

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

<p>1a Name of plan <u>GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>TRUSTEES OF GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST</u></p> <p><u>13801 RIVERPORT DRIVE</u> <u>SUITE 501</u> <u>MARYLAND HEIGHTS, MO 63043-4621</u></p>	<p>1c Effective date of plan <u>09/01/1975</u></p> <p>2b Employer Identification Number (EIN) <u>43-6199572</u></p> <p>2c Plan Sponsor's telephone number <u>314-361-2750</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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.	01/29/2025	RACHEL ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/29/2025	MICHAEL MURPHY
	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 <input checked="" type="checkbox"/> 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	376
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	116
	6c	213
	6d	329
	6e	14
	6f	343
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1H 1I 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input checked="" type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST	D Employer Identification Number (EIN) 43-6199572	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	24477	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENESYS

13801 RIVERPORT DRIVE, STE 401
MARYLAND HEIGHTS, MO 63043

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 49 50	NONE	14380	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN USA

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?
11 50	NONE	8790	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST	D Employer Identification Number (EIN) 43-6199572

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	38554	9119
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	72559	48278
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		1053
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)		
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	2721	8196
f Total assets (add all amounts in lines 1a through 1e)	1f	113834	66646
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	4172	5204
i Acquisition indebtedness	1i		
j Other liabilities	1j	162421	296651
k Total liabilities (add all amounts in lines 1g through 1j)	1k	166593	301855
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-52759	-235209

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	4770	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4770
(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)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		4770

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	90421	
(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)		90421
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		17164
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	14380	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	24477	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	8790	
(8) Legal fees	2i(8)	3234	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	28754	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		79635
j Total expenses. Add all expense amounts in column (b) and enter total	2j		187220

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-182450
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ANDERS MINKLER HUBER & HELM LLP**

(2) EIN: **43-0831507**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)		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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 539704.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST	D Employer Identification Number (EIN) 43-6199572	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
--	----------	----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **AMF**

b EIN **54-1221662** **c** Dollar amount contributed by employer **10693**

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **CASH PYMT ON W/D LIAB ON**

a Name of contributing employer **MARY RYDER HOME**

b EIN **43-0758611** **c** Dollar amount contributed by employer **8149**

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **CASH PYMT ON W/D LIAB ON**

a Name of contributing employer **TRANS HEALTH**

b EIN **43-1111111** **c** Dollar amount contributed by employer **10208**

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **CASH PYMT ON W/D LIAB ON**

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION PLAN

**FINANCIAL STATEMENTS
AND ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED AUGUST 31, 2024 AND 2023**

Contents

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Independent Auditors' Report

Board of Trustees
Greater St. Louis Service Employees' Pension Plan
St. Louis, Missouri

Opinion

We have audited the accompanying financial statements of Greater St. Louis Service Employees' Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net (deficit) assets available for benefits in liquidation as of August 31, 2024 and 2023, and the related statements of changes in net (deficit) assets available for benefits in liquidation for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net (deficit) assets available for benefits in liquidation of the Plan as of August 31, 2024 and 2023, and the changes in its net (deficit) assets available for benefits in liquidation for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirement 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.

Emphasis of Matter-Correction of Error

As discussed in Note 4 to the financial statements, the statement of net (deficit) assets available for benefits - liquidation basis as of August 31, 2023 and the statement of changes in net (deficit) assets available for benefits - liquidation basis for the year ended August 31, 2023, has been restated to reflect the addition of the Pension Benefit Guaranty Corporation income as a note payable and accrued interest liability. Our conclusion is not modified with respect to that matter.

Emphasis of Matter-Liquidation Basis of Accounting

As described in Note 2 to the financial statements, the Board of Trustees of the Plan terminated the Plan effective May 31, 2006, and management has determined that liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis to the liquidation basis for the periods after May 31, 2006. Our opinion is not modified with respect to this matter.

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 of material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

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

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 Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional schedules on page 17 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information in the accompanying additional schedules is fairly stated, in all material respects, in relation to the financial statements as a whole.

