

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 <u>DECORATORS UNION LOCAL 17 HEALTH AND WELFARE FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>11/01/1996</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF DECORATORS LOCAL UNION 17 HEALTH AND WELFARE FUND</u> <u>361 S. FRONTAGE ROAD, SUITE 118</u> <u>BURR RIDGE, IL 60527</u>	2b Employer Identification Number (EIN) <u>36-4143124</u>
	2c Plan Sponsor's telephone number <u>630-828-2295</u>
	2d Business code (see instructions) <u>424950</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/02/2025	ANTHONY DEGRADO III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/02/2025	VAUGHN VARNEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5		128
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)		115
6a(2) Total number of active participants at the end of the plan year	6a(2)		116
b Retired or separated participants receiving benefits	6b		11
c Other retired or separated participants entitled to future benefits	6c		0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		
f Total. Add lines 6d and 6e	6f		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		56

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E 4F

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

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

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>5</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))			7d	0
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2837966
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		14086
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DECORATORS UNION LOCAL 17 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF DECORATORS LOCAL UNION 17 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 36-4143124</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	00001D040430	138	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 19418</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
INSENTIAL INC
216 S JEFFERSON UNIT LL2
CHICAGO, IL 60661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19418			3

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		129455
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DECORATORS UNION LOCAL 17 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF DECORATORS LOCAL UNION 17 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 36-4143124</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010258959	167	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5328	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
INSENTIAL INC
216 S JEFFERSON UNIT LL2
CHICAGO, IL 60661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5328			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	0
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	26642
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DECORATORS UNION LOCAL 17 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF DECORATORS LOCAL UNION 17 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 36-4143124</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010258960	128	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 7820</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
INSENTIAL INC
216 S JEFFERSON UNIT LL2
CHICAGO, IL 60661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7820			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))			7d	0
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		39101
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DECORATORS UNION LOCAL 17 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF DECORATORS LOCAL UNION 17 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 36-4143124	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VANGUARD **PO BOX 2600**
VALLEY FORGE, PA 19482

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

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

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

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

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

AMERICAN DATA CENTRE

36-6095542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49 50	NONE	37090	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)

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	29952	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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 50	NONE	28800	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)

ANTHONY DEGRADO IV

36-4143124

(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?
20	TRUSTEE	17710	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)

THOMAS PARAVOLA

PO BOX 66
ELMHURST, IL 60126

(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	16800	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)

FRANK SMALARZ

36-4143124

(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?
20	TRUSTEE	15868	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)

JOE DICARO

36-4143124

(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?
20	TRUSTEE	11097	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)

UNITED ACTUARIAL SERVICES

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	7700	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)

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DECORATORS UNION LOCAL 17 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF DECORATORS LOCAL UNION 17 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 36-4143124

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
a Total noninterest-bearing cash	1a	577613	1102193
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	226409	259647
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	80742	381492
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	174265	168226
(2) U.S. Government securities	1c(2)	4223241	5184136
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4051426	5190383
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	458327	564886
(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	9792023	12850963
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	12079	10258
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	26798	14302
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	38877	24560
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9753146	12826403

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)	5355356	
(B) Participants.....	2a(1)(B)	169934	
(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)		5525290
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	20444	
(B) U.S. Government securities.....	2b(1)(B)	158712	
(C) Corporate debt instruments.....	2b(1)(C)	214170	
(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)		393326
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	7107	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7107
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6623983	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6589794	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		34189
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-40960	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		101311
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6020263

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	2693750	
(3) Other.....	2e(3)	64757	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2758507
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)	34800	
(3) Recordkeeping fees	2i(3)	2800	
(4) IQPA audit fees	2i(4)	26000	
(5) Investment advisory and investment management fees	2i(5)	29952	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	7700	
(8) Legal fees	2i(8)	16800	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	17975	
(11) Other expenses.....	2i(11)	52472	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		188499
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2947006

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3073257
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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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 _____.

**Decorators Union Local 17
Health and Welfare Fund**

Financial Statements

December 31, 2024

**Decorators Union Local 17
Health and Welfare Fund**

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Decorators Union Local 17
Health and Welfare Fund

Opinion

We have audited the financial statements of Decorators Union Local 17 Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Decorators Union Local 17 Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Legacy Professionals LLP

Westchester, Illinois

May 14, 2025

**Decorators Union Local 17
Health and Welfare Fund**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash - checking account	\$ 1,102,193	\$ 577,613
Receivables		
Employer contributions	259,647	226,409
Accrued interest	110,195	65,592
Total receivables	<u>369,842</u>	<u>292,001</u>
Prepaid expenses	<u>271,297</u>	<u>15,150</u>
Investments - at fair value		
U.S. Government Agency obligations	5,184,136	4,223,241
Corporate bonds and notes	5,190,383	4,051,426
Mutual fund	564,886	458,327
Certificate of deposit	151,539	150,433
Money market account	16,687	23,832
Total investments	<u>11,107,631</u>	<u>8,907,259</u>
Total assets	<u>12,850,963</u>	<u>9,792,023</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	10,258	12,079
Due to related organization	14,302	26,798
Total liabilities	<u>24,560</u>	<u>38,877</u>
Net assets available for benefits	<u>\$ 12,826,403</u>	<u>\$ 9,753,146</u>

See accompanying notes to financial statements.

