

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 08/01/2023 and ending 07/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS, MO PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan): TILE FINISHERS LOCAL UNION NO. 18
2b Employer Identification Number (EIN): 43-6144045
2c Plan Sponsor's telephone number: 314-200-8244
2d Business code (see instructions): 238300

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. GEORGE MICHAEL (plan administrator), 2. MICHAEL WEBER (employer/plan sponsor), 3. (empty for DFE).

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GEORGE W. MICHAEL JR 3295 PATTERSON PLACE DRIVE APT. 212 ST. LOUIS, MO 63129	3b Administrator's EIN 26-2609067 3c Administrator's telephone number 314-200-8244
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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
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5 Total number of participants at the beginning of the plan year	5	207
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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)	33
a(2) Total number of active participants at the end of the plan year	6a(2)	30
b Retired or separated participants receiving benefits	6b	70
c Other retired or separated participants entitled to future benefits	6c	90
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	20
f Total. Add lines 6d and 6e	6f	210
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 3H

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 type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" 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 type="checkbox"/> Trust (4) <input checked="" 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)

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 0

(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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<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 08/01/2023 and ending 07/31/2024

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

A Name of plan <u>TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS, MO PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TILE FINISHERS LOCAL UNION NO. 18</u>	D Employer Identification Number (EIN) <u>43-6144045</u>

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

1a Enter the valuation date: Month 08 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	<u>8786353</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>9159451</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	<u>7520361</u>
(c) Normal cost under entry age normal method	1c(2)(c)	<u>120107</u>
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>7231059</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>12548115</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>255243</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>418622</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>418622</u>

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

SIGN HERE		<u>04/29/2025</u>
	Signature of actuary	Date
	<u>KEITH KOWALCZYK</u>	<u>23-02812</u>
	Type or print name of actuary	Most recent enrollment number
	<u>EKON BENEFITS</u>	<u>314-367-6555</u>
	Firm name	Telephone number (including area code)
	<u>4940 WASHINGTON BLVD ST. LOUIS, MO 63108</u>	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	8786353
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	85	5391873
(2) For terminated vested participants	89	4738558
(3) For active participants:		
(a) Non-vested benefits		14527
(b) Vested benefits		2403157
(c) Total active	33	2417684
(4) Total	207	12548115
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/01/2024	179824	0			
			Totals ▶	3(b)	3(c)
				179824	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	126.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		<input type="checkbox"/>
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.91 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P21
(2) Females	6c(2)	9FP21
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.3 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	70000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	67893

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)		
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c	9d		4753
e Total charges. Add lines 9a through 9d.....	9e		72646
Credits to funding standard account:			
f Prior year credit balance, if any	9f		1143540
g Employer contributions. Total from column (b) of line 3	9g		179824
		Outstanding balance	
h Amortization credits as of valuation date.....	9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		85310
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)		
(2) "RPA '94" override (90% current liability FFL)	9j(2)		
(3) FFL credit	9j(3)		72646
k (1) Waived funding deficiency.....	9k(1)		
(2) Other credits.....	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		1481320
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		1408674
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No

(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)

EKON BENEFITS

4940 WASHINGTON BLVD
ST. LOUIS, MO 63108

43-1317863

(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?
17 50 11	NONE	37000	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)

MONETARY MANAGEMENT GROUP, INC.

13537 BARRETT PARKWAY DRIVE
SUITE 325
ST. LOUIS, MO 63021

43-1581414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	34133	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)

SCHUCHAT, COOK & WERNER

555 WASHINGTON AVENUE, STE. 520
ST. LOUIS, MO 63101-1249

43-0763010

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	17521	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"/>

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)

U.S. BANK NATIONAL ASSOCIATION

ONE U.S. BANK PLAZA
ST. LOUIS, MO 63101

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9082	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

GEORGE MICHAEL JR

26-2609067

(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?
14 50	NONE	8460	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)

GRABEL, SCHNIEDERS, HOLLMAN & CO.

206 W ARGONNE #200
KIRKWOOD, MO 63122

43-1171178

(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?
21 50	NONE	7200	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.	<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 **08/01/2023** and ending **07/31/2024**

A Name of plan TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS, MO PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TILE FINISHERS LOCAL UNION NO. 18	D Employer Identification Number (EIN) 43-6144045

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	10780	5557
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14680	31085
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16877	23958
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	155570	363978
(2) U.S. Government securities	1c(2)	2230943	2283203
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	634828	500569
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3034001	3141643
(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)	2687904	3251696
(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		
f Total assets (add all amounts in lines 1a through 1e)	1f	8785583	9601689
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 through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8785583	9601689

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)	175795	
(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)		175795
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10976	
(B) U.S. Government securities	2b(1)(B)	67708	
(C) Corporate debt instruments	2b(1)(C)	12668	
(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)		91352
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	32596	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	66601	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		99197
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1675261	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1345404	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		329857
(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)		0

		(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)		658596
c Other income	2c		1323
d Total income. Add all income amounts in column (b) and enter total	2d		1356120

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	408979	
(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)		408979
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)	18500	
(4) IQPA audit fees.....	2i(4)	7200	
(5) Investment advisory and investment management fees	2i(5)	43215	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	18500	
(8) Legal fees	2i(8)	17522	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1195	
(11) Other expenses	2i(11)	24903	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		131035
j Total expenses. Add all expense amounts in column (b) and enter total	2j		540014

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		816106
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: GRABEL, SCHNIEDERS, HOLLMAN & CO. PC

(2) EIN: 43-1171178

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.			

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 536499.

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 08/01/2023 and ending 07/31/2024

A Name of plan <u>TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS, MO PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TILE FINISHERS LOCAL UNION NO. 18</u>	D Employer Identification Number (EIN) <u>43-6144045</u>	

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): 31-0841368

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 STUTTE TILE CO., INC.

b EIN 43-0926463

c Dollar amount contributed by employer 57414

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 07 Day 01 Year 2025

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) 4.08

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

a Name of contributing employer WESTPORT TILE AND GRANITE

b EIN 26-4780339

c Dollar amount contributed by employer 35039

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 07 Day 01 Year 2025

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) 4.08

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

a Name of contributing employer R AND F TILE AND MARBLE

b EIN 43-1038142

c Dollar amount contributed by employer 28113

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 07 Day 01 Year 2025

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) 4.08

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

a Name of contributing employer METRO MARBLE AND GRANITE LLC

b EIN 37-1386175

c Dollar amount contributed by employer 15921

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 07 Day 01 Year 2025

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) 4.08

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

a Name of contributing employer CORNERSTONE MARBLE & TILE INC

b EIN 93-1237611

c Dollar amount contributed by employer 11692

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 07 Day 01 Year 2025

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) 4.08

(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 checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	0
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	0
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	0

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.01
b The corresponding number for the second preceding plan year	15b	1.03

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 _____.