Anders Minkler Huber & Helm LLP

March 6, 2025

Greater St. Louis Service Employees' Pension Plan
Statements of Net (Deficit) Assets Available for Benefits in Liquidation
August 31, 2024 and 2023

Assets	<u>2024</u>	<u>2023</u> (As Restated)
Cash	\$ 9,119	\$ 38,554
Employers' Withdrawal Liability Assessments	48,278	72,559
Other Receivables	1,053	-
Prepaid Expenses	<u>8,196</u>	<u>2,721</u>
Total Assets	<u>66,646</u>	<u>113,834</u>
Liabilities		
Accounts Payable	5,204	4,172
Due to SEIU Local 1 - Missouri Benefit Services Trust	8,429	5,123
Note Payable - Pension Benefit Guaranty Corporation	<u>288,222</u>	<u>157,298</u>
Total Liabilities	<u>301,855</u>	<u>166,593</u>
Net (Deficit) Assets Available for Benefits in Liquidation	<u>\$ (235,209)</u>	<u>\$ (52,759)</u>

Greater St. Louis Service Employees' Pension Plan
Statements of Changes in Net (Deficit) Assets Available for Benefits in Liquidation
Years Ended August 31, 2024 and 2023

	2024	2023 (As Restated)
Additions to Net (Deficit) Assets Attributed To:		
Investment Income		
Net depreciation in fair value of investments	\$ -	\$ (2,675)
Interest	4,770	7,813
Dividends	-	164
	4,770	5,302
Less: Investment expense	-	28
Net Investment Income	4,770	5,274
Total Additions	4,770	5,274
Deductions From Net (Deficit) Assets Attributed To:		
Benefits Paid Directly to Participants	90,421	102,907
Administrative Expenses	96,799	91,445
Total Deductions	187,220	194,352
Net Decrease	(182,450)	(189,078)
Net (Deficit) Assets Available for Benefits in Liquidation, Beginning of Year	(52,759)	136,319
Net (Deficit) Assets Available for Benefits in Liquidation, End of Year	\$ (235,209)	\$ (52,759)

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

1. Description of the Plan

The following description of Greater St. Louis Service Employees' Pension Plan (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan. The Plan was established on September 1, 1975 and was restated effective May 2014, pursuant to a collective bargaining agreement ("CBA") between the Services Employees International Union Local 1 (the "Union") and the participating employers (the "Employers") to provide retirement benefits to eligible participants and beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Plan is administered by a joint Board of Trustees (the "Trustees"), consisting of two Union representatives and two Employer representatives.

On July 3, 2002, the Plan's Trustees voted to freeze the Plan benefit accrual effective September 1, 2002. Even though Employers continued to contribute to the Plan, the members' benefits did not increase for the additional hours worked after the frozen date. The Plan terminated effective May 31, 2006 (the "Termination Date") due to the withdrawal of all Employers from the Plan. See Note 6 for additional information on the termination of the Plan.

Eligibility

Covered participants are defined as all employees covered by a CBA with the Union whose Employer contributed prior to the Termination Date.

Funding Policy

The Trustees established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Prior to the Termination Date, each Employer contributed to the Plan such amounts and at such times as were required by the applicable provision of the CBAs or such other agreements as were approved by the Trustees. After the Termination Date, Employer contributions ceased and Employers began funding the Plan through withdrawal liability and funding deficiency payments.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

Monthly contributions were based on various hourly contribution rates for each participant's hours of service through the Termination Date. Calculations performed by the Plan actuary in connection with the Plan termination liabilities, show that the assets are not sufficient to cover the present value of vested accumulated Plan benefits. Therefore, there was an unfunded liability and a withdrawal liability assessment for some Employers under the Multiemployer Pension Plan Amendments Act of 1980 (the "MPPA Act"). All payments have been received on the unfunded liability. The withdrawal liability assessments are recorded at net present value on the statements of net assets (deficit) available for benefits in liquidation. The Employers' withdrawal liability assessment receivable was \$48,278 and \$72,559 as of August 31, 2024 and 2023, respectively.

Pension Benefits

Early Retirement

Eligibility: Age 60 with five years of vesting service.

Benefit: A monthly amount determined in the same manner as the normal retirement benefit based on credited service as of the early retirement date and reduced by $\frac{1}{2}$ of 1% for each month that the early retirement date precedes the normal retirement date.

Normal Retirement

Eligibility: The later of age 65 and the date the participant has completed five years of vesting service, but in no event later than the fifth anniversary of the participant's entry into the Plan if they have attained age 65.

Benefit: A monthly benefit equal to the greater of (a) and (b) below:
(a) \$4.25 multiplied by the years of credited service;
(b) \$110

Deferred Retirement

Eligibility: Continued employment beyond the normal retirement date.

Benefit: A benefit determined in the same manner as the normal retirement benefit, but based on years of service as of the deferred retirement date.

Accrued Benefit

A monthly benefit calculated in the same manner as the normal retirement benefit, except that the \$110 minimum benefit is multiplied by the ratio of credited service to credited service projected to normal retirement.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

Pre-Retirement Death Benefit

Eligibility: Death of a vested participant prior to retirement who is either married or has dependent children.

