the last valuation date, plus the total amount of employer contributions received since the last valuation date, plus a proportionate share of the gross investment yield earned by the Annuity Plan since the last valuation date, less the cost of administrative expenses incurred by the Annuity Plan since the last valuation date. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants should refer to the Summary Plan Description for more complete information.

NOTE 2. 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 mutual funds are carried at fair value, which represents quoted net asset value as of the last business day of the year. Common collective trusts are valued at their market value on the last business day of the year, as established by the trusts. The limited partnerships are carried at estimated fair value as reported by the investment manager. The master feeder fund - hedge funds and the foreign hedge fund are carried at estimated fair value as determined by the investment manager. The short-term investment is carried at cost, which approximates fair value. Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

At December 31, 2025 and 2024, the Annuity Plan's exposure to the securities lending programs represented less than two percent of the total for each fund.

Property and Equipment - Property and equipment purchased by a related party and used by the Annuity Plan was still being depreciated at December 31, 2025 and 2024. The Annuity Plan's share of the depreciation and amortization expense was $319 for the year ended December 31, 2025 and $354 for 2024.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Allowance for uncollectible accounts is not considered to be material and is not provided.

Payment of Benefits - Benefit payments to participants are recorded when paid.

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.

Reclassifications - Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

NOTE 3. PRIORITIES UPON TERMINATION

Benefits under the defined contribution plan are fully and immediately vested and, therefore, are not subject to the termination insurance provisions of Title IV of ERISA. A full description of the defined contribution plan termination priorities is available in the Rules and Regulations of the International Painters and Allied Trades Industry Annuity Plan, as amended and restated through January 1, 2010.

NOTE 4. TAX STATUS

The Annuity Plan obtained its latest determination letter dated September 22, 2015, in which the Internal Revenue Service stated that the Annuity 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 Annuity 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.

NOTE 5. 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.

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
Short-term investment	$ 14,912,278	$ 14,912,278	$ -	$ -
Mutual funds	65,065,172	65,065,172	-	-
Total assets in the fair value hierarchy	79,977,450	$ 79,977,450	$ -	$ -
Investments measured at NAV (a)	626,339,922			
Total investments	$ 706,317,372			

(a) In accordance with Subtopic 820-10 Fair Value Measurement (820), Disclosures for Investments in Certain Entities That Calculate Net Asset Value per share (or Its Equivalent), investments that are measured at fair value using the net asset value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fairy value hierarchy to the amounts presented in the statement of net assets available for benefits.

As of December 31, 2025, ($350,354) of the investment balances above had not yet been allocated to participants. This was due to a lag in reporting from the alternative investments and the money was allocated to the participants in subsequent months.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust - building investment trust:				
AFL-CIO Building Investment Trust	$ 37,381,652	$ -	Quarterly	One year
Common collective trust - equity				
BNYM Mellon AFL-CIO SL Small Cap Stock Index Fund	53,287,864	-	Daily	Daily
BNYM Mellon AFL-CIO SL Stock Index Fund	114,639,714	-	Daily	Daily
BNYM Mellon SL ACWI ex-U.S. Fund	100,872	-	Daily	Daily
BNYM Mellon SL Emerging Markets Stock Index Fund Instl	52,822,898	-	Daily	Daily
BNYM Mellon SL International Stock Index Fund	89,088,962	-	Daily	Daily
NIS Core Fixed Income CIT Fund	103,979,185	-	Daily	Daily
Common collective trust - fixed income:				
BentalGreenOak US Core Plus Fund	8,476,100	-	Quarterly	90 days
State Street US Inflation Protected Bond Index Fund	26,644,036	-	Daily	Daily
Common collective trust - real estate:				
Long View Ultra I Construction Loan Investment Fund	7,014	-	#Monthly	#One year
Limited partnerships:				
Alcentra European Credit Opportunities Fund III	22,722,922	11,221,860	^	^
CVI Credit Value Fund B V LP	7,649,106	500,000	b	b
FP Credit Partners II Aggregator - A, LP	3,126,962	4,806,882	e	e
MC Credit Fund N (Cayman) LP	6,254,605	3,179,139	a	a
MGG SF Evergreen Fund (Cayman) LP	11,676,011	600,448	Quarterly	90 days
Schroder Taft-Hartley Income Fund	46,835,193	12,774,169	Annually	90 days
Trive Structured Capital Fund I LP	10,382,270	805,053	c	c
VWH Offshore Fund III	3,070,145	7,517,235	e	e
WCP Special Core Plus Fund	214,804	-	*	*
Master feeder fund - hedge funds:				
Dawson Portfolio Finance (Offshore) IV LP	4,243,840	815,809	d	d
Dawson Portfolio Finance (Offshore) V LP	5,734,815	2,934,270	d	d
KLCP Offshore Fund II LP	8,125,001	3,275,105	<	<
KLCP Offshore Fund III LP	9,875,951	1,982,831	<	<
Total	$ 626,339,922	$ 50,412,801		

