# 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

**2023**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [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
GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 07/01/1997

**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)
GREENSFELDER, HEMKER & GALE, P.C.

10 SOUTH BROADWAY, SUITE 2000
ST. LOUIS, MO 63102

**2b** Employer Identification Number (EIN) 43-1313567

**2c** Plan Sponsor's telephone number 314-241-9090

**2d** Business code (see instructions) 541110

**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. | 10/09/2024 | CADY O'GRADY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/09/2024 | CADY O'GRADY |
| | **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

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 327 |
| **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)** | 241 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 242 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 86 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 329 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 8 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 337 |
| **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)** | 327 |
| **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)** | 337 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 87 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2E 2F 2G 2J 2R

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
GREENSFELDER, HEMKER & GALE, P.C.

**D** Employer Identification Number (EIN)
43-1313567

## 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

VOYA INSTITUTIONAL PLAN SERVICES
ONE ORANGE WAY
WINDSOR, CT 06095

02-0488491

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

STATE STREET BANK AND TRUST COMPANY
ONE LINCOLN STREET
BOSTON, MA 02111

04-3581074

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

MERCER TRUST COMPANY
1 INVESTORS WAY
NORWOOD, MA 02062

04-6691601

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

| **(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

**2023**

**This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREENSFELDER, HEMKER & GALE, P.C.

**D** Employer Identification Number (EIN)
43-1313567

**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: ABA/MERCER TRUST COMPANY

**b** Name of sponsor of entity listed in (a): MERCER 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) |
|---|---|---|
| 04-6691601-001 | C | 76705460 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
GREENSFELDER, HEMKER & GALE, P.C.

**D** Employer Identification Number (EIN)
43-1313567

## 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 reported 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) | 2282576 | 2516001 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | | |
| **(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) | 65664114 | 76705460 |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 9678935 | 9139714 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 77625625 | 88361175 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 77625625 | 88361175 |

## 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) | 2392889 | |
| | **(B)** Participants | 2a(1)(B) | 2479745 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 236576 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 5109210 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(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) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | |
| | **(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) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 10397674 |
| **(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) | | |
| **c** Other income | 2c | | 1331483 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 16838367 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 6086591 | |
| **(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) | | 6086591 |
| **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) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Recordkeeping fees | 2i(3) | | |
| **(4)** IQPA audit fees | 2i(4) | 12600 | |
| **(5)** Investment advisory and investment management fees | 2i(5) | | |
| **(6)** Bank or trust company trustee/custodial fees | 2i(6) | | |
| **(7)** Actuarial fees | 2i(7) | | |
| **(8)** Legal fees | 2i(8) | | |
| **(9)** Valuation/appraisal fees | 2i(9) | | |
| **(10)** Other trustee fees and expenses | 2i(10) | 3626 | |
| **(11)** Other expenses | 2i(11) | | |
| **(12)** Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 16226 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 6102817 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 10735550 |
| **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)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: KIEFER BONFANTI & CO. LLP **(2)** EIN: 43-1061959

**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 | | 1000000 |
| **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 | |
| **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 _____.

# GREENSFELDER, HEMKER & GALE, P.C.
# PROFIT-SHARING AND 401(k) PLAN

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2023 AND 2022**

**GREENSFELDER, HEMKER & GALE, P.C.**
**PROFIT-SHARING AND 401(k) PLAN**

**DECEMBER 31, 2023 AND 2022**

**Table of Contents** **Page**


**Independent Auditors' Report** 1

**Financial Statements**

Statements of Net Assets Available for Benefits 4

Statement of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6

**Supplemental Schedule**

Schedule of Assets Held for Investment Purposes at End of Year 14

Kiefer | Bonfanti & Co. LLP
Certified Public Accountants & Business Advisors

701 Emerson Road, Suite 201
St. Louis, MO 63141
314.812.1100
kieferbonfanti.com

EIDE BAILLY ALLIANCE
MEMBER FIRM

# INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of the
**Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan**

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**
We have performed audits of the financial statements of **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan**'s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

**Opinion**
In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**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 ERISA Section 103(a)(3)(C) audit opinion.