**Decorators Union Local 17
Health and Welfare Fund**

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Employer contributions	\$ 5,355,356	\$ 4,358,053
Participant contributions	169,934	215,821
Investment income - net	<u>465,021</u>	<u>439,034</u>
Total additions	<u>5,990,311</u>	<u>5,012,908</u>
Deductions		
Cost of benefits		
Insurance premiums	2,693,750	3,440,428
Training	58,000	35,869
Drug testing	<u>6,757</u>	<u>5,705</u>
Total cost of benefits	<u>2,758,507</u>	<u>3,482,002</u>
Administrative expenses		
Actuarial fees	7,700	7,500
Audit and compliance audit fees	28,800	31,400
Education and conferences	19,500	17,297
General insurance	488	488
Legal fees	16,800	16,800
Miscellaneous	14,387	3,279
Shared administrative expenses	36,072	40,268
Third-party administration fees	<u>34,800</u>	<u>34,800</u>
Total administrative expenses	<u>158,547</u>	<u>151,832</u>
Total deductions	<u>2,917,054</u>	<u>3,633,834</u>
Net increase	3,073,257	1,379,074
Net assets available for benefits		
Beginning of year	<u>9,753,146</u>	<u>8,374,072</u>
End of year	<u>\$ 12,826,403</u>	<u>\$ 9,753,146</u>

See accompanying notes to financial statements.

**Decorators Union Local 17
Health and Welfare Fund**

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Decorators Union Local 17 Health and Welfare Fund (the Plan) are prepared using the accrual basis of accounting.

Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Payroll compliance audit deficiencies are recognized upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Interest and dividend income is recorded on the accrual basis.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based primarily on the wages earned or hours worked in covered employment and the contribution rate currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction located in Chicago and the surrounding area. Covered employment is primarily derived in the trade show industry.

Benefit Obligation Presentation - As allowed by generally accepted accounting principles, the Plan is presenting information regarding benefit obligations and changes in benefit obligations in the notes to these financial statements.

Benefit Obligations - Postretirement benefit obligations are estimated by the Plan's actuarial consultant in accordance with accepted actuarial principles, based on paid and incurred claims cost studies, Plan benefits, claims experience and other data as considered necessary. The benefit obligation for accumulated eligibility credits is an estimate of insurance premiums which will be due for participants who had accumulated sufficient hours prior to December 31 to be eligible for coverage after year end, based on a cost analysis projection of insurance premiums due for the next year.

Note 1. Summary of Significant Accounting Policies (continued)

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through May 14, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established November 1, 1996, as a result of a collective bargaining agreement to provide health care, prescription drug, dental, vision, disability, life and accidental death benefits for eligible participants and dependents. The Plan also provides training benefits and drug testing for eligible participants. The Plan is a multiemployer welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

All benefits other than training and drug testing are provided through various insurance arrangements. The Plan offers either an HMO or PPO option. Training benefits to eligible participants, who primarily consist of members of the related local union, are provided on a self-funded basis. Training benefits consist of educational programs designed to improve the skills needed in the trade show industry.

For all benefits other than training and drug testing, an individual generally becomes a participant and is eligible to receive coverage on the first day of the calendar month next following the date on which the individual is employed for three consecutive calendar years, during each of which the individual is credited with at least 1,000 hours worked.

A participant who has commenced coverage for medical and prescription drug benefits under a PPO option is generally entitled to maintain such coverage for a calendar year if the participant is credited with at least 1,500 hours worked in the preceding calendar year. Coverage provided for a participant under a PPO option terminates on the January 1 next following a calendar year during which the participant is not credited with at least 1,500 hours worked. A participant becomes eligible as of any such January 1 to commence coverage for medical and prescription drug benefits under an HMO option if the participant is credited with at least 1,000 hours worked in the preceding calendar year.

Note 2. Description of the Plan (continued)

Participants whose coverage under a PPO option has been terminated due to failure to be credited with the minimum number of required hours may restore eligibility to receive medical and prescription drug benefits under a PPO option on the January 1 next following a calendar year during which the participant is credited with at least 1,500 hours worked.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

Participants should refer to the summary plan description for more complete information.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

Note 4. Tax Status

The Plan received a notice of exemption on December 14, 1998, in which the Internal Revenue Service stated that the trust established under 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 notice of exemption. The Trustees and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5. Funding Policy

The Plan is primarily funded by employer and participant contributions and from participants electing coverage under COBRA.

Employer contributions are determined pursuant to terms of the collective bargaining agreement. For the period January 1, 2023 through June 30, 2023, employer contributions were paid at a rate of 24.55% of gross wages. Effective July 1, 2023 through June 30, 2024, employer contributions were paid at a rate of 25.10% of gross wages and effective July 1, 2024, employer contributions were paid at a rate of 26.14%. In addition, employers paid \$0.05 per covered hour worked to provide for training benefits and also pay \$0.05 per covered hour for drug testing from January 1, 2023 through June 30, 2024.

Active participants are required to pay a co-payment of premiums for coverage. The current co-payment is \$120 for each calendar quarter. Certain calendar quarter co-pays are waived for individuals participating in the Plan's voluntary wellness program.

Retirees are required to pay a co-payment of premiums for coverage, generally equal to 50% of the full cost of the insurance premium, based on the coverage option selected.

COBRA contribution rates represent the full cost of the insurance premium, based on the coverage option elected by the participant.

Note 6. Concentration of Cash

Cash and temporary cash investments consist of monies held in checking and highly liquid interest bearing accounts without significant withdrawal restrictions. The Plan maintains its cash at financial institutions deemed to be creditworthy. Balances are insured by FDIC up to \$250,000 per financial institution. At December 31, 2024, the Plan's cash exceeded federally insured limits by approximately \$852,000.

Note 7. Major Employers

Contributions from two employers accounted for approximately 66% and 67% of total employer contributions for the years ended December 31, 2024 and 2023, respectively. In the event the employers suspend contributions, the Plan would terminate coverage to the employers' participants as required under the Plan document. The Plan would retain the risk of paying current fixed administrative expenses until the appropriate adjustments were made.

Note 8. Related Organizations

The Plan is related to two tax-exempt organizations, a pension plan and a local union.

The Plan shares facilities, equipment and staff with the related local union. The local union initially pays all shared expenses. Shared staff expenses for the years ended December 31, 2024 and 2023 totaled \$36,072 and \$40,268 respectively. The local union also initially pays the training benefits provided to the Plan's participants. During the years ended December 31, 2024 and 2023, training benefits incurred on behalf of the Plan totaled \$58,000 and \$35,869 respectively. Amounts due to the local union totaled \$14,302 and \$26,798 as of December 31, 2024 and 2023, respectively.

Note 9. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quote prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

Note 9. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Total	Fair Value Measurements at 12/31/24 Using		
		Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government Agency obligations	\$ 5,184,136	\$ -	\$ 5,184,136	\$ -
Corporate bonds and notes	5,190,383	-	5,190,383	-
Mutual fund	564,886	564,886	-	-
Certificate of deposit	151,539	-	151,539	-
Money market account	16,687	-	16,687	-
Total	\$ 11,107,631	\$ 564,886	\$ 10,542,745	\$ -

	Total	Fair Value Measurements at 12/31/23 Using		
		Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government Agency obligations	\$ 4,223,241	\$ -	\$ 4,223,241	\$ -
Corporate bonds and notes	4,051,426	-	4,051,426	-
Mutual fund	458,327	458,327	-	-
Certificate of deposit	150,433	-	150,433	-
Money market account	23,832	-	23,832	-
Total	\$ 8,907,259	\$ 458,327	\$ 8,448,932	\$ -

Level 1 Measurements

The fair value of the mutual fund is determined by reference to the fund's underlying assets, which are principally marketable equity securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Note 9. Fair Value Measurements (continued)

Level 2 Measurements

U.S. Government Agency and corporate bonds and notes are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

The money market account and certificate of deposit are valued at cost, which approximates fair value.

Note 10. Investment Income

The Plan's net investment income (loss) for the years ended December 31, 2024 and 2023 consists of the following:

	<u>2024</u>	<u>2023</u>
Net appreciation in fair value of investments	\$ 94,541	\$ 209,899
Interest and dividends	<u>400,432</u>	<u>253,183</u>
	494,973	463,082
Less investment expenses	<u>(29,952)</u>	<u>(24,048)</u>
Investment income - net	<u>\$ 465,021</u>	<u>\$ 439,034</u>

Note 11. Benefit Obligations

The following tables present the components of the Plan's benefit obligations at December 31, 2024 and 2023, and the related changes in the Plan's benefit obligations for each year then ended:

	<u>2024</u>	<u>2023</u>
Benefit Obligations		
Other obligations for current benefit coverage, at estimated amounts		
Accumulated eligibility credits	\$ 3,156,000	\$ 2,472,000
Postretirement benefit obligations		
Current retirees	179,421	202,852
Other participants fully eligible for benefits	766,981	708,949
Other participants not yet fully eligible for benefits	<u>918,920</u>	<u>919,422</u>
Total postretirement benefit obligations	<u>1,865,322</u>	<u>1,831,223</u>
Total benefit obligations	<u>\$ 5,021,322</u>	<u>\$ 4,303,223</u>
Changes in Benefit Obligations		
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	\$ 2,472,000	\$ 3,360,000
Increase (decrease) during the year attributable to changes in		
Accumulated eligibility credits	<u>684,000</u>	<u>(888,000)</u>
Balance at end of year	<u>3,156,000</u>	<u>2,472,000</u>
Postretirement benefit obligations		
Balance at beginning of year	1,831,223	2,069,319
Net increase (decrease) during the year attributable to		
Benefits earned and other changes	28,630	(262,083)
Assumption changes	8,193	35,983
Estimated net benefits paid	(94,285)	(115,462)
Interest	<u>91,561</u>	<u>103,466</u>
Balance at end of year	<u>1,865,322</u>	<u>1,831,223</u>
Total benefit obligations	<u>\$ 5,021,322</u>	<u>\$ 4,303,223</u>

Note 12. Postretirement Benefit Obligations

The Plan provides lifetime health coverage to certain retirees and their dependents. Retirees contribute one half of the premium rate for the type of coverage elected.

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers.

Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Some of the more significant assumptions used to calculate the postretirement benefit obligations as of December 31, 2024 and 2023 were as follows:

	<u>2024</u>	<u>2023</u>
Discount rate	5.50%	5.00%
Mortality	105% for males and 110% for females of the Pri-2012 Blue Collar Mortality Tables with adjustments	105% for males and 110% for females of the Pri-2012 Blue Collar Mortality Tables with adjustments
Health care trend rate	8.30% grading to an ultimate rate of 4.00% in 15 years	8.30% grading to an ultimate rate of 4.00% in 15 years

The trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point, it would increase the obligation as of December 31, 2024 by \$169,780 and by \$176,766 as of December 31, 2023.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Note 12. Postretirement Benefit Obligations (continued)

The funding of the postretirement benefit obligation is not covered by the contribution rate provided by the current collective bargaining agreements. However, the Plan empowers the Trustees to increase or decrease the amount of self-payments by eligible retired participants and to modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost of the Plan can be reduced or eliminated prospectively by action of the Trustees.

Postretirement benefit obligations are net of projected retiree contributions, which the actuary has calculated to be approximately 50% as of both December 31, 2024 and 2023.

Note 13. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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.

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Decorators Union Local 17
Health and Welfare Fund

We have audited the financial statements of Decorators Union Local 17 Health and Welfare Fund (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated May 14, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes 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 GAAS.

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.

Legacy Professionals LLP

Westchester, Illinois

May 14, 2025

Statement Period
Account Number

01/01/24 through 12/31/24

DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-4143124

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	8,970,993.33			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%				
TOTAL ACTIVITY FROM 01/01/24 TO 12/31/24				
DEPOSIT	2,701,838.30	2,701,838.30	2,701,838.30	
WITHDRAWAL	2,708,983.32	2,708,983.32	2,708,983.32	
TOTAL	5,410,821.62	5,410,821.62	5,410,821.62	
TOTAL SHORT TERM INVESTMENTS	5,410,821.62	5,410,821.62	5,410,821.62	
U S GOVERNMENT AGENCY				
CUSIP # 3130A3GE8 FHLB 2.75% 12/13/2024				
MATURED 750,000 UNITS	750,000.00	787,080.00	749,850.00	37,080.00-
TOTAL	750,000.00	787,080.00	749,850.00	37,080.00-
CUSIP # 3130AYW77 FHLB 4.75% 02/12/2025				
PURCHASED 650,000 UNITS ON 03/06/24 AT 99.71 THRU KEYBANC CAPITAL MARKETS INC	648,115.00	648,115.00	648,388.00	
TOTAL	648,115.00	648,115.00	648,388.00	
TOTAL U S GOVERNMENT AGENCY	1,398,115.00	1,435,195.00	1,398,238.00	37,080.00-
CORPORATE BONDS				
CUSIP # 29364WAK4 ENTERGY LOUISIANA, LLC 5.4% 11/01/2024				
PURCHASED 250,000 UNITS ON 02/20/24 AT 100.075 THRU KEYBANC CAPITAL MARKETS INC	250,187.50	250,187.50	250,250.00	
REDEEMED 04/10/24 250,000 UNITS	250,000.00	250,187.50	249,657.50	187.50-
TOTAL	500,187.50	500,375.00	499,907.50	187.50-
TOTAL CORPORATE BONDS	500,187.50	500,375.00	499,907.50	187.50-

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Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-4143124

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		7,346,391.62		

Statement Period 01/01/24 through 12/31/24
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DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-4143124

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	8,970,993.33			
SINGLE TRANSACTIONS EXCEEDING 5%:				
03/08/24 PURCHASED 650,000 UNITS FHLB 4.75% 02/12/2025 ON 03/06/24 AT 99.71 THRU KEYBANC CAPITAL MARKETS INC		648,115.00		
11/01/24 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%		500,239.79		
11/07/24 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%		561,374.85		
12/13/24 MATURED 750,000 UNITS FHLB 2.75% 12/13/2024		787,080.00		
12/17/24 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%		717,838.00		
12/19/24 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%		506,025.49		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		3,720,673.13		

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Account Number

DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Schedule Of Reportable Transactions

BY ASSET	VALUATION	8,970,993.33 THRESHOLD		448,549.67		
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 3130A3GE8 FHLB 2.75% 12/13/2024	MAT	12/13/24 750,000.000	750,000.00		787,080.00 735,682.50	14,317.50
CUSIP # 3130AYW77 FHLB 4.75% 02/12/2025	BUY	03/08/24 650,000.000	648,115.00		648,115.00 648,115.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%	DEP	11/01/24	500,239.79		500,239.79 500,239.79	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%	WTH	11/07/24	561,374.85		561,374.85 561,374.85	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%	DEP	12/17/24	717,838.00		717,838.00 717,838.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%	WTH	12/19/24	506,025.49		506,025.49 506,025.49	
3 PURCHASES FOR		1,866,192.79	3 SALES FOR	1,817,400.34	ISSUE AGGREGATE TOTAL	3,683,593.13

Statement Period 01/01/24 through 12/31/24
Account Number

DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Schedule Of Reportable Transactions

AGGREGATE BY ASSET		VALUATION	8,970,993.33	THRESHOLD	448,549.67	
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 29364WAK4 ENTERGY LOUISIANA, LLC 5.4% 11/01/2024	BUY	02/22/24 250,000.000	250,187.50		250,187.50	
	RDM	04/10/24 250,000.000	250,000.00		250,187.50	187.50-
1 PURCHASES FOR		1 SALES FOR	250,000.00	ISSUE AGGREGATE TOTAL		500,187.50
CUSIP # 3130A3GE8 FHLB 2.75% 12/13/2024	MAT	12/13/24 750,000.000	750,000.00		787,080.00	14,317.50
0 PURCHASES FOR		1 SALES FOR	750,000.00	ISSUE AGGREGATE TOTAL	735,682.50	750,000.00
CUSIP # 3130AYW77 FHLB 4.75% 02/12/2025	BUY	03/08/24 650,000.000	648,115.00		648,115.00	
1 PURCHASES FOR		0 SALES FOR	0.00	ISSUE AGGREGATE TOTAL	648,115.00	648,115.00
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%	NET		2,701,838.30		2,701,838.30	
	NET		2,708,983.32		2,708,983.32	
61 PURCHASES FOR		12 SALES FOR	2,708,983.32	ISSUE AGGREGATE TOTAL	2,708,983.32	5,410,821.62

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Account Number

01/01/24 through 12/31/24

DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Schedule Of Reportable Transactions

AGGREGATE BY BROKER		VALUATION	8,970,993.33	THRESHOLD	448,549.67	
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
HILLTOP SECURITIES INC.						
CUSIP # 3130A4CH3	BUY	12/18/24	273,710.25		273,710.25	
FHLB 2.375% 03/14/2025		275,000.000			273,710.25	
CUSIP # 449276AC8	BUY	10/01/24	153,025.50		153,025.50	
IBM INTERNAT CAPITAL 4.6% 02/05/2029		150,000.000			153,025.50	
CUSIP # 716973AB8	BUY	01/12/24	149,535.00		149,535.00	
PFIZER INVT ENTERPRISES PTE 4.45% 05/19/2026		150,000.000			149,535.00	
3 PURCHASES FOR		576,270.75	0 SALES FOR	0.00	BROKER AGGREGATE TOTAL	576,270.75
KEYBANC CAPITAL MARKETS INC						
CUSIP # 29364WAK4	BUY	02/22/24	250,187.50		250,187.50	
ENTERGY LOUISIANA, LLC 5.4% 11/01/2024		250,000.000			250,187.50	
CUSIP # 3130AYW77	BUY	03/08/24	648,115.00		648,115.00	
FHLB 4.75% 02/12/2025		650,000.000			648,115.00	
CUSIP # 3133EPSW6	BUY	12/13/24	377,013.75		377,013.75	
FFCB 4.5% 08/14/2026		375,000.000			377,013.75	
CUSIP # 3133EPUW3	BUY	12/19/24	251,920.00		251,920.00	
FFCB 4.75% 09/01/2026		250,000.000			251,920.00	
CUSIP # 3133ERA92	BUY	11/13/24	149,329.50		149,329.50	
FFCB 4.125% 11/12/2027		150,000.000			149,329.50	
CUSIP # 94988J6B8	BUY	01/23/24	252,060.00		252,060.00	
WELLS FARGO BANK NA 5.55% 08/01/2025		250,000.000			252,060.00	
CUSIP # 94988J6B8	BUY	03/04/24	150,918.00		150,918.00	
WELLS FARGO BANK NA 5.55% 08/01/2025		150,000.000			150,918.00	
7 PURCHASES FOR		2,079,543.75	0 SALES FOR	0.00	BROKER AGGREGATE TOTAL	2,079,543.75
CABRERA CAPITAL MARKETS, LLC						
CUSIP # 10373QBX7	BUY	08/27/24	203,802.00		203,802.00	
BP CAP MARKETS AMERICA 4.699% 04/10/2029		200,000.000			203,802.00	
CUSIP # 110122ED6	BUY	04/30/24	199,012.00		199,012.00	
BRISTOL MYERS SQUIBB CO 4.95% 02/20/2026		200,000.000			199,012.00	
CUSIP # 14913UAB6	BUY	02/12/24	226,163.25		226,163.25	
CATERPILLAR FINL SERVICE 5.15% 08/11/2025		225,000.000			226,163.25	
CUSIP # 172967NX5	BUY	04/17/24	249,620.00		249,620.00	
CITIGROUP INC CITIGROUP INC 5.61% 09/29/2026		250,000.000			249,620.00	
CUSIP # 20030NED9	BUY	09/11/24	254,547.50		254,547.50	
COMCAST CORP 4.55% 01/15/2029		250,000.000			254,547.50	

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DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Schedule Of Reportable Transactions

AGGREGATE BY BROKER		VALUATION	8,970,993.33	THRESHOLD	448,549.67
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT NET GAIN/LOSS
CABRERA CAPITAL MARKETS, LLC					
CUSIP # 438516CQ7	BUY	08/19/24	205,090.00		205,090.00
HONEYWELL INTERNATIONAL INC 4.875% 09/01/2029		200,000.000			205,090.00
CUSIP # 48125LRU8	BUY	04/15/24	249,427.50		249,427.50
JP MORGAN CHASE BANK NA 5.11% 12/08/2026		250,000.000			249,427.50
CUSIP # 64110LAN6	BUY	12/19/24	249,510.00		249,510.00
NETFLIX INC 4.375% 11/15/2026		250,000.000			249,510.00
8 PURCHASES FOR		1,837,172.25	0 SALES FOR	0.00	BROKER AGGREGATE TOTAL 1,837,172.25
FCSTONE					
CUSIP # 3130ARGJ4	BUY	12/13/24	369,547.50		369,547.50
FHLB 2.5% 10/14/2025		375,000.000			369,547.50
CUSIP # 38148LAC0	BUY	03/11/24	147,489.00		147,489.00
GOLDMAN SACHS GROUP INC 3.5% 01/23/2025		150,000.000			147,489.00
2 PURCHASES FOR		517,036.50	0 SALES FOR	0.00	BROKER AGGREGATE TOTAL 517,036.50

Schedule H, Line 4i
Schedule of Assets (Held at Year End)

Supplemental Schedule 1

DECORATORS LOCAL UNION 17 HEALTH AND WELFARE FUND
EIN 36-4143124 PLAN 501
YEAR END: 12/31/24

	FMV	Cost
Total interest bearing cash - see attached	168,226	166,687
U.S. Government - see attached	5,184,136	5,240,347
Corporate Bonds - see attached	5,190,383	5,215,584
Mutual Fund - see attached	564,886	287,877
Total investments	<u>11,107,631</u>	<u>10,910,495</u>

TRADE DATE - INCOME ACCRUALS Page 4

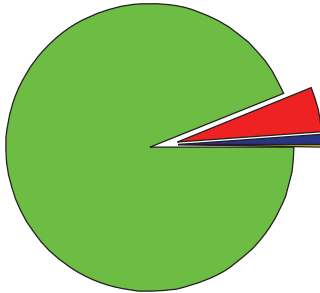
Statement Period
Account Number

01/01/24 through 12/31/24

DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Investment Review - Summary Of General Investments

Investment Allocation



1.0%	CASH	110,194.78
5.0%	EQUITIES	564,886.49
93.9%	FIXED INCOME SECURITIES	10,526,057.50
0.1%	MONEY MARKETS	16,686.80
100.0%	Total	11,217,825.57

Investment Summary

	Cost	Market Value	% of Acct	Estim Ann Inc	Income Yield
CASH	110,194.78	110,194.78	0.98	0	0.00
MONEY MARKETS	16,686.80	16,686.80	0.15	746	4.47
FIXED INCOME SECURITIES	10,605,930.25	10,526,057.50	93.83	465,999	4.43
EQUITIES	287,877.23	564,886.49	5.04	7,165	1.27
Total Fund	11,020,689.06	11,217,825.57	100.00	473,909	4.22

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
	ACCRUED INCOME	110,194.78		110,194.78		0.00
	SHORT TERM INVESTMENTS					
16,686.8	GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47% 38141W273	16,686.80 (2)		16,686.80 (1)	746	4.47
	CERTIFICATES OF DEPOSIT					
150,000	AMERICAN EXPR NATL BK 4.95% 03/30/2026 02589AER9	150,000.00 (2)	101.026	151,539.00 (1)	7,425	4.90

Σ (2) **166,687**

Σ (1) **Interest bearing cash - 168,226**

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Statement Period 01/01/24 through 12/31/24
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DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
U S GOVERNMENT AGENCY						
275,000	FHLB 2.375% 03/14/2025 3130A4CH3	273,710.25	99.592	273,878.00	6,531	2.38
100,000	FHLB 1.875% 09/11/2026 3130A8XY4	105,297.00	95.962	95,962.00	1,875	1.95
500,000	FHLB 1.75% 09/12/2025 3130A8ZQ9	511,580.00	98.223	491,115.00	8,750	1.78
375,000	FHLB 2.5% 10/14/2025 3130ARGJ4	369,547.50	98.651	369,941.25	9,375	2.53
100,000	FHLB 4.5% 03/10/2028 3130ATS57	101,880.00	100.367	100,367.00	4,500	4.48
350,000	FHLB 4.5% 12/12/2025 3130ATUC9	354,375.00	100.217	350,759.50	15,750	4.49
325,000	FHLB 4.5% 12/14/2029 3130ATUT2	327,655.25	100.357	326,160.25	14,625	4.48
300,000	FEDERAL HOME LOAN BANK 5.125% 06/13/2025 3130AWLY4	299,805.00	100.355	301,065.00	15,375	5.11
250,000	FEDERAL HOME LOAN BANK 4.75% 06/12/2026 3130AWLZ1	249,697.50	100.631	251,577.50	11,875	4.72
200,000	FEDERAL HOME LOAN BANK 4.75% 12/08/2028 3130AXQK7	204,904.00	101.521	203,042.00	9,500	4.68
650,000	FHLB 4.75% 02/12/2025 3130AYW77	648,115.00	100.016	650,104.00	30,875	4.75
300,000	FHLB 4.625% 06/11/2027 3130B1EF0	305,344.50	100.787	302,361.00	13,875	4.59
200,000	FEDERAL FARM CREDIT BANK 4.125% 01/11/2029 3133EN5W6	199,050.00	98.948	197,896.00	8,250	4.17
375,000	FFCB 4.5% 08/14/2026 3133EPSW6	377,013.75	100.387	376,451.25	16,875	4.48
500,000	FFCB 4.75% 09/01/2026 3133EPUW3	505,482.50	100.77	503,850.00	23,750	4.71

TRADE DATE - INCOME ACCRUALS Page 6

Statement Period 01/01/24 through 12/31/24
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DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
150,000	FFCB 4.125% 11/12/2027 3133ERA92	149,329.50	99.569	149,353.50	6,188	4.14
250,000	FNMA 1.875% 09/24/2026 3135G0Q22	257,560.00	96.101	240,252.50	4,688	1.95
	TOTAL U S GOVERNMENT AGENCY	5,240,346.75		5,184,135.75	202,657	3.91
	CORPORATE BONDS					
200,000	AMAZON COM INC 3.3% 04/13/2027 023135CF1	198,338.00	97.611	195,222.00	6,600	3.38
250,000	AMERICAN HONDA FINANCE 5.125% 07/07/2028 02665WEM9	256,207.50	100.681	251,702.50	12,813	5.09
200,000	BANK OF MONTREAL 5.203% 02/01/2028 06368LGV2	203,154.00	100.769	201,538.00	10,406	5.16
225,000	BANK OF NY MELLON CORP 4.975% 03/14/2030 06406RBV8	226,262.25	100.127	225,285.75	11,194	4.97
200,000	BP CAP MARKETS AMERICA 4.699% 04/10/2029 10373QBX7	203,802.00	99.485	198,970.00	9,398	4.72
200,000	BRISTOL MYERS SQUIBB CO 4.95% 02/20/2026 110122ED6	199,012.00	100.488	200,976.00	9,900	4.93
225,000	CATERPILLAR FINL SERVICE 5.15% 08/11/2025 14913UAB6	226,163.25	100.28	225,630.00	11,588	5.14
250,000	CITIGROUP INC CITIGROUP INC 5.61% 09/29/2026 172967NX5	249,620.00	100.543	251,357.50	14,025	5.58
250,000	COMCAST CORP 4.55% 01/15/2029 20030NED9	254,547.50	99.017	247,542.50	11,375	4.60
150,000	JOHN DEERE CAPITAL CORP 4.95% 07/14/2028 24422EXB0	149,560.50	100.966	151,449.00	7,425	4.90
175,000	FLORIDA POWER & LIGHT 5.05% 04/01/2028 341081GK7	172,067.00	100.972	176,701.00	8,838	5.00

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Statement Period 01/01/24 through 12/31/24
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DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
150,000	GOLDMAN SACHS GROUP INC 3.5% 01/23/2025 38148LAC0	147,489.00	99.943	149,914.50	5,250	3.50
200,000	HONEYWELL INTERNATIONAL INC 4.875% 09/01/2029 438516CQ7	205,090.00	100.595	201,190.00	9,750	4.85
150,000	IBM INTERNAT CAPITAL 4.6% 02/05/2029 449276AC8	153,025.50	99.106	148,659.00	6,900	4.64
100,000	INTEL CORP 4.875% 02/10/2028 458140CE8	100,488.00	99.479	99,479.00	4,875	4.90
250,000	JP MORGAN CHASE BANK NA 5.11% 12/08/2026 48125LRU8	249,427.50	101.057	252,642.50	12,775	5.06
200,000	LOCKHEED MARTIN CORPORATION 5.1% 11/15/2027 539830BV0	207,304.00	101.531	203,062.00	10,200	5.02
150,000	MINNESOTA MINING & MANUFACTURING 6.375% 02/15/2028 604059AE5	156,532.50	104.153	156,229.50	9,563	6.12
150,000	MORGAN STANLEY SER 1 MTN 6.138% 10/16/2026 61747YEX9	150,421.50	101.012	151,518.00	9,207	6.08
150,000	NATIONAL RURAL UTIL CORP 5.45% 10/30/2025 63743HFF4	151,582.50	100.723	151,084.50	8,175	5.41
250,000	NETFLIX INC 4.375% 11/15/2026 64110LAN6	249,510.00	99.634	249,085.00	10,938	4.39
150,000	PFIZER INVT ENTERPRISES PTE 4.45% 05/19/2026 716973AB8	149,535.00	99.86	149,790.00	6,675	4.46
150,000	PRIVATE EXPORT FDG CORP 3.9% 10/15/2027 742651DZ2	149,760.00	98.403	147,604.50	5,850	3.96
200,000	TEXAS INSTRUMENTS INC 4.6% 02/15/2028 882508BV5	199,406.00	100.18	200,360.00	9,200	4.59

TRADE DATE - INCOME ACCRUALS Page 8

Statement Period 01/01/24 through 12/31/24
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DECORATORS UNION LOCAL 17
HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
200,000	TOYOTA MOTOR CREDIT CORP 5.4% 11/10/2025 89236TKK0	204,300.00	100.801	201,602.00	10,800	5.36
400,000	WELLS FARGO BANK NA 5.55% 08/01/2025 94988J6B8	402,978.00	100.447	401,788.00	22,200	5.53
	TOTAL CORPORATE BONDS	5,215,583.50		5,190,382.75	255,920	4.93
	MUTUAL FUNDS/EQUITY					
4,004.867	VANGUARD TOTAL STOCK MARKET INDEX FD INSTITUTIONAL SHS - FD# 855 922908801	287,877.23	141.05	564,886.49	7,165	1.27
	Total Fund	11,020,689.06		11,217,825.57	473,913	4.22

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1	
DESCRIPTION		BEGINNING	ENDING
PREPAID EXPENSES		15,150.	271,297.
ACCRUED INTEREST		65,592.	110,195.
TOTAL TO SCHEDULE H, LINE 1B(3)		80,742.	381,492.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 2	
DESCRIPTION		BEGINNING	ENDING
DUE TO RELATED PARTY		26,798.	14,302.
TOTAL TO SCHEDULE H, LINE 1J		26,798.	14,302.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 3	
DESCRIPTION		AMOUNT	
DRUG TESTING		6,757.	
TRAINING EXPENSES		58,000.	
TOTAL TO SCHEDULE H, LINE 2E(3)		64,757.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 4	
DESCRIPTION		AMOUNT	
INSURANCE EXPENSE		488.	
MISCELLANEOUS		14,387.	
REIMB. SHARED ADMIN. EXP.		36,072.	
MEETING AND CONFERENCE		1,525.	
TOTAL TO SCHEDULE H, LINE 2I(11)		52,472.	