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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.

For the years ended December 31, 2025 and 2024, there were no transfers in or out of levels 1, 2 or 3.

	Assets Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investment	$ 13,285,246	$ 13,285,246	$ -	$ -
Mutual funds	58,241,915	58,241,915	-	-
Total assets in the fair value hierarchy	71,527,161	$ 71,527,161	$ -	$ -
Investments measured at NAV (a)	562,434,058			
Total investments	$ 633,961,219			

As of December 31, 2024, ($1,992,042) of the investment balances above had not yet been allocated to participants. This was due to a lag in reporting from the alternative investments and the money was allocated to the participants in subsequent months.

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

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust - building investment trust:				
AFL-CIO Building Investment Trust	$ 35,902,680	$ -	Quarterly	One year
Common collective trust - equity				
BNYM Mellon AFL-CIO SL Small Cap Stock Index Fund	48,673,270	-	Daily	Daily
BNYM Mellon AFL-CIO SL Stock Index Fund	99,335,674	-	Daily	Daily
BNYM Mellon SL ACWI ex-U.S. Fund	40,727,812	-	Daily	Daily
BNYM Mellon SL International Stock Index Fund	69,678,116	-	Daily	Daily
NIS Core Fixed Income CIT Fund	97,698,705	-	Daily	Daily
Common collective trust - fixed income:				
BentalGreenOak US Core Plus Fund	8,049,777	-	Quarterly	90 days
State Street US Inflation Protected Bond Index Fund	24,252,685	-	Daily	Daily
Common collective trust - real estate:				
Long View Ultra I Construction Loan Investment Fund	49,345	-	Monthly	One year

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships:				
Alcentra European Credit Opportunities Fund III	$ 23,586,545	$ 11,221,860	^	^
CVI Credit Value Fund B V LP	8,104,572	500,000	b	b
FP Credit Partners II Aggregator - A, LP	4,367,407	3,583,743	e	e
MC Credit Fund N (Cayman) LP	7,495,827	1,653,457	a	a
MGG SF Evergreen Fund (Cayman) LP	11,229,323	984,870	Quarterly	90 days
Schroder Taft-Hartley Income Fund	41,066,206	19,058,985	Annually	90 days
Trive Structured Capital Fund I LP	10,652,747	1,529,943	c	c
VWH Offshore Fund III	5,058,403	5,803,203	e	e
WCP Special Core Plus Fund	440,681	-	*	*
Master feeder fund - hedge funds:				
Dawson Liquidity Partners (Offshore) IV LP	4,476,951	1,298,360	d	d
Dawson Liquidity Partners (Offshore) V LP	4,418,187	4,265,578	d	d
KLCP Offshore Fund LP	9,233,658	1,491,464	<	<
KLCP Offshore Fund III LP	7,863,043	2,599,885	<	<
Voya Credit Opportunities Fund	72,444	-	Quarterly	45 days
Total	$ 562,434,058	$ 53,991,348		

- Due to the loan commitments that are funding monthly construction draws and the lack of liquidity in the credit markets to pay off completed projects, further redemptions will not be made in the near term.