## INDEPENDENT AUDITORS' REPORT (CONTINUED)

**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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 that the financial statements are 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**
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, 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 could reasonably be expected to influence the economic decisions of users made on the basis of these 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.

## INDEPENDENT AUDITORS' REPORT (CONTINUED)

**Auditor's Responsibilities for the Audit of the Financial Statements (continued)**
Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**Other Matter — Supplemental Schedules Required by ERISA**
The supplemental schedule of assets held for investment purposes at year end is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment 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 form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Kiefer Bonfanti & Co. LLP*

St. Louis, Missouri
October 7, 2024

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|---|---|---|
| | **2023** | 2022 |
| **Investments** | | |
| Investments at fair value | **$ 73,404,246** | $ 63,660,823 |
| Fully benefit-responsive investment contracts at contract value | **12,440,928** | 11,682,226 |
| **Total Investments** | **85,845,174** | 75,343,049 |
| **Receivables** | | |
| Employer contribution | **2,516,001** | 2,282,576 |
| **Net Assets Available for Benefits** | **$ 88,361,175** | $ 77,625,625 |

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## YEAR ENDED DECEMBER 31, 2023

| | |
|---|---|
| **Additions (Reductions) to Net Assets Attributed To:** | |
| Participant contributions | **$ 2,479,745** |
| Net appreciation (depreciation) in fair value of investments | |
| Collective trust funds | **10,113,993** |
| Self-managed accounts | **1,331,483** |
| Stable value asset fund | **283,681** |
| Rollover contributions | **236,576** |
| Employer contribution | **2,392,889** |
| **Total Reductions to Net Assets** | **16,838,367** |
| **Deductions from Net Assets Attributed To:** | |
| Benefits paid to participants | **6,086,591** |
| Administrative expenses | **16,226** |
| **Total Deductions from Net Assets** | **6,102,817** |
| **Net Increase** | **10,735,550** |
| **Net Assets Available for Benefits, Beginning of Year** | **77,625,625** |
| **Net Assets Available for Benefits, End of Year** | **$ 88,361,175** |

**NOTES TO FINANCIAL STATEMENTS**
**DECEMBER 31, 2023 AND 2022**

## NOTE 1 DESCRIPTION OF PLAN

The following description of the **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan** (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan covering all non-excluded employees of **Greensfelder, Hemker & Gale, P.C.** (the Company) who have one year of service and are age twenty-one or older. Excluded employees include union employees whose employment is governed by a collective bargaining agreement under which retirement benefits are subject of good faith bargaining and leased employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was restated effective January 1, 2016.

### *Contributions*

Participants can make deferred salary contributions ranging from 1% to 75% of eligible pay. Participants who are or will attain the age of 50 before the end of the year, may elect to defer additional amounts to the Plan. The Plan has adopted a cross-tested plan design wherein employer contributions, if any, are discretionary. Additionally, the amount of discretionary employer contributions may range from 0% to 12% of the eligible participants' pay for the Plan year reduced by forfeitures of terminated participants' non-vested accounts.

### *Participant Accounts*

Each participant's salary deferral and rollover account are credited with the participant's contribution plus actual earnings thereon. Each participant's employer contribution account is credited with an allocation of the Company's contributions and Plan's earnings. Allocations of Company contributions are based on participant compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### *Vesting*

A participant's salary deferral and rollover accounts are 100% vested at all times. Vesting of a participant's employer contribution account is based on years of continuous service. A participant is 100% vested after five years of credited service or normal retirement or death. The Plan uses a graded vesting schedule as follows: 2 years – 20%, 3 years – 40%, 4 years – 60%, 5 years – 100%.

The vesting schedule is also in accordance with Internal Revenue Code Section 416 for the years the Plan is determined to be top-heavy.