Benefit: A monthly benefit equal to the amount the spouse would have received had the participant terminated employment on the date of death, survived to the earliest retirement date, retired under the modified three-year certain 50% contingent annuitant option, and died on the following day.

Vested Termination Benefit

Eligibility: Termination of employment with at least five years of vested service (ten if break in service occurs on or before December 31, 1998).

Benefit: A monthly benefit which is equal to 100% of the accrued benefit payable at the participant's normal retirement date.

Disability Benefit

Eligibility: Age 55 and ten years of vested service; permanent and total disability prior to termination of covered employment.

Benefit: A monthly benefit equal to the accrued benefit determined as of the date of disability, payable on the first day of the seventh month following the month in which the disability occurred.

After the Termination Date, newly disabled participants are no longer eligible for disability benefits due to the termination of the Plan.

Forms of Retirement Income

Normal Form: An annuity payable during the lifetime of the participant.

Optional Forms: (a) Modified three-years certain 50% contingent annuitant option;
(b) Three-year certain and life annuity;
(c) Ten-year certain and life annuity;
(d) Contingent annuitant option with 100%, 75%, 66 2/3%, or 50% of the annuity being payable to the contingent annuitant for life after the participant's death.

The retirement income will be paid under the modified three-year certain 50% contingent annuitant option, unless the normal form or other optional form is specifically chosen. This provision applies only to married participants.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

Plan Management

BeneSys, Inc., an employee benefit fund management company, has been retained by the Trustees, to administer the activities and operations of the Plan on a contractual basis. Under the management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collection are borne by BeneSys, Inc. The current contract is through December 31, 2025.

Pension Benefit Guaranty Corporation Financial Assistance

Upon termination of the Plan, the accrued benefit of each participant as of the date of termination were not fully vested because the Plan was under funded. As discussed in Note 5, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") Multi-Employer Division when the Plan is terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan termination, subject to a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

During the year ended August 31, 2023, the Plan became insolvent and prepared a notice of insolvency to the PBGC. In connection with this notice, the Plan submitted an application for financial assistance requesting that the PBGC provide supplemental funding for payment of the participants' guaranteed benefits and reasonable administrative expenses incurred by the Plan after the depletion of existing Plan assets. The financial assistance is considered a loan and is evidenced by a promissory note, a security agreement, and is repayable with interest, if and when the Plan's financial condition improves. See Note 6 for description of the promissory note.

BeneSys, Inc. submits to the PBGC a list of quarterly benefits and administrative expenses to be paid. The PBGC approves the list and transfers the funds. The funds are recognized as additions to the promissory note in the period the funding is received.

Whether all participants receive their benefits will depend on the sufficiency of the Plan's net assets to provide those benefits, the level of benefits guaranteed by the PBGC, and the PBGC's own funding of its Multi-Employer Program Division.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

The financial statements of the Plan were prepared using the accrual method of accounting until the Termination Date. In accordance with GAAP, the Plan changed its basis of accounting used to value Plan assets from the going concern basis to the liquidation basis for the periods after the Termination Date. The liquidation basis of accounting caused no change in the value of Plan assets because the Plan assets are stated at current fair value.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Financial Instrument Valuation and Income Recognition

Financial instruments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employers' Withdrawal Liability Assessments

The Plan is a multiemployer collectively bargained plan subject to the provisions of the MPPA Act. Under the MPPA Act, an Employer that withdraws from the Plan after April 28, 1980, in either a complete or partial withdrawal, shall owe and pay a withdrawal liability to the Plan, determined by a formula adopted by the Trustees in accordance with the MPPA Act. The actuary determined the Employers' withdrawal liability assessments at the Termination Date. This represents the Employers' proportional share of the Plan's unfunded vested benefits. The withdrawal liability is recorded at the net present value at a discount rate of 7.5 percent and must be paid over not more than 20 years. The Plan's policy is to recognize a receivable at its present value, net of any allowance for credit losses, once a withdrawal liability has been actuarially determined and formally assessed by the Plan. Management is of the opinion that no allowance for credit losses is necessary.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net (deficit) assets available for benefits in liquidation available for benefits.

3. Change in Accounting Principal

Effective September 1, 2023, the Plan adopted ASU 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended. FASB ASC 326 replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss ("CECL") methodology. CECL requires an estimate of future credit losses for the remaining estimated lives of financial assets based on relevant information about historical experience, current conditions, and reasonable and supportable financial forecasts that affect the collectibility of the reported amounts. The measurement of expected credit losses under CECL is applicable to financial assets measured at amortized cost. Such assets are presented at the net amount expected to be collected over their remaining contractual lives using an allowance for credit losses.