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

* The Westport Capital Partners Special Core Plus Fund is a closed fund, and redemptions are not permitted. The fund has a ten-year term from its final closing date, with two one-year extension options at the request of a majority in interest of the Limited Partnership.

^ - 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.

a - The MC Credit Fund N (Cayman) LP is a closed fund and redemptions are not permitted. The funds term ends five years from the final closing date, subject to one one-year extension, beginning at the end of the fifth year following the final closing date (or sixth year if the investment period is extended).

b - 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.

c - The Trive Structured Capital Fund I LP is a closed-end fund and no redemptions are allowed without written consent by the General Partner.

d - The Dawson Liquidity Partners (Offshore) IV LP is a closed fund and redemptions are not permitted. The funds term ends at the end of the fiscal quarter during which the sixth anniversary of the initial closing (April 3, 2020) occurs, with three potential one-year extensions.

e - The FP Credit Partners II Aggregator - A, LP and the VWH Offshore Fund III are closed-end funds and no redemptions are allowed without written consent by the General Partner.

< - The KLCP Offshore Fund is a closed fund and redemptions are not permitted. The fund has a term of six years (including a 3 year investment period) with an optional 1 year extension.

The purpose of the AFL-CIO Building Investment Trust (BIT) is to invest 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 BNYM Mellon AFL-CIO SL Small Cap Stock Index Fund's investment objective is to track the performance of the Russell 2000 Index. In meeting this objective, the Fund will seek to match the performance of the Index by investing in a portfolio of small capitalization equity Securities. The Fund is constructed to mirror the index to provide long-term capital growth.

The BNYM AFL-CIO SL 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.

The BNYM Mellon SL ACWI ex-U.S. Fund's investment objective is to track the performance of the MSCI All Country World Index ex-U.S. Index. The Fund is constructed to mirror the Index to provide long-term capital growth.

The BNYM Mellon SL Emerging Markets Stock Index Fund Instl's investment objective is to track the performance of the MSCI Emerging Markets Index. The Fund is constructed to mirror the Index to provide long-term capital growth.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The BNYM Mellon SL International Stock Index Fund's investment objective is to track the performance of the MSCI EAFE Index. The Fund is constructed to mirror the Index to provide long-term capital growth.

The NIS Core Fixed Income Fund investment objective is to achieve a consistent total rate of return through a diversified portfolio of fixed income securities consisting primarily of U.S. government, corporate and mortgage-backed securities. The long-term objective is to outperform the Barclays Aggregate Bond Index over a full market cycle.

The BentallGreenOak US Core Plus Fund is organized as a perpetual-life, open ended fund. The Fund's objective is to seek out real estate and real estate related investments within the core plus investment space primarily in the United States and, to the extent permitted therein, Canada.

The State Street U.S. Inflation Protected Bond Index Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the Bloomberg U.S. Treasury Inflation Protected Securities (TIPS) Index over the long term, while providing the participants the ability to purchase and redeem unites on an "as of" Basis. The Fund attempts to achieve its investment objective by investing in other collective investment funds, each an underlying fund, managed by the Trustee, which have characteristics consistent with the Fund's overall investment objective.

The Long View Ultra I Construction Loan Investment 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 objective 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 Leveraged Loans". As it takes time to deploy capital in direct lending space, the ECOF Fund will at first invest in more liquid 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.

The CVI Credit Value Fund V 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 RAIF 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.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The FP Credit Partners II Aggregator - A, LP invests substantially all of its assets through a master-feeder structured in FP Credit Partners II, LP and FP Credit Partners II AIV, LP with the objective to generate investment income and capital appreciation through credit investments within the technology sector.

The MC Credit Fund N (Cayman) LP's investment strategy is subject to the following investment limitations: the Partnership does not (i) invest more than 15% of its aggregate capital commitments in any single portfolio company; (ii) invest more than 25% of its aggregate capital commitments in portfolio companies of the same industry; (iii) invest more than 20% of its aggregate capital commitments in follow-on investments after the investment period; (iv) invest more than 25% of its aggregate capital commitments in loans to borrowers that derive substantial revenues from operations, or have principal offices or operations, outside of the United States or Canada; (v) invest in the securities of a portfolio company if such securities are subordinate to the first lien fund's investment in such portfolio company; or (vi) invest more than 20% of the sum of the total capital commitments and the total capital commitments to any parallel vehicles shall be invested in equity securities and blind-pool investment vehicles, collectively.