### *Forfeited Accounts*

Participants who terminate their employment and are less than 100% vested in their employer's contributions forfeit their non-vested portion. Forfeitures are retained by the Plan to reduce employer contributions. The Plan had cumulative forfeitures of non-vested accounts of $24,058 and $123,640 at December 31, 2023 and 2022, respectively. For the year ended December 31, 2023, forfeitures added from distributions of non-vested accounts were $23,530. Forfeitures of $123,112 were used to reduce employer contributions during 2023.

### *Investment Options*

Participants may direct the investment of the contributions into various investment options under the Plan. The Plan currently offers various common and collective trust investment options for participants as well as self-managed accounts. Participants also have the option to make after-tax elective salary deferrals to a Roth 401(k). Participants may change their investment options at any time.

## NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

***Payment of Benefits***
Except for the special rule for participants who are five percent owners and who have attained age seventy-two, a participant's vested amount of his or her individual account shall be paid in the form of a qualified joint and survivor annuity as soon as reasonable after the termination of service, death, disability, or attaining age sixty-five and retiring. Participants waiving the right to a qualified joint and survivor annuity shall be paid as a lump-sum distribution. Participants with less than $1,000 invested in the Plan are required to take a lump-sum distribution.

***Administration***
The Company is responsible for the majority of the Plan's operating expenses. Mercer Trust Company acts as custodian for the Plan's assets and Voya Financial Partners acts as the recordkeeper for the Plan.

***Transactions with Parties-in-Interest***
Certain investments of the Plan were in funds managed by Mercer Trust Company, the custodian of the Plan and, therefore, related transactions qualify as party-in-interest transactions.

Legal, accounting, and other professional services were provided by parties-in-interest at reasonable and customary rates.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting***
The accompanying financial statements have been prepared on the accrual basis of accounting.

***Use of Estimates***
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

The most significant estimate affecting the financial statements was the estimate of fair value. See Note 4.

***Investments Valuation and Income Recognition***
The Plan's investments are stated at fair value, except for the stable value fund accounts and a percentage of the collective trust funds which are reported at contract value and net asset value, respectively. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at measurement date. See Note 4 for a discussion of fair value measurements.

Unrealized appreciation or depreciation of investments held at year end and realized gains and losses on sales of investments during the year are determined based on fair values at the beginning of the year or purchase price if acquired during the year.

***Payment of Benefits***
Benefits are recorded when paid.

***Subsequent Events***
The Company has evaluated subsequent events through October 7, 2024, the date which the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. Refer to Note 5.

## NOTE 3 INVESTMENTS

***Investments***

The Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $11,729,157 for the year ended December 31, 2023.

The following represents significant concentrations held within the investment assets at December 31, 2023 and 2022:

| | December 31, | |
|---|---|---|
| | **2023** | 2022 |
| **Stable Asset Return Fund** | **$ 12,440,928** | $ 11,682,226 |

Assets of the Plan are held by Mercer Trust Company. Investments are valued daily. The investment gains and losses, income and expenses are allocated to the participant's individual account based on the daily valuation.

Self-managed accounts are held by Charles Schwab and consist of accounts in which the participants may invest cash and cash equivalents, mutual funds, stock, and other securities. These investments are solely directed by the participants.

***Investment Contracts at Contract Value***

The Plan holds a stable asset return fund that invests in fixed income, fully benefit-responsive guaranteed investment contracts, synthetic investment contracts, and separate account guaranteed investment contracts in which an investment contract is issued by various insurance companies or financial services institutions. For the years ended December 31, 2023 and 2022, investment contracts valued at contract value were $12,440,928 and $11,682,226, respectively. Mercer Trust Company maintains contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer agrees to pay a stated interest over the term of the contract and repay principal at the end of its term.