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
FINANCIAL STATEMENTS
FOR THE YEARS ENDED
JULY 31, 2024 AND 2023

GRABEL, SCHNIEDERS, HOLLMAN & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS
206 W. ARGONNE, SUITE 200
KIRKWOOD, MISSOURI 63122

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN

TABLE OF CONTENTS

	Page
Independent Auditor's Report	2-4
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to the Financial Statements	7-16
Supplemental Schedules:	
Schedule of Administrative Expenses	17
Schedule of Assets (Held at End of Year)	18-19
Schedule of Assets (Acquired and Disposed of Within Year)	20

GRABEL, SCHNIEDERS, HOLLMAN & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS
206 W. ARGONNE, SUITE 200
KIRKWOOD, MISSOURI 63122
(314) 434-7310

ALBERT GRABEL, C.P.A. 1911-1992
LLOYD W. SCHNIEDERS, C.P.A. 1942-2022
MARK J. HOLLMAN, C.P.A.

MICHAEL A. HOLLMAN, C.P.A.

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Tile Finishers Local Union No. 18
St. Louis Missouri Pension Plan

Opinion

We have audited the accompanying financial statements of Tile Finishers Local Union No. 18 St. Louis Missouri Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of July 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Tile Finishers Local Union No. 18 St. Louis Missouri Pension Plan as of July 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Tile Finishers Local Union No. 18 St. Louis Missouri Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Tile Finishers Local Union No. 18 St. Louis Missouri Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Tile Finishers Local Union No. 18 St. Louis Missouri Pension 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 Tile Finishers Local Union No. 18 St. Louis Missouri Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of administrative expenses and schedules of assets held for investment, at end of the year, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Grabel, Schnieders, Hollman & Co., P.C.
Kirkwood, Missouri
May 8, 2025

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 AS OF JULY 31,

	2024	2023
<u>ASSETS</u>		
Investments, at fair value		
Common Stock – Domestic & Foreign	\$ 3,141,643	\$ 3,034,001
Registered Investment Companies – Mutual Funds & Partnership	3,251,696	2,687,904
U.S. Government and Agencies	2,283,203	2,230,943
Corporate Bonds	500,569	634,828
Interest Bearing Cash & Equivalents	363,978	155,570
Total Investments	9,541,089	8,743,246
Non-Interest Bearing Cash	5,557	10,780
Receivables		
Contributions Receivable	31,085	14,680
Accrued Income	23,958	16,877
Total Receivables	55,043	31,557
TOTAL ASSETS	9,601,689	8,785,583
 <u>LIABILITIES</u>		
Accrued Expenses	-0-	-0-
TOTAL LIABILITIES	-0-	-0-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 9,601,689	\$ 8,785,583

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

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JULY 31,

	<u>2024</u>	<u>2023</u>
<u>ADDITIONS</u>		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 988,453	\$ 331,980
Interest	91,352	64,168
Dividends	<u>99,197</u>	<u>94,468</u>
Total Investment Income (Loss)	<u>1,179,002</u>	<u>490,616</u>
Less: Investment Expenses	<u>(43,215)</u>	<u>(39,744)</u>
Net Investment Income (Loss)	1,135,787	450,872
Contributions	175,795	178,625
Damages & Interest	<u>1,323</u>	<u>-0-</u>
Total Additions	<u>1,312,905</u>	<u>629,497</u>
 <u>DEDUCTIONS</u>		
Benefits Paid to Participants	408,979	410,254
Administrative Expenses	<u>87,820</u>	<u>71,957</u>
Total Deductions	<u>496,799</u>	<u>482,211</u>
Net Increase (Decrease)	<u>816,106</u>	<u>147,286</u>
 NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>8,785,583</u>	<u>8,638,297</u>
END OF YEAR	<u>\$ 9,601,689</u>	<u>\$ 8,785,583</u>

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

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

1. SUMMARY OF PLAN PROVISIONS

The following is a summary of the Tile Finishers Local Union No. 18 St. Louis Missouri Pension Plan (“Plan”) provisions. Participants should refer to the Plan documents and summary Plan description or contact the administrator for a more complete description of the terms of the Plan.

The Plan is a multiemployer collectively bargained defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan operates as a trust to provide retirement benefits to retirees who, during active employment, were covered employees of participating employers under a collectively bargained agreement between the Bricklayers and Allied Craft Workers International Union of America Tile and Marble Setters and Finishers Local Union No. 18 of Eastern Missouri Administrative District Council Agreement and Tile and Marble Contractors Association St. Louis and Vicinity.

The Plan is administered by an equal number of employer and labor trustees.

The Plan was established as of August 1, 1970. The Plan was most recently amended effective April 1, 2014. Prior to November 10, 1988, the Plan was known and referred to as Local 41 of the International Association of Tile Workers and Finishers Pension Plan. Thereafter, through January 1, 1991, the Plan was known as Tile Setters Assistants Local Union No. 41 St. Louis Missouri Pension Plan. Effective January 2, 1991, the Plan adopted the name Tile Finishers Local No. 18 St. Louis Missouri Pension Plan.

The Plan provides for retirement, death, and disability benefits based on participants’ hours of credited service. Hours of credited service are all hours of service for which contributions are required to be made to the Plan.

Participants age 62, who have completed three (3) years of vesting service or 3,000 hours of credited service, whichever comes first, are entitled to an annual benefit that is computed based on when the hours were credited to their account.

Participants age 55, who have completed three (3) years of vesting service or 3,000 hours of credited service, whichever come first, are entitled to early retirement benefits based on the normal retirement benefit reduced depending on their age at the time of retirement.

Contributions – Contributions are made to the Plan in accordance with the collective bargaining agreement in effect at the time the contribution is made.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements are prepared on the accrual basis of accounting except for benefits which are recorded when paid.

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

The Trustees have not obtained an independent valuation for alternative investments. The Trustees instead as a practical expedient, use of net asset value per unit to measure fair value provided the entity is an investment entity that does not have a readily determinable fair value and the financial statements for the entity are prepared in accordance with accounting standards applicable to such entities.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits – Accumulated Plan benefits are those future periodic payments that are attributable under the Plan’s provisions for the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated Plan benefits are computed based on accrued contributions and hours of service as of July 31, 2023 and 2022. Benefits payable include assumptions under all circumstances including retirement, death, disability, and termination of employment.

An actuarial valuation was made by Ekon Benefits as of August 1, 2023 and 2022 and for the years ended July 31, 2024 and 2023.

Actuarial Assumptions include:

Funding Method:

Aggregate Funding Method – Under this method, the Present Value of Future Normal Costs equals the present value of Benefits reduced by Plan Assets. These future costs are spread as a level percentage over current and future service. The portion attributable to current service is the current year Normal Cost.

Experience gains and losses are included in the Present Value of Future Normal Costs, and therefore are spread over future years as a level percentage.

Valuation of Assets:

5-year smoothing of gains and losses, limited to 80% to 120% of Market Value for both the years ended July 31, 2024 and 2023.

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Mortality Rates, for both the years ended July 31, 2024 and 2023.