The Plan elected to adopt FASB ASC 326 using the modified retrospective method for all financial assets measured at amortized cost. Results for reporting periods beginning after September 1, 2023 are presented under FASB ASC 326, while prior period amounts continue to be reported in accordance with previously applicable accounting standards. The adoption of FASB ASC 326 resulted in no change in the allowance from credit losses.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

4. Restatement - Correction of an Error

During the course of the Plan's August 31, 2024 audit, management and the Plan's independent auditors identified issues that had a material effect upon the Plan's previously issued financial statements. Therefore, the Plan restated its financial statements for the year ended August 31, 2023 to reflect the addition of the PBGC funding income as a note payable including accrued interest and the 2023 PBGC premium as a liability. The cumulative effect of the adjustment was a \$157,298 increase to Notes Payable - PBGC and a \$157,298 additional decrease to net (deficit) assets available for benefits in liquidation for the year ended August 31, 2023.

The following table presents the impact of the restatement adjustments on the statement of net (deficit) assets available for benefits in liquidation as of August 31, 2023:

	As Previously Reported	Adjustment	As Restated
Note Payable - PBGC	\$ -	\$ 157,298	\$ 157,298
PBGC Funding Income	138,900	(138,900)	-
Administrative Expenses	-	(18,398)	(18,398)
Net (Deficit) Assets Available for Benefits in Liquidation	104,539	(157,298)	(52,759)

5. Fair Value Measurements

The framework for measuring fair value establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. 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:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.
- Level 2 Inputs to the valuation methodology to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

The instruments' 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.

Following is a description of the valuation methodologies used for instruments measured at fair value.

Level 3 instruments consist of Employers' withdrawal liability assessments. These Employers' receivables are valued at the net present value of future cash flows.

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

The fair value of financial instruments measured as of August 31, as follows:

	2024			
	Fair Value Measurements			
	Total	Level 1	Level 2	Level 3
Employers' withdrawal liability assessments	<u>\$ 48,278</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 48,278</u>
	2023			
	Fair Value Measurements			
	Total	Level 1	Level 2	Level 3
Employers' withdrawal liability assessments	<u>\$ 72,559</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 72,559</u>

The following table provides a summary of changes in the fair value of the Plan's Level 3 financial instruments for the years ended August 31, 2024 and 2023, as follows:

	Employers' Withdrawal Liability Assessments
Balance, August 31, 2022	\$ 99,021
Settlements	(26,462)
Balance, August 31, 2023	72,559
Settlements	(24,281)
Balance, August 31, 2024	\$ 48,278

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs.

August 31, 2024	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Unobservable Inputs</u>
Employers' Withdrawal Liability Assessment	\$ 48,278	Income Approach	Actuarial Measurements-Discount rate of 7.5% on remaining payments
August 31, 2023	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Unobservable Inputs</u>
Employers' Withdrawal Liability Assessment	\$ 72,559	Income Approach	Actuarial Measurements-Discount rate of 7.5% on remaining payments

6. Long-term Debt

The Plan signed a Promissory Note ("Note") with regards to financial assistance received from the PBGC. The Note will accrue interest at the rate in effect under Section 6621 (a)(2) of the Internal Revenue Code of 1996, 26 U.S.C Section 6621 (a)(2), compounded daily. The Note is payable on demand upon a notification that the PBGC is seeking repayment of financial assistance, in accordance with the repayment schedule and instructions provided by the PBGC pursuant to such notice. The balance of the Note as of August 31, 2024 and 2023 was \$288,222 and \$157,298, respectively, which includes accrued interest of \$17,164 and \$4,958 for the years ended August 31, 2024 and 2023, respectively.

7. Related Party Transactions

The Plan also has common membership with SEIU Local 1 Missouri Benefit Trust and the Greater St. Louis Service Employees' Pension Trust 401(k) Plan and is related through its membership to Service Employees' International Union Local 1.

At August 31, 2024 and 2023, the Plan owed SEIU Local 1 Benefit Trust (the "Trust") \$8,429 and \$5,123, respectively, for reimbursement for expenses the Trust paid on the Plan's behalf.