This fund meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because it is the amount received by the participants if they were to initiate permitted transactions in terms of the Plan. Contract value as reported to the Plan by Mercer Trust Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Employer initiated events, if material, may affect the underlying economics of the investment contracts. These events include layoffs, plan termination, bankruptcy or reorganization, merger, early retirement incentive programs, tax disqualification of a trust or other events. The occurrence of one or more employer initiated events could limit the Plan's ability to transact at contract value with the issuers. Except for the employer initiated events above, the guaranteed investment contracts do not permit the issuers to terminate the agreement prior to the scheduled maturity date at an amount different from contract value. As of December 31, 2023, the Company does not believe that the occurrence of an event that would limit the ability of the Plan to transact at contract value with the issuers is probable.

## NOTE 4 FAIR VALUE MEASUREMENTS

Financial accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 inputs) and the lowest priority to unobservable inputs (level 3 inputs). The three levels of the fair value hierarchy under the standards are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

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 significant unobservable inputs.

The asset or liabilities fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022:

- Collective trust funds – funds are valued using the net asset value (NAV) per unit as a practical expedient, the quoted prices in the active market or other significant observable inputs. Each unit is calculated using an equal pro rata interest in the net assets of each fund. The funds hold investments that fall in line with the investment's stated strategy.

- Self-managed accounts – valued on the basis of readily determinable market prices in actively traded markets held in the accounts at year-end.

The inputs or methodologies used for valuing investments may not be an indication for the risk associated with investing in those securities. Furthermore, the Plan believes its valuation methods are appropriate and consistent. The use of different methodologies or assumptions could result in a different fair value measurement at the reporting date.

## NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a summary of the inputs used, as of December 31, 2023 and 2022, involving the Plan's assets carried at fair value:

| | | Fair Value Measurements at Reporting Date Using | | |
|---|---|---|---|---|
| **Description** | **Total** | **(Level 1)** | **(Level 2)** | **(Level 3)** |
| **December 31, 2023** | | | | |
| Collective trust funds | $ 12,158,829 | 10,848,502 | 1,310,252 | 75 |
| Self-managed accounts | 9,139,714 | 8,346,677 | 793,037 | - |
| Investments measured at NAV | | | | |
| Collective trust funds [(a)] | 52,105,703 | - | - | - |
| **Total Investments at Fair Value** | **$ 73,404,246** | **19,195,179** | **2,103,289** | **75** |
| **December 31, 2022** | | | | |
| Collective trust funds | $ 11,142,456 | 9,952,219 | 1,190,178 | 59 |
| Self-managed accounts | 9,678,935 | 9,678,935 | - | - |
| Investments measured at NAV | | | | |
| Collective trust funds [(a)] | 42,839,432 | - | - | - |
| **Total Investments at Fair Value** | $ 63,660,823 | 19,631,154 | 1,190,178 | 59 |

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

### *Fair Value of Investments that Use Net Asset Value*

The following table summarizes investments measured at fair value based on net asset value (NAV):

| | Fair Value as of December 31, | | | | | |
|---|---|---|---|---|---|---|
| **Investment** | **2023** | **2022** | **Investment Strategy** | **Unfunded Commitments** | **Redemption Frequency (if Currently Eligible)** | **Redemption Notice Period** |
| All Cap Index Fund | **$ 7,540,449** | $ 5,929,372 | Invests in common stocks included in the Russell 3000® Index with the objective of replicating the total rate of return of the Russell 3000 Index. | N/A | Daily | 1 day |
| Large-Cap Index Equity Fund | **7,250,172** | 5,871,126 | Invests in securities of U.S. companies included in the S&P 500® with the objective of replicating the total rate of return of the S&P 500. | N/A | Daily | 1 day |
| 2025 Retirement Date Fund | **5,402,815** | 2,323,046 | A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2025 and is composed mainly of stocks for higher growth potential. | N/A | Daily | 1 day |
| Small-Mid Cap Index Equity Fund | **4,402,846** | 3,637,925 | Invests in equity securities of U.S. companies included in the Russell Small Cap Completeness Index with the objective of replicating, before expenses, the total rate of return of the Russell Small Cap Completeness Index. | N/A | Daily | 1 day |
| Moderate Risk Fund | **2,880,967** | 2,836,885 | A diversified investment fund which seeks to provide long-term capital appreciation and current income. | N/A | Daily | 1 day |
| 2030 Retirement Date Fund | **2,853,504** | 2,270,963 | A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2030 and is composed mainly of stocks for higher growth potential. | N/A | Daily | 1 day |
| 2045 Retirement Date Fund | **2,684,976** | 2,103,418 | A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2045 and is composed mainly of stocks for higher growth potential. | N/A | Daily | 1 day |
| 2040 Retirement Date Fund | **2,171,758** | 1,671,824 | A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around 2040 and is comprised mainly of stocks for significant growth potential. | N/A | Daily | 1 day |
| Bond Core Plus Fund | **2,064,184** | 1,857,390 | Invests primarily in U.S. debt securities of varying maturities with the objective of achieving a competitive total return from current income and capital appreciation. | N/A | Daily | 1 day |

## NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

### *Fair Value of Investments that Use Net Asset Value (Continued)*

| Investment | Fair Value as of December 31, 2023 | 2022 | Investment Strategy | Unfunded Commitments | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|---|---|---|---|---|---|---|
| International Index Equity Fund | **1,991,473** | 1,841,265 | Invests in securities of non-U.S. companies included in the Morgan Stanley Capital International All-Country World Ex-U.S. Index, which we refer to as the MSCI ACWI ex-U.S. Index, with the objective of replicating the total rate of return of the MSCI ACWI ex-U.S. Index. | N/A | Daily | 1 day |
| Bond Index Fund | **1,910,970** | 1,857,239 | Invests in U.S. Government Obligations and U.S. dollar-denominated corporate debt securities, mortgage-backed securities, commercial mortgage-backed securities, and asset-backed securities with the objective of replicating the total rate of return of the Barclays Capital U.S. Aggregate Bond Index. | N/A | Daily | 1 day |
| International All Cap Equity Fund | **1,835,248** | 1,731,661 | Invests primarily in equity securities of companies domiciled outside of the U.S. The Fund may invest in companies of any size located in a number of countries throughout the world. | N/A | Daily | 1 day |
| Small-Mid Cap Equity Fund | **1,791,702** | 1,653,114 | Invests primarily in equity securities of small and medium capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, small and medium capitalization companies are considered those with a market capitalization between $100 million and $20 billion. | N/A | Daily | 1 day |
| Aggressive Risk Fund | **1,537,025** | 1,428,058 | A diversified investment fund which seeks to provide long-term capital appreciation for participants and is comprised mainly of stocks with maximum growth potential. | N/A | Daily | 1 day |
| 2050 Retirement Date Fund | **1,502,330** | 1,080,485 | A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around 2050 and is comprised mainly of stocks for significant growth potential. | N/A | Daily | 1 day |
| 2020 Retirement Date Fund | **1,123,114** | 1,885,396 | A diversified investment fund which currently seeks to provide a mix of long-term capital appreciation and stability of principal for participants planning to retire in or around the year 2020. | N/A | Daily | 1 day |
| 2035 Retirement Date Fund | **865,620** | 869,563 | A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2035 and is composed mainly of stocks for higher growth potential. | N/A | Daily | 1 day |
| 2055 Retirement Date Fund | **682,059** | 652,525 | A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2055 and is composed mainly of stocks for higher growth potential. | N/A | Daily | 1 day |
| Conservative Risk Fund | **525,898** | 447,742 | A diversified investment fund which seeks to avoid significant loss of principal fand is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income (although such Fund also has a target equity exposure of 26%). | N/A | Daily | 1 day |
| Large-Cap Equity Fund | **360,157** | 290,988 | Invests primarily in equity securities of large capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, large capitalization companies are considered those with a market capitalization of greater than $1 billion. | N/A | Daily | 1 day |
| Real Asset Return Fund | **253,765** | 305,938 | Invests in a diversified portfolio of primarily Treasury Inflation Protected Securities, or U.S. TIPS, futures contracts on physical commodities, and real estate investment trusts, or REIT's with the objective of providing returns in excess of inflation as measured by the Core Consumer Price Index (which excludes food and energy). The Fund, however, can be expected to have greater volatility than the Core CPI. | N/A | Daily | 1 day |
| Lifetime Income Retirement Fund | **213,792** | 91,999 | A diversified investment fund which seeks to avoid significant loss of principal for investors who are considerably beyond their retirement date and is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income (although such Fund also has significant target equity exposure). | N/A | Daily | 1 day |
| 2060 Retirement Date Fund | **171,306** | 57,916 | A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2060 and is composed mainly of stocks for higher growth potential. | N/A | Daily | 1 day |
| Income Focused Fund | **58,003** | 38,421 | Invests in the ABA Bond Core Plus Fund, Class R1 shares of Western Asset Income CIT and Institutional Class shares of PIMCO Income Fund. | N/A | Daily | 1 day |
| Alternative Alpha Fund | **27,876** | 54,667 | Invests in a diversified portfolio with exposure to a broad set of investments with the objective of providing long-term total returns in excess of the yield on cash-equivalent investments (although the Alternative Alpha Fund can be expected to have greater risk and volatility than cash-equivalent investments). | N/A | Daily | 1 day |

## NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

### *Fair Value of Investments that Use Net Asset Value (Continued)*

| Investment | Fair Value as of December 31, 2023 | 2022 | Investment Strategy | Unfunded Commitments | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|---|---|---|---|---|---|---|
| Inflation Protection Fund | **3,694** | 1,397 | Invests in a diversified portfolio of primarily Treasury Inflation Protected Securities, or U.S. TIPS, futures contracts on physical commodities, and real estate investment trusts, or REITs with the objective of providing returns in excess of inflation as measured by the Core Consumer Price Index (which excludes food and energy). The Fund, however, can be expected to have greater volatility than the Core CPI. | N/A | Daily | 1 day |
| Diversified Growth Fund | - | 49,109 | A diversified investment fund which seeks to provide long-term capital appreciation for participants and is comprised mainly of stocks with maximum growth potential. | N/A | Daily | 1 day |
| Total | **$ 52,105,703** | $ 42,839,432 | | | | |

## NOTE 5 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all amounts credited to the participants' accounts will become 100% vested. Any unallocated assets of the Plan shall be allocated to participants' accounts and distributed in cash.

On February 1, 2024, the Company merged with Ulmer Berne LLP, which was then renamed UB Greensfelder, LLP. The Plan's assets will be moved to a successor plan of UB Greensfelder, LLP in the first quarter of 2025. The successor plan trustee will be Schwab and the current Plan's participants will be eligible to contribute to this successor plan starting on January 1, 2025.

## NOTE 6 TAX STATUS

The Plan obtained its latest determination letter on February 15, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Financial accounting standards for uncertain tax positions prohibit financial statement recognition of the impact of a tax position if the position is not "more likely than not" to be sustained on audit, based on the technical merits of the position. The Plan's Annual Return/Report of Employee Benefit Plan remains subject to examination by taxing authorities, generally for three years after they have been filed. As of October 7, 2024, no returns have been selected for examination.

## NOTE 7 SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has elected to have Mercer Trust Company ("Mercer"), the Custodian of the Plan, certify as to the accuracy and completeness of the information at December 31, 2023 and 2022 and for the periods then included in the accompanying statements and instructed the Plan's independent accountants not to perform any auditing procedures with respect to such information.

## NOTE 7 SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN (CONTINUED)

Accordingly, the following information was certified by Mercer Trust Company and was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying statements:

A. Investments held by Mercer at fair value and contract value as of December 31, 2023 and 2022, included in the accompanying statements of net assets available for benefits.

B. Investment income and expenses included in the statement of changes in net assets available for benefits for the period ended December 31, 2023.

C. Investments held by Mercer as of December 31, 2023, which are included in the accompanying schedule of assets held for investment purposes at end of year.

## NOTE 8 DEFERRED DISTRIBUTIONS

As of December 31, 2023 and 2022, $13,914,224 and $12,471,057, respectively, were allocated to the accounts of persons who were retired or otherwise separated from the employer.

# SUPPLEMENTAL SCHEDULE

## SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
## FORM 5500 SCHEDULE H – LINE 4i
## DECEMBER 31, 2023

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | Collective Trust Funds | | |
| * | Mercer Trust Company | Large-Cap Equity Fund | ** | $ 7,795,041 |
| * | Mercer Trust Company | All Cap Index Fund | ** | 7,540,449 |
| * | Mercer Trust Company | Large-Cap Index Equity Fund | ** | 7,250,172 |
| * | Mercer Trust Company | 2025 Retirement Date Fund | ** | 5,402,815 |
| * | Mercer Trust Company | Small-Mid Cap Index Equity Fund | ** | 4,402,846 |
| * | Mercer Trust Company | Small-Mid Cap Equity Fund | ** | 4,357,881 |
| * | Mercer Trust Company | Bond Core Plus Fund | ** | 3,436,466 |
| * | Mercer Trust Company | Moderate Risk Fund | ** | 2,880,967 |
| * | Mercer Trust Company | 2030 Retirement Date Fund | ** | 2,853,504 |
| * | Mercer Trust Company | 2045 Retirement Date Fund | ** | 2,684,976 |
| * | Mercer Trust Company | Intl All Cap Equity Fund | ** | 2,530,804 |
| * | Mercer Trust Company | 2040 Retirement Date Fund | ** | 2,171,758 |
| * | Mercer Trust Company | International Index Equity Fund | ** | 1,991,473 |
| * | Mercer Trust Company | Bond Index Fund | ** | 1,910,970 |
| * | Mercer Trust Company | Aggressive Risk Fund | ** | 1,537,025 |
| * | Mercer Trust Company | 2050 Retirement Date Fund | ** | 1,502,330 |
| * | Mercer Trust Company | 2020 Retirement Date Fund | ** | 1,123,114 |
| * | Mercer Trust Company | 2035 Retirement Date Fund | ** | 865,620 |
| * | Mercer Trust Company | 2055 Retirement Date Fund | ** | 682,059 |
| * | Mercer Trust Company | Conservative Risk Fund | ** | 525,898 |
| * | Mercer Trust Company | Real Asset Return Fund | ** | 253,765 |
| * | Mercer Trust Company | Lifetime Income Retirement Fund | ** | 213,792 |
| * | Mercer Trust Company | 2060 Retirement Date Fund | ** | 171,306 |
| * | Mercer Trust Company | Income Focused Fund | ** | 105,536 |
| * | Mercer Trust Company | Alternative Alpha Fund | ** | 70,271 |
| * | Mercer Trust Company | Inflation Protection Fund | ** | 3,694 |
| | | Total Collective Trust Funds | | 64,264,532 |
| * | Mercer Trust Company | Stable Asset Return Fund | ** | 12,440,928 |
| | | Self-Managed Accounts | | |
| | Various | Unit investment trusts | ** | 4,640,602 |
| | Various | Mutual funds | ** | 1,896,433 |
| | Various | Common stocks | ** | 1,139,191 |
| | Various | Cash | ** | 607,606 |
| | Various | Corporate debt instruments | ** | 596,857 |
| | Various | US government securities | ** | 196,180 |
| | Various | Other assets | ** | 62,845 |
| | | Total Self-Managed Accounts | | 9,139,714 |
| **Total Assets Held for Investment Purposes** | | | | **$ 85,845,174** |

* Party in interest

** Cost omitted for participant directed investments

## SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
## FORM 5500 SCHEDULE H – LINE 4i
## DECEMBER 31, 2023

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | Collective Trust Funds | | |
| * | Mercer Trust Company | Large-Cap Equity Fund | ** | $ 7,795,041 |
| * | Mercer Trust Company | All Cap Index Fund | ** | 7,540,449 |
| * | Mercer Trust Company | Large-Cap Index Equity Fund | ** | 7,250,172 |
| * | Mercer Trust Company | 2025 Retirement Date Fund | ** | 5,402,815 |
| * | Mercer Trust Company | Small-Mid Cap Index Equity Fund | ** | 4,402,846 |
| * | Mercer Trust Company | Small-Mid Cap Equity Fund | ** | 4,357,881 |
| * | Mercer Trust Company | Bond Core Plus Fund | ** | 3,436,466 |
| * | Mercer Trust Company | Moderate Risk Fund | ** | 2,880,967 |
| * | Mercer Trust Company | 2030 Retirement Date Fund | ** | 2,853,504 |
| * | Mercer Trust Company | 2045 Retirement Date Fund | ** | 2,684,976 |
| * | Mercer Trust Company | Intl All Cap Equity Fund | ** | 2,530,804 |
| * | Mercer Trust Company | 2040 Retirement Date Fund | ** | 2,171,758 |
| * | Mercer Trust Company | International Index Equity Fund | ** | 1,991,473 |
| * | Mercer Trust Company | Bond Index Fund | ** | 1,910,970 |
| * | Mercer Trust Company | Aggressive Risk Fund | ** | 1,537,025 |
| * | Mercer Trust Company | 2050 Retirement Date Fund | ** | 1,502,330 |
| * | Mercer Trust Company | 2020 Retirement Date Fund | ** | 1,123,114 |
| * | Mercer Trust Company | 2035 Retirement Date Fund | ** | 865,620 |
| * | Mercer Trust Company | 2055 Retirement Date Fund | ** | 682,059 |
| * | Mercer Trust Company | Conservative Risk Fund | ** | 525,898 |
| * | Mercer Trust Company | Real Asset Return Fund | ** | 253,765 |
| * | Mercer Trust Company | Lifetime Income Retirement Fund | ** | 213,792 |
| * | Mercer Trust Company | 2060 Retirement Date Fund | ** | 171,306 |
| * | Mercer Trust Company | Income Focused Fund | ** | 105,536 |
| * | Mercer Trust Company | Alternative Alpha Fund | ** | 70,271 |
| * | Mercer Trust Company | Inflation Protection Fund | ** | 3,694 |
| | | Total Collective Trust Funds | | 64,264,532 |
| * | Mercer Trust Company | Stable Asset Return Fund | ** | 12,440,928 |
| | | Self-Managed Accounts | | |
| | Various | Unit investment trusts | ** | 4,640,602 |
| | Various | Mutual funds | ** | 1,896,433 |
| | Various | Common stocks | ** | 1,139,191 |
| | Various | Cash | ** | 607,606 |
| | Various | Corporate debt instruments | ** | 596,857 |
| | Various | US government securities | ** | 196,180 |
| | Various | Other assets | ** | 62,845 |
| | | Total Self-Managed Accounts | | 9,139,714 |
| **Total Assets Held for Investment Purposes** | | | | **$ 85,845,174** |

* Party in interest

** Cost omitted for participant directed investments

# 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

**2023**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____

**B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here ▶ ☐

**D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

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

**1a** Name of plan
GREENSFELDER, HEMKER & GALE, P.C.
PROFIT-SHARING AND 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 07/01/1997

**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)
GREENSFELDER, HEMKER & GALE, P.C.

10 SOUTH BROADWAY, SUITE 2000

ST. LOUIS MO 63102

**2b** Employer Identification Number (EIN) 43-1313567

**2c** Plan Sponsor's telephone number 314-241-9090

**2d** Business code (see instructions) 541110

**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** | Cady O'Grady | 10/09/2024 | CADY O'GRADY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Cady O'Grady | 10/09/2024 | CADY O'GRADY |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**Form 5500 (2023)**
**v. 230728**