The MGG SF Evergreen Fund (Cayman) LP is a Cayman Islands exempted limited partnership that was formed on January 19, 2016 for the purpose of making investments primarily in debt securities in middle-market businesses, primarily operating in the United States of America and engaging in all activities and transactions as the General Partner may deem necessary or advisable in connection therewith.

Schroder Taft-Hartley Income Fund is a Delaware limited partnership that 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. The 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 loan 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.

Trive Structured Capital Fund I LP was organized for the purpose of making private equity investments in middle market companies.

The VWH Offshore Fund III, LP invests substantially all of their assets through a master-feeder structure in VWH Master Fund III, LP 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.

WCP Special Core Plus Fund, L.P. (the "Fund") 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.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The object of the ASB Opportunities Ltd. Is to generate superior returns while maintaining a moderate level of risk, as measured by the standard deviation of monthly returns. The assets of the portfolio are generally allocated to investment funds targeting relative and/or absolute returns primarily through the use of equity long/short strategies predominantly focused in emerging markets, although some investment funds may utilize other strategies that predominantly focus in emerging markets. The majority of the investment funds in the portfolio are expected to have a net long bias over time.

Dawson Liquidity Partners (Offshore) IV, L.P. and Dawson Liquidity Partners (Offshore) V, 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 KLCP Offshore Fund LP is a Cayman Islands Exempt Limited Partnership that invests substantially all of its assets in the Intermediate Fund, KLCP Intermediate Fund LP. The KLCP Intermediate Fund invests substantially all of its assets through a master-feeder structure in Kennedy Lewis Capital Partners Master Fund II LP. The investment objective of these funds is long-term growth of capital. The funds intend to achieve the investment objective by investing in a focused portfolio of debt and equity securities.

The Voya Credit Opportunities Fund will seek to capitalize on investment opportunities across below investment grade U.S. corporate credit paired with the income and diversification potential of a specialized U.S. mortgage-backed investment strategy. Through integrated active asset allocation, duration management and security selection, the Fund will seek to provide a prudent balance of upside potential with downside protection through various market cycles. The AFL-CIO Housing Investment Trust Daily Valued Fund provides competitive fixed income returns while benefiting communities across the United States by generating union construction jobs, financing affordable and workforce housing and fostering community economic development.

The AFL-CIO Building Investment Trust, BNYM Mellon AFL-CIO SL Small Cap Stock Index Fund, BNYM AFL-CIO SL Stock Index Fund, BNYM Mellon SL ACWI ex-U.S. Fund, BNYM Mellon SL Emerging Markets Stock Index Fund Instl, BNYM Mellon SL International Stock Index Fund, NIS Core Fixed Income Fund, BentallGreenOak US Core Plus Fund, State Street U.S. Inflation Protected Bond Index Fund, Long View Ultra I Construction Loan Investment Fund, Alcentra European Credit Opportunities Fund III, CVI Credit Value Fund B V LP, FP Credit Partners II Aggregator - A, LP, MC Credit Fund N (Cayman) LP, MGG SF Evergreen Fund (Cayman) LP, Schroder Taft-Hartley Income Fund, Trive Structured Capital Fund I LP, VWH Offshore Fund III, WCP Special Core Plus Fund, ABS Opportunities Ltd, Dawson Portfolio Finance (Offshore) IV LP, Dawson Portfolio Finance (Offshore) V LP, KLCP Offshore Fund LP, KLCP Offshore Fund III LP and the Voya Credit Opportunities Fund 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 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

The International Painters and Allied Trades Industry Pension Plan (the Pension Plan) collects contributions on behalf of the Annuity Plan through the Central Collections Department. At December 31, 2024, the Annuity Plan owed the Pension Plan $28,421 respectively, for contributions collected and processed by the Central Collections Department and not yet paid to the Annuity Plan. The amount owed to the Annuity Plan at year end includes an assessment for interest.