- Pre-Retirement: Males: PRI-12 Employee Blue Collar Table for males, with projected mortality improvement based on the most recent improvement scale published (Scale MP 2021).
Females: PRI-12 Employee Blue Collar Table for females, with projected mortality improvement based on the most recent improvement scale published (Scale MP 2021).
- Post-Retirement: Males: PRI-12 Annuitant Blue Collar Table for males, with projected mortality improvement based on the most recent improvement scale published (Scale MP 2021).
Females: PRI-12 Annuitant Blue Collar Table for females, with projected mortality improvement based on the most recent improvement scale published (Scale MP 2021).

Investment Earnings, for both the years ended July 31, 2024 and 2023:

- Pre-Retirement: 7% per annum, compounded annually.
Post-Retirement: 7% per annum, compounded annually.

Current Liability, for both the years ended July 31, 2024 and 2023:

- Interest Rate: 2.91% per annum, compounded annually.

For both the years ended July 31, 2024 and 2023, the assumed retirement age is 60, the expense load is assumed to be \$60,000 annually, and the T-1 Actuaries Table is used for the probability of termination prior to retirement other than death.

Amortization Methods for Contribution Alternatives:

The Minimum Required, Maximum Deductible, and the Recommended Contribution are all based on the Aggregate Cost Method, under which there is no Unfunded Accrued Liability.

Accounts Receivable and Collection – The Trustees monitor accounts receivable and regularly conduct employer payroll audits. Penalties are charged for delinquent contributions. Accounts receivable at the end of the year do not include an allowance for doubtful accounts since it is believed to be immaterial.

Withdrawal Liability – An Employer's withdrawal liability shall be its share of the Plan's unfunded vested liabilities for the period on or after August 1, 2011. An employer's share of the Plan's unfunded vested liabilities for the period on or after August 1, 2011 is the sum of the Employer's share of changes in, and reallocations of, unfunded vested benefit liabilities for each plan year ending after August 1, 2011 and before the date of the withdrawal. For each plan year, the Trustees will determine the excess of the Plan's unfunded vested benefit liabilities at the end of that plan year over the amount as of the prior plan year end, plus amounts of unfunded

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

vested benefit liability determined during that plan year to be uncollectible as the result of an Employer's bankruptcy or reduction in an Employer's liability upon withdrawal as the result of legal minimums or amounts that will not be paid off over 20 years by a withdrawing Employer or amounts that are otherwise determined by the Trustees to be uncollectible. Such amount will be reduced by 5% for each full plan year between the end of that plan year and the date of withdrawal. The withdrawing Employer's share of the liability for each such plan year is that fraction whose numerator is the total contributions required to be made to the Plan by the Employer for the plan year in question and the four prior plan years and whose denominator is the total contributions made by all Employers during that same period, other than Employers who withdrew from the Plan prior to the end of the plan year in question.

For calculating the amount of withdrawal liability, the Trustees will use an interest rate based on currently available interest rates for purchasing annuities and will use other actuarial assumptions recommended by the Plan actuary, from time to time.

Subsequent Events – Subsequent events were evaluated through the date of the independent accountant's audit report, which is the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The Plan measures fair value in accordance with Financial Accounting Standards Board ASC 820 and related interpretations as applicable. The codification defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. Fair Value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the measurement date (i.e., an exit price). The codification includes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the codification are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value:

The valuation levels are not necessarily an indication of risk or liquidity associated with the underlying investment.

Mutual and Exchange Traded Funds:

Valued at the net asset value of shares held by the Plan at year end as quoted in published markets, except for the AFL-CIO Housing Investment Trust (HIT) as discussed on the following page.

U.S. Government Securities and Agencies:

The prices for US Government and Agencies prices are not published but are determined by trading in dealer markets and are classified as Level 2.

Corporate Bonds:

The prices for corporate bonds are not published but are determined by trading in dealer markets and are classified as Level 2.

Money Markets:

Money markets are reported at carrying value.

Investments Valued at Net Asset Value (NAV)

The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) Housing Investment Trust (HIT) is a common-law trust created under the laws of the District of Columbia and is registered under the Investment Company Act of 1940, as amended (the Investment Company Act), as a no-load, open-end investment company. The HIT has obtained certain exemptions from the requirements of the Investment Company Act that are described in the HIT's Prospectus and Statement of Additional Information. Participation in the HIT is limited to eligible pension plans and labor organizations, including health and welfare, general, and other funds that have beneficiaries who are represented by labor organizations. Since the trust is not traded on public exchanges. The trustees as a practical matter have elected to value the investment at net asset value reported to it by the trust rather than obtain an independent valuation. The net asset value of the HIT investments was \$121,492 and \$114,343 as of July 31, 2024 and 2023 respectively.

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Continued)

Unfunded Commitments	Redemption Frequency	Redemption Notice Period
None	The HIT obtained an exemption from the SEC to only trade units on a quarterly basis however the policy of the fund currently is to trade on the last business day of the month	In order to sell units of the HIT requests must be submitted in writing and it must be received on a business day at least 15 days before the last business day of the month, although the HIT may in its sole discretion waive the 15 day notice requirement. Absent a waiver, redemption requests received less than 15 days before the last business day of the month will be processed as of the last business day of the following month.

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 following tables present the level of fair value measurements as of July 31, 2024 and 2023:

ASSETS AT FAIR VALUE AS OF JULY 31, 2024				
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Common Stocks	\$3,141,643	\$ -0-	\$ -0-	\$3,141,643
Registered Investment Companies	3,130,204	-0-	-0-	3,130,204
U.S. Government Securities and Agencies	-0-	2,283,203	-0-	2,283,203
Corporate Bonds	-0-	500,569	-0-	500,569
Interest Bearing Cash & Equivalents	<u>363,978</u>	<u>-0-</u>	<u>-0-</u>	<u>363,978</u>
Total Assets at Fair Value	<u>\$6,635,825</u>	<u>\$2,783,772</u>	<u>\$ -0-</u>	9,419,597
Investments valued at net asset value				<u>121,492</u>
Total Investments				<u>\$9,541,089</u>

ASSETS AT FAIR VALUE AS OF JULY 31, 2023				
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Common Stocks	\$3,034,001	\$ -0-	\$ -0-	\$3,034,001
Registered Investment Companies	2,573,561	-0-	-0-	2,573,561
U.S. Government Securities and Agencies	-0-	2,230,943	-0-	2,230,943
Corporate Bonds	-0-	634,828	-0-	634,828
Interest Bearing Cash & Equivalents	<u>155,570</u>	<u>-0-</u>	<u>-0-</u>	<u>155,570</u>
Total Assets at Fair Value	<u>\$5,763,132</u>	<u>\$2,865,771</u>	<u>\$ -0-</u>	8,628,903
Investments valued at net asset value				<u>114,343</u>
Total Investments				<u>\$8,743,246</u>

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

4. ACTUARIAL VALUATION

The following are the accumulated Plan benefits and changes therein as of August 1, 2023 and 2022 for the years ended July 31, 2024 and 2023:

Accumulated Plan Benefits

	<u>2024</u>	<u>2023</u>
Present value of vested benefits		
Active participants	\$1,164,868	\$1,451,704
Retired and disabled participants and beneficiaries	3,698,331	3,466,881
Terminated vested participants	<u>2,352,477</u>	<u>2,267,756</u>
Total	7,215,676	7,186,341
Non-vested benefits	<u>3,442</u>	<u>9,825</u>
Total present value of accumulated Plan benefits	<u>\$7,219,118</u>	<u>\$7,196,166</u>
Net Assets Available for Benefits		<u>\$8,640,913</u>

Changes in Accumulated Plan Benefits

	<u>2024</u>	<u>2023</u>
Changes in accumulated plan benefits		
Increase in benefits accumulated	\$ 101,764	\$ 96,669
Increase due to passage of time	496,496	480,813
Assumption changes	-0-	-0-
Actuarial gain (loss)	(165,054)	38,272
Benefits paid	<u>(410,254)</u>	<u>(383,360)</u>
Total	<u>22,952</u>	<u>232,394</u>
Present value of accumulated plan benefits		
Beginning of year	<u>7,196,166</u>	<u>6,963,772</u>
End of year	<u>\$7,219,118</u>	<u>\$7,196,166</u>

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

5. CONCENTRATIONS AND RISKS

Because of the size of investments, the Plan's policy is to have a diversified investment portfolio to obtain a reasonable return on investment with a moderate degree of risk. Declines in market value of securities will be absorbed by the Plan. Benefits as explained in Note 7 are partially guaranteed by the Pension Benefit Guaranty Corporation.

The employer contributions are generally from employers in the St. Louis Metropolitan Area. The Plan requires bonds and letters of credit for contributing employers. Three employers contributed approximately 73% of the contributions for the year ended July 31, 2024.

The Plan's cash investments are partially insured by the FDIC up to the limits specified by related laws and regulations. The maximum loss the Plan is exposed to with respect to any investment, contribution receivable or other asset is 100% of the balance less any collateral or insurance that may be recovered.

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

6. TAX STATUS

The Plan received a determination letter dated December 18, 2014 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, however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

7. TERMINATION OF THE DEFINED BENEFIT PLAN – ERISA REQUIREMENTS

In the event of termination, the net assets of the Plan will be allocated, in accordance with ERISA and its related regulations. The order of priority is as follows:

- a. Any benefits related to the contributions of employees.
- b. Any annuity benefits that would have been received for at least the past three years to former employees, or their beneficiaries, or that employees eligible to retire for that three year period would have received if they would have retired with benefits under the Plan. The priority amount is the lowest benefit payable or paid during the five-year period before termination of the Plan.
- c. Insured vested benefits by the Pension Guaranty Corporation (PBGC) up to certain limitations, see below.

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

7. TERMINATION OF THE DEFINED BENEFIT PLAN – ERISA REQUIREMENTS (continued)

- d. All uninsured vested benefits.
- e. All nonvested benefits.

PBGC's guarantee for multiemployer pension Plan benefits depends on the type of benefit, the dollar amount of the benefit, and the date on which the benefit provision was adopted. For the most part, the PBGC guarantees the same type of benefits for multiemployer pension Plans as for benefits in the single-employer program, with the exception that preretirement survivor annuities are forfeitable in multiemployer Plans if the participant has not died as of the termination date.

"Basic" benefits include:

- a. Pension benefits payable at normal retirement age.
- b. Some early retirement benefits.
- c. Disability benefits for persons who were disabled before the Plan terminated, and
- d. Some survivor benefits.

There are three limits that apply to multiemployer pension benefits:

- 1. Accrued at normal retirement age (ERISA Sec. 4022A(c)). The maximum monthly benefit may not exceed the amount of a straight life annuity payable under the Plan at normal retirement age.
- 2. Phase-in of guarantee (60 month rule) (ERISA Sec. 4022A(b)). PBGC does not guarantee a participant's pension benefit until provisions of the Plan providing for the benefit have been in existence for 60 full months. This rule also applies to benefit increases that have been in effect for less than 60 months.
- 3. In addition, if the multiemployer Plan was insolvent or terminated by mass withdrawal in any month, that month does not count toward the 60-month requirement.

Maximum guarantee (ERISA Sec. 4022A(c)). The current multiemployer maximum benefit is: 100% of the first \$11 of the monthly benefit rate, plus 75% of the next \$33 of the monthly benefit rate, times participant's years of service. There is no dollar limit on the monthly benefit payable under the multiemployer program, only a limit on the benefit rate used to calculate the monthly benefit. The maximum guaranteed benefit is not indexed.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

All transactions with parties-in-interest such as service providers are believed to be exempt transactions.

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (continued)

The Plan was previously reimbursed by the Ceramic Tile & Marble Masons Union No. 18 of Missouri Pension Plan for shared expenses. These reimbursements ceased during the prior plan year. The Plan was reimbursed \$-0- and \$1,300, for the years ended July 31, 2024 and 2023, respectively.

Some members are participants in both the Ceramic Tile & Marble Masons Union No. 18 of Missouri Pension Plan.

The Plan's investment portfolio is held in custody by US Bank and managed by Monetary Management Group, Inc., Registered Investment Advisors. This includes an investment in a money market account considered to be cash equivalent. The balance was \$363,978 and \$155,570 as of July 31, 2024 and 2023, respectively. This investment is neither insured nor guaranteed by the FDIC.

9. DIFFERENCES WITH FORM 5500

The Form 5500 net assets and changes in net assets available for benefits are the same as the financial statements except for some reclassifications.

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
 SCHEDULE OF ADMINISTRATIVE EXPENSES
 FOR THE YEAR ENDED JULY 31,

	<u>2024</u>	<u>2023</u>
Administrator		
Administrator salary	\$ 8,460	\$ 10,075
Recordkeeping / bookkeeping fees	18,500	21,500
Less reimbursements	<u>-0-</u>	<u>(1,300)</u>
Total Administrator	26,960	30,275
Actuary	18,500	16,500
Audit	7,200	7,700
Bank charge	306	286
Insurance	8,257	-0-
Legal	17,522	8,469
Office supplies	474	129
PBGC	7,245	6,752
Postage	161	126
Trustees expenses	<u>1,195</u>	<u>1,720</u>
 TOTAL	 <u>\$ 87,820</u>	 <u>\$ 71,957</u>

See Auditor's Report Regarding This Information

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500 - SCHEDULE H, LINE 4I
EIN: 43-6144045 PLAN: 001
JULY 31, 2024