8. Amendment

During the year ended August 31, 2023, the summary plan description was restated and was amended to reflect the SECURE Act 2.0 required minimum age requirements for distributions.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

9. Plan Termination

The Plan terminated effective May 31, 2006, due to the mass withdrawal of all Employers from the Plan. The Plan did not have enough Plan assets to distribute to fully satisfy all of its nonforfeitable benefits. Because of this, under Section 4281 of ERISA additional obligations are imposed on the Plan sponsors and are indicated below:

First, the Plan benefits must have been valued (under prescribed assumptions) and, then such value compared to the value of Plan assets. If the value of Plan benefits exceeded the value of Plan assets, non-guaranteed benefits must have been reduced. In this case, non-guarantee essentially means any benefit improvements made within the 60 months prior to the mass withdrawal. Since no benefit improvements had been made in those last 60 months, no benefit reductions occurred under this rule. The present value of vested benefits are estimated by the Plan's actuary and total \$1,636,423 and \$1,804,705 at August 31, 2024 and 2023, respectively.

Second, if a terminated participant had terminated employment with the Employer which had contributed to the Plan prior to the Plan's mass withdrawal and Plan termination, and if that present value of a terminated participant's vested accrued benefit did not exceed \$1,000, the Plan administrator directed the immediate distribution to the participant of the present value of his vested accrued benefit. If the present value of the terminated participant's vested accrued benefit at the time the participant applies for benefits is more than \$1,000 and does not exceed \$1,750, the participant may apply for the immediate distribution of the present value of his vested accrued benefit. If the participant's vested accrued benefit is over \$1,750, an annuity option will be available.

Third, a solvency test must be performed each year to determine if Plan assets are sufficient to make the benefit payments expected due in the next plan year. If the Plan assets fail this test, monthly benefits in excess of the PBGC guaranteed levels are suspended. If Plan assets are not sufficient to pay guaranteed benefits, the PBGC provides the necessary funds. In 2022, the Plan became insolvent and started receiving funds from the PBGC.

Certain benefits under the Plan became insured by the PBGC when the Plan terminated. Generally, the PBGC's maximum guarantee is equal to 100% of the first \$11 of the monthly benefit rate, plus 75% of the next \$33 of the monthly benefit rate, then times the participant's years of credited service.

Greater St. Louis Service Employees' Pension Plan
Notes to Financial Statements
August 31, 2024 and 2023

10. Tax Status of Plan

The Internal Revenue Service ("IRS") has determined and informed the Trustees by a letter dated April 20, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required 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 applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of August 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

11. Commitments

Effective January 1, 2020, the Plan entered into an administrative service agreement with a third party administrator, BeneSys Inc., to administer the day to day operations of the Plan. The agreement was renewed January 1, 2023 for an additional three year period ending December 31, 2025.

Future payments for the years ended August 31, are as follows:

Years ending	
2025	\$ 14,816
2026	<u>4,988</u>
Total	<u>\$ 19,804</u>

Administrative fee expense under this agreement for the years ended August 31, 2024 and 2023 was \$14,380 and \$13,964, respectively.

12. Subsequent Event

The Plan has evaluated subsequent events through March 6, 2025, the date the financial statements were available to be issued.

The Plan was amended to reflect the Final Regulations the IRS released on July 19, 2024 for the SECURE Act and the SECURE Act 2.0.

**Greater St. Louis Service Employees' Pension Plan
Schedules of Administrative Expenses
Years Ended August 31, 2024 and 2023**

	<u>2024</u>	<u>2023 As Restated</u>
Accounting	\$ 24,477	\$ 21,698
Actuarial expense	8,790	5,740
Administrative fees	14,380	13,964
Bank fees	3,533	3,931
Fiduciary and bonding insurance	4,551	4,419
Interest expense	17,164	4,958
Legal	3,234	6,050
Miscellaneous	426	3,358
Office	3,137	2,423
Postage	3,947	6,341
PBGC payment	13,160	13,440
Pension expense	-	5,123
Total Administrative Expenses	<u>\$ 96,799</u>	<u>\$ 91,445</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan GREATER ST. LOUIS SERVICE EMPLOYEES' PENSION TRUST	1b Three-digit plan number (PN) ▶ 001
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) TRUSTEES OF GREATER ST. LOUIS SERVICE EMPLOYEES' PE 13801 RIVERPORT DRIVE SUITE 501 MARYLAND HEIGHTS MO 63043	1c Effective date of plan 09/01/1975 2b Employer Identification Number (EIN) 43-6199572 2c Plan Sponsor's telephone number 314-361-2750 2d Business code (see instructions) 525100

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	<i>Rachel Allen</i>	<i>1/29/2025</i>	RACHEL ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Michael E. Murphy</i>	<i>1/29/2025</i>	MICHAEL E. MURPHY
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	376
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)	0
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	116
c Other retired or separated participants entitled to future benefits	6c	213
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	14
f Total. Add lines 6d and 6e	6f	343
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)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1H 1I 3D

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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