Administrative expenses and professional fees are initially paid by the Pension Plan. The Annuity Plan reimburses the Pension Plan monthly estimates and makes a final payment at the end of the year based upon a cost allocation study. The total amount of the Annuity Plan's portion of the administrative expenses during 2025 and 2024 was $1,907,956 and $1,893,902, respectively. The Annuity Plan underpaid its monthly estimated payments during 2025 and owed $14,052 to the Pension Fund at December 31, 2025 for this underpayment. The Annuity Plan overpaid its monthly estimated payments during 2024 and was owed $106,300, from the Pension Fund at December 31, 2024 for this overpayment. The Annuity Plan owed the Pension Plan for its share of administrative expenses and professional fees. This amount includes shared human resources expenses between the Union, the Annuity Plan, the Pension Plan, and other related parties. This amount includes the Annuity Plan's allocated portion of Pension contributions of $232,693 for the year ended December 31, 2025 and $230,187 for 2024.

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 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 allocates a portion of the office rent to the Annuity Plan. The Annuity Plan's portion of the office rent paid to the Building Corp totaled $108,123 for the year ended December 31, 2025 and $107,581 for 2024.

In addition, the Pension Plan pays the Building Corp. for certain operating expenses, renovation costs, real estate taxes, and other obligations associated with the Building Corp. The Pension Plan allocates a portion of the operating expenses and renovations to the Annuity Plan. The Annuity Plan's portion of the operating expenses and renovations paid to the Building Corp. totaled $19,456 for the year ended December 31, 2025 and $18,893 for 2024.

Benefits and certain operating expenses incurred by the Union are allocated to the related entities of the Union based upon an allocation study. The Annuity Plan's portion of these expenditures totaled $50,287 for the year ended December 31, 2025 and $61,486 for 2024.

Information systems (IS) expenditures incurred by the Union are allocated to the related entities of the Union based upon an allocation study. The Annuity Plan's portion of the IS expenditures totaled $41,343 for the year ended December 31, 2025 and $44,610 for 2024.

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

Certain Annuity Plan investments are units of common collective trusts and short-term investments managed by Northern Trust Global Investments, 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 schedules of assets held at end of year and reportable transactions.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. RETIREMENT PLAN

The Annuity Plan participates in the IUPAT Industry Pension Fund 401(k) Plan (the 401(k) Plan). The Annuity Plan contributed six percent of the covered employees' base salary to the 401(k) Plan. The amount contributed during the year ending December 31, 2025 totaled $29,550 and covered contributions for the period January 1, 2025 through December 31, 2025. The amount contributed during the year ending December 31, 2024 totaled $28,306 and covered contributions for the period January 1, 2024 through December 31, 2024.

NOTE 8. 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 statement of net assets available for benefits.

NOTE 9. AMENDMENTS

The Plan has been amended to modify the annuity distribution rules of the plan. A participant may take up to two (2) distributions during the period June 1, 2024 through December 31, 2024. Effective January 1, 2025, a participant may take up to two (2) distributions during any calendar year.

NOTE 10. SUBSEQUENT EVENTS

The Annuity Plan has evaluated subsequent events through September 24, 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 Annuity Plan

Schedules of Expenses

Years Ended December 31, 2025 and 2024

	2025	2024
Investment expenses		
Investment custodian fees and expenses	$ 1,087,896	$ 1,123,053
Investment consultant fees	131,506	103,200
Total investment expenses	$ 1,219,402	$ 1,226,253
Administrative expenses		
Personnel		
Salaries	$ 846,678	$ 787,805
Human Resources	380	5,976
Employee benefits	454,422	452,033
Payroll taxes	65,402	58,174
Shared services		
Accounting services	39,385	26,888
Human resources	6,979	4,851
Information services	9,980	16,802
Office expenses		
Delivery and freight	1,256	988
Leases and maintenance	4,194	6,192
Office supplies and expense	487	772
Postage	22,344	30,238
Scanning services	1,294	1,317
Stationery and printing	3,316	11,950
Telephone	6,411	9,672
Occupancy		
Rent	108,123	107,581
Communication		
Administrative travel	8,703	18,813
Pension Newsletter	335	2,003
Third party administration fees	41,419	67,031