(a)	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value			(d) Cost	(e) Current Value
(b) Identity of issue, borrower, lessor, or similar party	RATE	DATE	PRINCIPLE/SHARES		
INTEREST-BEARING CASH & EQUIVALENTS					
Money Market Accounts:					
First American Government Obligations Fund - Class Y			363,977.71	363,977.71	363,977.71
U.S. GOVERNMENT SECURITIES					
FHLMC Gold Pool #C00676	6.50%	11/1/2028	86.15	87.18	88.42
U.S. Treasury Note	0.375%	11/30/2025	100,000.00	99,947.08	94,645.00
U.S. Treasury Note	1.500%	11/30/2028	100,000.00	95,771.46	90,266.00
U.S. Treasury Note	3.250%	6/30/2029	150,000.00	147,205.65	145,347.00
U.S. Treasury Note	4.250%	9/30/2024	100,000.00	99,932.23	99,793.00
U.S. Treasury Note	4.000%	10/31/2029	200,000.00	198,643.76	200,476.00
U.S. Treasury Note	4.125%	11/15/2032	50,000.00	48,564.14	50,383.00
U.S. Treasury Note	4.125%	6/15/2026	200,000.00	199,165.57	199,320.00
U.S. Treasury Note	3.750%	6/30/1930	150,000.00	149,352.32	148,342.50
U.S. Treasury Note	5.000%	8/31/2025	150,000.00	149,910.06	150,415.50
U.S. Treasury Note	4.000%	2/15/2034	150,000.00	142,712.88	149,367.00
U.S. Treasury Note	1.625%	5/15/2026	150,000.00	146,287.50	143,010.00
U.S. Treasury Note	2.250%	2/15/2027	200,000.00	199,100.00	190,992.00
U.S. Treasury Note	1.625%	8/15/2029	100,000.00	99,326.00	89,574.00
U.S. Treasury Note	0.500%	3/31/2025	200,000.00	201,708.11	194,260.00
U.S. Treasury Note	1.500%	8/15/2026	100,000.00	100,500.00	94,652.00
U.S. Treasury Note	2.250%	11/15/2027	100,000.00	99,275.00	94,516.00
U.S. Treasury Note	2.625%	3/31/2025	150,000.00	149,743.35	147,756.00
TOTAL U.S. GOVERNMENT SECURITIES				2,327,232.29	2,283,203.42
CORPORATE ISSUES					
Alphabet Inc	1.998%	8/15/2026	75,000.00	74,925.00	71,494.50
Arthur J Gallagher	2.400%	11/9/2031	50,000.00	49,836.50	41,634.50
Bristol Myers	0.750%	11/13/2025	100,000.00	98,344.00	95,039.00
Walt Disney	1.850%	7/30/2026	50,000.00	51,491.00	47,317.00
Honeywell	2.300%	8/15/2024	50,000.00	50,878.50	49,936.50
Pepsico Inc	2.375%	10/6/2026	100,000.00	100,071.00	95,673.00
Verizon	3.500%	11/1/2024	100,000.00	102,340.00	99,474.00
TOTAL CORPORATE ISSUES				527,886.00	500,568.50
COMMON STOCK					
Abbott Laboratories			250.00	21,389.00	26,485.00
Abbvie Inc			250.00	17,271.97	46,330.00
Alphabet Inc - CL C			60.00	1,562.74	10,389.00
Alphabet Inc - CL A			500.00	42,200.60	257,310.00
Amazon.com, Inc.			1,000.00	40,943.94	186,980.00
Apple Inc.			1,295.00	49,813.33	287,593.60
Berkshire Hathaway Inc. - CL B			300.00	61,479.77	131,550.00
The Cigna Group			150.00	29,941.17	52,300.50
Cadence Design Systems, Inc.			100.00	29,009.50	26,766.00
Caterpillar Inc.			200.00	43,128.18	69,240.00
Cheniere Energy Inc.			150.00	23,176.50	27,396.00
Chevron Corporation			400.00	35,634.00	64,188.00
Costco Wholesale Corporation			50.00	9,900.59	41,100.00
Danaher Corporation			150.00	8,761.23	41,562.00
Deere & Company			150.00	54,079.49	55,797.00
Delta Air Lines Inc.			1,050.00	34,271.79	45,171.00
Meta Platforms Inc.			200.00	22,924.92	94,966.00
Home Depot Inc.			200.00	27,329.10	73,632.00

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500 - SCHEDULE H, LINE 4i
EIN: 43-6144045 PLAN: 001
JULY 31, 2024

COMMON STOCK (continued)

Honeywell International Inc.	150.00	6,121.17	30,712.50
JPMorgan Chase & Co.	300.00	16,907.40	63,840.00
L3Harris Technologies Inc.	250.00	36,016.35	56,722.50
Lam Research Corporation	50.00	10,093.33	46,062.00
Lockheed Martin Corp	75.00	33,407.02	40,644.00
Mastercard Inc.	150.00	32,170.49	69,556.50
Merck & Co., Inc.	400.00	25,141.04	45,252.00
Microsoft Corp.	800.00	28,023.01	334,680.00
Nvidia Corp.	2,000.00	52,406.00	234,040.00
O'Reilly Automotive Inc	40.00	37,133.20	45,053.60
Pepsico Inc	600.00	46,943.45	103,602.00
Sherwin Williams Co	250.00	32,528.50	87,700.00
Stryker Corp	150.00	24,188.92	49,117.50
Synopsys Inc	100.00	34,593.65	55,832.00
Tesla Inc	200.00	41,167.52	46,414.00
Thermo Fisher Scientific Inc	100.00	17,590.66	61,334.00
Union Pacific Corporation	250.00	51,197.78	61,682.50
Unitedhealth Group Inc.	125.00	29,789.75	72,020.00
Veralto Corp	50.00	1,156.51	5,328.00
Visa Inc. - CL A	200.00	14,787.98	53,134.00
Medtronic PLC	500.00	38,475.00	40,160.00
TOTAL COMMON STOCK		1,162,656.55	3,141,643.20

REGISTERED INVESTMENT COMPANIES

MUTUAL FUNDS - EQUITY:

ISHARES MSCI Emerging Markets ETF	1,400.00	57,335.80	60,130.00
ISHARES MSCI EAFE ETF	900.00	48,887.09	72,324.00
ISHARES RUSSELL MID-CAP ETF	2,500.00	86,077.26	212,350.00
ISHARES Expanded Tech-Software Sector ETF	750.00	43,339.49	63,465.00
ISHARES Semiconductor ETF	450.00	68,353.20	105,921.00
ISHARES RUSSELL 1000 Value ETF	1,125.00	132,931.40	206,313.75
ISHARES RUSSELL 1000 Growth ETF	600.00	114,644.60	214,914.00
ISHARES RUSSELL 2000 ETF	600.00	96,445.46	134,316.00
SPDR S&P Biotech ETF	500.00	45,234.95	49,530.00
The Materials Select Sector SPDR Fund	400.00	33,099.24	36,856.00
The Consumer Staples Select Sector SPDR Fund	1,800.00	99,940.70	140,130.00
The Consumer Discretionary Select Sector SPDR Fund	750.00	121,530.01	140,617.50
The Energy Select Sector SPDR Fund	1,200.00	41,250.62	111,852.00
The Financial Select Sector SPDR Fund	7,050.00	159,024.35	308,367.00
The Industrial Select Sector SPDR Fund	400.00	40,690.00	51,144.00
The Technology Select Sector SPDR Fund	700.00	110,551.45	153,160.00
The Communication Services Select Sector SPDR Fund	800.00	43,727.44	68,632.00
The Real Estate Select Sector SPDR Fund	2,303.00	83,257.44	94,860.57
The Utilities Select Sector SPDR Fund	1,550.00	88,074.45	112,824.50
TOTAL MUTUAL FUNDS - EQUITY:		1,514,394.95	2,337,707.32

MUTUAL FUNDS - FIXED INCOME:

ISHARES Core U.S. Aggregate Bond ETF	3,600.00	409,920.16	356,796.00
ISHARES Intermediate Government/Credit Bond ETF	1,100.00	127,488.57	115,940.00
ISHARES 5-10 Year Investment Grade Corporate Bond ETF	4,500.00	254,666.25	235,845.00
SPDR Portfolio Short Term Corporate Bond ETF	2,800.00	82,515.72	83,916.00
TOTAL MUTUAL FUNDS - FIXED INCOME:		874,590.70	792,497.00

TOTAL REGISTERED INVESTMENT COMPANIES

2,388,985.65 3,130,204.32

PARTNERSHIPS

AFL-CIO Housing Investment Trust	124.33	138,674.77	121,491.58
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TOTAL INVESTMENTS

6,909,412.97 9,541,088.73

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
 SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
 FORM 5500 - SCHEDULE H, LINE 4i
 EIN: 43-6144045 PLAN: 001
 JULY 31, 2024

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value			(c) Cost of Acquisitions	(d) Proceeds of Dispositions	(e) Realized Gain/ Loss
	RATE	DUE	QUANTITY			
REGISTERED INVESTMENT COMPANIES						
The Technology Select Sector SPDR Fund			100.00	14,475.76	22,509.12	8,033.36
US GOVERNMENT ISSUES						
United States Treasury Bill	0.00%	2/1/2024	150,000.00	146,844.17	146,884.17	40.00

**TILE FINISHERS LOCAL UNION NO. 18
ST. LOUIS, MO PENSION PLAN**

EIN: 43-6144045 PN: 001

Schedule MB, Line 8b(2) - Schedule of Active Participant Data

	Age	Years of Credited Service												Total									
		< 1		0-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+		No.	Avg. Ben
0	Under 25	-	-	2	103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	103
1	25 - 29	-	-	1	106	2	336	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	259
2	30 - 34	-	-	4	210	3	315	1	535.62	-	-	-	-	-	-	-	-	-	-	-	-	8	290
3	35 - 39	-	-	2	149	3	345	-	-	1	826	-	-	-	-	-	-	-	-	-	-	6	360
4	40 - 44	-	-	-	-	3	376	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	376
5	45 - 49	1	22	-	-	1	360	-	-	-	-	-	-	1	1,455	-	-	-	-	-	-	3	613
6	50 - 54	-	-	-	-	-	-	-	-	1	736	1	994	-	-	-	-	-	-	-	-	2	865
7	55 - 59	-	-	-	-	-	-	-	-	1	837	1	1,201	-	-	1	1,567	-	-	-	-	3	1,201
8	60 - 64	-	-	-	-	-	-	-	-	-	-	-	-	1	1,500	-	-	-	-	-	-	1	1,500
9	65 - 69	-	-	-	-	1	342	-	-	1	1,058	-	-	-	-	-	-	-	-	-	-	2	700
10	70 +	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		1	22	9	568	13	2,074	1	535.62	4	3,457	2	2,194	2	2,955	1	1,567	-	-	-	-	33	6,267

TILE FINISHERS LOCAL UNION NO. 18
ST. LOUIS, MO PENSION PLAN
EIN: 43-6144045 PN: 001
Schedule MB, line 6 – Actuarial Assumption Methods

Funding Method:

Aggregate Funding Method - Under this method, the Present Value of Future Normal Costs equals the Present Value of Benefits reduced by Plan Assets. These future costs are spread as a level percentage over current and future service. The portion attributable to current service is the current year Normal Cost.

Experience gains and losses are included in the Present Value of Future Normal Costs, and therefore are spread over future years as a level percentage.

Valuation of Assets

5-year smoothing of gains and losses, limited to 80% to 120% of Market Value

Mortality Rates

Pre-Retirement: Males: PRI-12 Employee Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Females: PRI-12 Employee Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Post-Retirement: Males: PRI-12 Annuitant Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Females: PRI-12 Annuitant Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Investment Earnings

Pre-Retirement: 7.00% per annum: compounded annually
Post-Retirement: 7.00% per annum: compounded annually

Current Liability

Interest Rate: 2.91% per annum: compounded annually

Salary Appreciation

Increase Rate: None Assumed

**TILE FINISHERS LOCAL UNION NO. 18
ST. LOUIS, MO PENSION PLAN
EIN: 43-6144045 PN: 001
Schedule MB, line 6 – Actuarial Assumption Methods
(continued)**

Assumed Retirement Age

Age 60

Expense Load

\$70,000 is the assumed annual expense

Termination prior to Retirement other than Death

T-1 Actuaries Table

<u>Age</u>	<u>Probability of Termination</u>
20	0.05441
30	0.03705
40	0.01130
50	0.00000
60 & over	0.00000

Amortization Methods for Contribution Alternatives

The Minimum Required, Maximum Deductible, and the Recommended Contribution are all based on the Aggregate Cost Method, under which there is no Unfunded Accrued Liability.

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">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 <u>08/01/2023</u> and ending <u>07/31/2024</u>	
A	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input checked="" type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information
1a Name of plan Tile Finishers Local Union NO. 18 St. Louis, MO Pension Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 08/01/1970
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) Tile Finishers Local Union No. 18 3295 Patterson Place Drive Apt. 212 St. Louis MO 63129-2475	2b Employer Identification Number (EIN) 43-6144045
	2c Plan Sponsor's telephone number 314-200-8244
	2d Business code (see instructions) 238300

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

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

SIGN HERE		<u>7-28-23</u>	George Michael
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>4-29-2025</u>	Michael Weber
	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 type="checkbox"/> Same as Plan Sponsor GEORGE W. MICHAEL JR 3295 Patterson Place Drive APT. 212 ST. LOUIS MO 63129	3b Administrator's EIN 26-2609067 3c Administrator's telephone number 314-200-8244
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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
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5 Total number of participants at the beginning of the plan year	5	207
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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)	33
a(2) Total number of active participants at the end of the plan year	6a(2)	30
b Retired or separated participants receiving benefits	6b	70
c Other retired or separated participants entitled to future benefits	6c	90
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	20
f Total. Add lines 6d and 6e.....	6f	210
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 3H

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 type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" 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 type="checkbox"/> Trust (4) <input checked="" 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 checked="" 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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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 MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

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

A Name of plan Tile Finishers Local Union NO. 18 St. Louis, MO Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Tile Finishers Local Union No. 18	D Employer Identification Number (EIN) 43-6144045

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

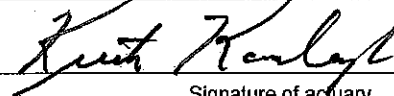
1a Enter the valuation date: Month 08 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	8,786,353
(2) Actuarial value of assets for funding standard account.....	1b(2)	9,159,451
c (1) Accrued liability for plan using immediate gain methods	1c(1)	
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	7,520,361
(c) Normal cost under entry age normal method	1c(2)(c)	120,107
(3) Accrued liability under unit credit cost method	1c(3)	7,231,059
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	12,548,115
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	255,243
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	418,622
(3) Expected plan disbursements for the plan year	1d(3)	418,622

Statement by Enrolled Actuary

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

SIGN HERE		04/29/2025
	Keith Kowalczyk Type or print name of actuary	Date 2302812
	Ekon Benefits Firm name	Most recent enrollment number 314-367-6555
	4940 Washington Blvd St. Louis MO 63108 Address of the firm	Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2023
v. 230728

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.91 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P21
(2) Females	6c(2)	9FP21
d Valuation liability interest rate.....	6d	7.00 %
e Salary scale	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.3 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	70,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	67,893
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	Outstanding balance
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	4,753
e Total charges. Add lines 9a through 9d.....	9e	72,646
Credits to funding standard account:		
f Prior year credit balance, if any	9f	1,143,540
g Employer contributions. Total from column (b) of line 3	9g	179,824
h Amortization credits as of valuation date.....		
(1) ERISA FFL (accrued liability FFL)	9h(1)	Outstanding balance
(2) "RPA '94" override (90% current liability FFL)	9h(2)	
(3) FFL credit	9h(3)	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	85,310
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	
(3) FFL credit	9j(3)	72,646
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	1,481,320
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1,408,674
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TILE FINISHERS LOCAL UNION NO. 18
ST. LOUIS, MO PENSION PLAN
EIN: 43-6144045 PN: 001
Schedule MB, line 6 –Summary of Plan Provisions

Eligibility: Immediate

Normal Retirement: 62 with 3 Years of Vesting Service or 3,000 hours of Credited Service

<u>Hours Worked During Period</u>	<u>Annual Benefit per Hour</u>
Prior to August 1, 1988	16.60¢ (8.4¢ if no hours after 7/31/88)
August 1, 1988 – July 31, 1990	21.60¢ lower rates for prior years)
August 1, 1990 – July 31, 1996	23.50¢
August 1, 1996 – July 31, 1997	27.50¢
August 1, 1997 – July 31, 1998	28.50¢
August 1, 1998 – July 31, 1999	30.50¢
August 1, 1999 – July 31, 2000	33.00¢
August 1, 2000 – July 31, 2001	35.00¢
August 1, 2001 – July 31, 2018	37.00¢
After August 1, 2018	44.50¢

<u>If earned 8 Hours of Credited Service</u>	<u>Benefit Improvement</u>
August 1, 1993 to January 31, 1994	8/1/1993 10%
August 1, 1997 to January 31, 1998	8/1/1997 4%
August 1, 1999 to January 31, 2000	8/1/1999 14%
August 1, 2001 to January 31, 2002	8/1/2000 16% (2 nd yr earlier)

Early Retirement: Age 55 with 3 Years of Vesting Service or 3,000 hours of Credited Service For Rehabilitation Plan, 5% per year reduction from Age 60 to 58, 7% per year reduction from 58 to 55. Tile Setters can retire at 55 even if working.

Late Retirement: Accrual and Actuarial Equivalent

Disability Retirement: Actively working, 6 months of disability and 16,000 Hours of Credited Service (only Tile Finisher hours)

Vesting: 3 Years of Vesting Service or 3,000 hours of Credited Service (prior to 8/1/02 was 5 Years of Vesting Service or 5,000 hours). Tile Setters hours count if no Break-in-Service.

Normal Form: Life Annuity for Rehabilitation Plan (changed from 10 Years Certain & Life)

Credited Service: All non-Break-in-Service Hours Worked

Year of Vesting Service: 870 Hours or more

Break-in-Service: Less than 400 hours (but if 800 hours in two consecutive Plan Years no Break). If working as a Tile Setter – no break

Death Benefits: Not Vested without Break-in-Service - 25¢ per Hour
Vested - 50% Qualified Pre-Retirement Survivor Annuity or 25¢ per Hour – pay at 55 or current, if older
Unmarried – 50% Qualified Pre-Retirement Survivor Annuity with presumed spouse 3 years younger paid as a life annuity of the life of the beneficiary

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500 - SCHEDULE H, LINE 4I
EIN: 43-6144045 PLAN: 001
JULY 31, 2024

(a)	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value			(d) Cost	(e) Current Value
(b) Identity of issue, borrower, lessor, or similar party	RATE	DATE	PRINCIPLE/SHARES		
INTEREST-BEARING CASH & EQUIVALENTS					
Money Market Accounts:					
First American Government Obligations Fund - Class Y			363,977.71	363,977.71	363,977.71
U.S. GOVERNMENT SECURITIES					
FHLMC Gold Pool #C00676	6.50%	11/1/2028	86.15	87.18	88.42
U.S. Treasury Note	0.375%	11/30/2025	100,000.00	99,947.08	94,645.00
U.S. Treasury Note	1.500%	11/30/2028	100,000.00	95,771.46	90,266.00
U.S. Treasury Note	3.250%	6/30/2029	150,000.00	147,205.65	145,347.00
U.S. Treasury Note	4.250%	9/30/2024	100,000.00	99,932.23	99,793.00
U.S. Treasury Note	4.000%	10/31/2029	200,000.00	198,643.76	200,476.00
U.S. Treasury Note	4.125%	11/15/2032	50,000.00	48,564.14	50,383.00
U.S. Treasury Note	4.125%	6/15/2026	200,000.00	199,165.57	199,320.00
U.S. Treasury Note	3.750%	6/30/1930	150,000.00	149,352.32	148,342.50
U.S. Treasury Note	5.000%	8/31/2025	150,000.00	149,910.06	150,415.50
U.S. Treasury Note	4.000%	2/15/2034	150,000.00	142,712.88	149,367.00
U.S. Treasury Note	1.625%	5/15/2026	150,000.00	146,287.50	143,010.00
U.S. Treasury Note	2.250%	2/15/2027	200,000.00	199,100.00	190,992.00
U.S. Treasury Note	1.625%	8/15/2029	100,000.00	99,326.00	89,574.00
U.S. Treasury Note	0.500%	3/31/2025	200,000.00	201,708.11	194,260.00
U.S. Treasury Note	1.500%	8/15/2026	100,000.00	100,500.00	94,652.00
U.S. Treasury Note	2.250%	11/15/2027	100,000.00	99,275.00	94,516.00
U.S. Treasury Note	2.625%	3/31/2025	150,000.00	149,743.35	147,756.00
TOTAL U.S. GOVERNMENT SECURITIES				2,327,232.29	2,283,203.42
CORPORATE ISSUES					
Alphabet Inc	1.998%	8/15/2026	75,000.00	74,925.00	71,494.50
Arthur J Gallagher	2.400%	11/9/2031	50,000.00	49,836.50	41,634.50
Bristol Myers	0.750%	11/13/2025	100,000.00	98,344.00	95,039.00
Walt Disney	1.850%	7/30/2026	50,000.00	51,491.00	47,317.00
Honeywell	2.300%	8/15/2024	50,000.00	50,878.50	49,936.50
Pepsico Inc	2.375%	10/6/2026	100,000.00	100,071.00	95,673.00
Verizon	3.500%	11/1/2024	100,000.00	102,340.00	99,474.00
TOTAL CORPORATE ISSUES				527,886.00	500,568.50
COMMON STOCK					
Abbott Laboratories			250.00	21,389.00	26,485.00
Abbvie Inc			250.00	17,271.97	46,330.00
Alphabet Inc - CL C			60.00	1,562.74	10,389.00
Alphabet Inc - CL A			500.00	42,200.60	257,310.00
Amazon.com, Inc.			1,000.00	40,943.94	186,980.00
Apple Inc.			1,295.00	49,813.33	287,593.60
Berkshire Hathaway Inc. - CL B			300.00	61,479.77	131,550.00
The Cigna Group			150.00	29,941.17	52,300.50
Cadence Design Systems, Inc.			100.00	29,009.50	26,766.00
Caterpillar Inc.			200.00	43,128.18	69,240.00
Cheniere Energy Inc.			150.00	23,176.50	27,396.00
Chevron Corporation			400.00	35,634.00	64,188.00
Costco Wholesale Corporation			50.00	9,900.59	41,100.00
Danaher Corporation			150.00	8,761.23	41,562.00
Deere & Company			150.00	54,079.49	55,797.00
Delta Air Lines Inc.			1,050.00	34,271.79	45,171.00
Meta Platforms Inc.			200.00	22,924.92	94,966.00
Home Depot Inc.			200.00	27,329.10	73,632.00

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500 - SCHEDULE H, LINE 4i
EIN: 43-6144045 PLAN: 001
JULY 31, 2024

COMMON STOCK (continued)

Honeywell International Inc.	150.00	6,121.17	30,712.50
JPMorgan Chase & Co.	300.00	16,907.40	63,840.00
L3Harris Technologies Inc.	250.00	36,016.35	56,722.50
Lam Research Corporation	50.00	10,093.33	46,062.00
Lockheed Martin Corp	75.00	33,407.02	40,644.00
Mastercard Inc.	150.00	32,170.49	69,556.50
Merck & Co., Inc.	400.00	25,141.04	45,252.00
Microsoft Corp.	800.00	28,023.01	334,680.00
Nvidia Corp.	2,000.00	52,406.00	234,040.00
O'Reilly Automotive Inc	40.00	37,133.20	45,053.60
Pepsico Inc	600.00	46,943.45	103,602.00
Sherwin Williams Co	250.00	32,528.50	87,700.00
Stryker Corp	150.00	24,188.92	49,117.50
Synopsys Inc	100.00	34,593.65	55,832.00
Tesla Inc	200.00	41,167.52	46,414.00
Thermo Fisher Scientific Inc	100.00	17,590.66	61,334.00
Union Pacific Corporation	250.00	51,197.78	61,682.50
Unitedhealth Group Inc.	125.00	29,789.75	72,020.00
Veralto Corp	50.00	1,156.51	5,328.00
Visa Inc. - CL A	200.00	14,787.98	53,134.00
Medtronic PLC	500.00	38,475.00	40,160.00
TOTAL COMMON STOCK		1,162,656.55	3,141,643.20

REGISTERED INVESTMENT COMPANIES

MUTUAL FUNDS - EQUITY:

ISHARES MSCI Emerging Markets ETF	1,400.00	57,335.80	60,130.00
ISHARES MSCI EAFE ETF	900.00	48,887.09	72,324.00
ISHARES RUSSELL MID-CAP ETF	2,500.00	86,077.26	212,350.00
ISHARES Expanded Tech-Software Sector ETF	750.00	43,339.49	63,465.00
ISHARES Semiconductor ETF	450.00	68,353.20	105,921.00
ISHARES RUSSELL 1000 Value ETF	1,125.00	132,931.40	206,313.75
ISHARES RUSSELL 1000 Growth ETF	600.00	114,644.60	214,914.00
ISHARES RUSSELL 2000 ETF	600.00	96,445.46	134,316.00
SPDR S&P Biotech ETF	500.00	45,234.95	49,530.00
The Materials Select Sector SPDR Fund	400.00	33,099.24	36,856.00
The Consumer Staples Select Sector SPDR Fund	1,800.00	99,940.70	140,130.00
The Consumer Discretionary Select Sector SPDR Fund	750.00	121,530.01	140,617.50
The Energy Select Sector SPDR Fund	1,200.00	41,250.62	111,852.00
The Financial Select Sector SPDR Fund	7,050.00	159,024.35	308,367.00
The Industrial Select Sector SPDR Fund	400.00	40,690.00	51,144.00
The Technology Select Sector SPDR Fund	700.00	110,551.45	153,160.00
The Communication Services Select Sector SPDR Fund	800.00	43,727.44	68,632.00
The Real Estate Select Sector SPDR Fund	2,303.00	83,257.44	94,860.57
The Utilities Select Sector SPDR Fund	1,550.00	88,074.45	112,824.50
TOTAL MUTUAL FUNDS - EQUITY:		1,514,394.95	2,337,707.32

MUTUAL FUNDS - FIXED INCOME:

ISHARES Core U.S. Aggregate Bond ETF	3,600.00	409,920.16	356,796.00
ISHARES Intermediate Government/Credit Bond ETF	1,100.00	127,488.57	115,940.00
ISHARES 5-10 Year Investment Grade Corporate Bond ETF	4,500.00	254,666.25	235,845.00
SPDR Portfolio Short Term Corporate Bond ETF	2,800.00	82,515.72	83,916.00
TOTAL MUTUAL FUNDS - FIXED INCOME:		874,590.70	792,497.00

TOTAL REGISTERED INVESTMENT COMPANIES

2,388,985.65 **3,130,204.32**

PARTNERSHIPS

AFL-CIO Housing Investment Trust	124.33	138,674.77	121,491.58
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TOTAL INVESTMENTS

6,909,412.97 **9,541,088.73**

TILE FINISHERS LOCAL UNION NO. 18 ST. LOUIS MISSOURI PENSION PLAN
 SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
 FORM 5500 - SCHEDULE H, LINE 4i
 EIN: 43-6144045 PLAN: 001
 JULY 31, 2024

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value			(c) Cost of Acquisitions	(d) Proceeds of Dispositions	(e) Realized Gain/ Loss
	RATE	DUE	QUANTITY			
REGISTERED INVESTMENT COMPANIES						
The Technology Select Sector SPDR Fund			100.00	14,475.76	22,509.12	8,033.36
US GOVERNMENT ISSUES						
United States Treasury Bill	0.00%	2/1/2024	150,000.00	146,844.17	146,884.17	40.00

**TILE FINISHERS LOCAL UNION NO. 18
ST. LOUIS, MO PENSION PLAN
EIN: 43-6144045 PN: 001**

**Schedule MB, line 11
Justification for Change in Actuarial Assumptions**

The administrative expense load was increased from \$60,000 to \$70,000 to reflect actual costs.