	2025	2024
COMPUTER EXPENSES		
Vitech Systems Group, Inc. (non-recurring)	$ 32,640	$ 2,657
Data processing	23,974	17,589
Maintenance, licensing and support - Vitech (recurring)	92,063	134,697
OTHER		
Administrative expenses	156,172	131,807
Bank fees	11,565	21,449
Depreciation and amortization	319	354
Insurance	59,481	62,154
Miscellaneous pension expenses	3,000	325
Miscellaneous expenses	4,173	806
NCCMP membership dues	2,885	3,120
Taxes - personal property	267	298
Training and education	680	2,560
Trustee meetings	16,337	19,917
Total administrative expenses	$ 2,024,664	$ 2,006,819
PROFESSIONAL FEES		
Audit and accounting fees	$ 37,728	$ 37,439
Legal fees and expenses - outside counsel	7,309	8,580
Litigation fees - retained counsel	(44,325)	(55,475)
Litigation fees - outside counsel	7,945	1,975
Collections - national	105,796	38,569
Collections - local	64,048	127,314
Collections - Wilson McShane Corp.	-	6,352
Payroll review fees (net)	(102,602)	13,185
Total professional fees	$ 75,899	$ 177,939

INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY ANNUITY PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

EIN No: 52-6073909
Plan No: 002

(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		
		Common collective trusts - Equity:				
	BNYM Mellon AFL CIO SL Small Cap Stock Index Fund		3,729,032		**	$ 53,287,864
	BNYM Mellon AFL CIO SL Stock Index Fund		6,543,364		**	114,639,714
	BNYM Mellon SL ACWI ex-U.S. Fund		6,738		**	100,872
	BNYM Mellon SL Emerging Markets Stock Index Fund Instl		3,484,359		**	52,822,898
	BNYM Mellon SL International Stock Index Fund		6,015,460		**	89,088,962
	NIS Core Fixed Income CIT Fund		9,320,222		**	103,979,185
			Total equity			413,919,495
		Fixed income:				
	BentalGreenOak US Core Plus Fund		552		**	8,476,100
	State Street US Inflation Protected Bond Index Fund		2,207,825		**	26,644,036
			Total fixed income			35,120,136
		Building investment trust:				
	AFL CIO Building Investment Trust		6,565		**	37,381,652
		Real estate:				
	Amal Longview Ultra I Construction		1		**	7,014
		Mutual fund:				
	Artisan High Income Institutional Fund		7,072,301		**	65,065,172
		Limited partnerships:				
	Alcentra European Credit Opportunities Fund III		22,722,922		**	22,722,922
	CVI Credit Value Fund B V LP		7,649,106		**	7,649,106
	FP Credit Partners II Aggregator - A, LP		3,126,962		**	3,126,962
	MC Credit Fund N (Cayman) LP		6,254,605		**	6,254,605
	MGG SF Evergreen Fund (Cayman) LP		11,676,011		**	11,676,011
	Schroder Taft-Hartley Income Fund LP		46,835,193		**	46,835,193
	Trive Structured Capital Fund I		10,382,270		**	10,382,270
	VWH Offshore Fund III LP		3,070,145		**	3,070,145
	WCP Special Core Plus Fund		214,804		**	214,804
			Total limited partnerships			111,932,018

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		
		Master feeder fund - hedge funds:				
KLCP Offshore Fund II LP		8,125,001			**	$ 8,125,001
KLCP Offshore Fund III LP		9,875,951			**	9,875,951
Dawson Portfolio Finance (Offshore) IV LP		4,243,840			**	4,243,840
Dawson Portfolio Finance (Offshore) V LP		5,734,815			**	5,734,815
		Total master feeder fund - hedge funds				27,979,607
		Short term investment:				
* NTGI Collective Short Term Investment Fund		14,912,278			**	14,912,278
		Total investments				$ 706,317,372

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

** Cost is omitted for participant-directed investments.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS