

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 ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PLUMBERS' & PIPEFITTERS' WELFARE EDUCATIONAL FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1951
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES , PLUMBERS AND PIPEFITTERS' WELFARE EDUCATIONAL FUND 3640 CORPORATE TRAIL DRIVE EARTH CITY, MO 63045
2b	Employer Identification Number (EIN) 43-0657966
2c	Plan Sponsor's telephone number 314-355-1000
2d	Business code (see instructions) 238220

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.	07/30/2025	MARK J. COLLOM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4265
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	2600
a(2) Total number of active participants at the end of the plan year	6a(2)	2791
b Retired or separated participants receiving benefits	6b	1730
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	4521
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	177

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 4C 4D 4E 4F 4J 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PLUMBERS' & PIPEFITTERS' WELFARE EDUCATIONAL FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES , PLUMBERS AND PIPEFITTERS' WELFARE EDUCATIONAL FUND	D Employer Identification Number (EIN) 43-0657966	

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
--

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

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

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

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

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

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

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

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

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

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

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

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

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

MERITAIN HEALTH

151 FARMINGTON AVE
HARTFORD, CT 06156

(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?
12 50	NONE	1340144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARD REH, M.D.

1704 WINESAP LANE
KIRKWOOD, MO 63122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	277255	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A. HERZOG, M.D.

816 S. BEMISTON
ST. LOUIS, MO 63105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	222741	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RAFI KEVORKIAN, M.D.

522 N. NEW BALLAS RD, STE 317
ST. LOUIS, MO 63141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	205531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M. COLLOM

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	192991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUEST DIAGNOSTIC

P.O. BOX 14730
ST. LOUIS, MO 63150

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	187160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50 70	NONE	186501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K. O'MARA

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	174391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL

43-0908349

(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?
12 15 50	NONE	161108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CIGNA HEALTH & LIFE INSURANCE CO.

59-1031071

(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?
12 13 38 49 50 56 62	NONE	161016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M. MCCLIMENS

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	157454	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKEAN REPRODUCTIVE

125 CHESTERFIELD TOWNE CTR
CHESTERFIELD, MO 63005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	144540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MAXORPLUS PHARMACY BENEFIT

320 S. POLK ST. 200
AMARILLO, TX 79101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	142640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T. MADDEN

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	142063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P. GALLAGHER

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	138128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HARTNETT REYES-JONES, LLC

43-1205253

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	136162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S. KIELY

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	135969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

D. O'CONNELL

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	134957	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

T. BIELICKI

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	133407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K. MCDONOUGH

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	132973	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J. SANSONE

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	132326	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

M. HEPBURN

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	132300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A. CAMMARATA

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	127913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B. HOWELL

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	119058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

B. FLYNN

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	114906	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J. HICKEY

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	113596	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAV RX

224 NORTH PARK AVENUE
FREMONT, NE 68025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	113401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PAUL B. HOFFMAN

11405 NEW HALLS FERRY
FLORISSANT, MO 63033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	108401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	103750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K. BUSHMAN

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	101771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

N. BORDERS

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	101574	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. LOCK

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	99586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RED CARD

10812 AMBASSADOR BLVD
ST. LOUIS, MO 63132

(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?
12 50	NONE	99444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

L. SCHAFER

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	88975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. CHRISTIAN-BRICE

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	85980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L. DELUCA

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	84803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COMMERCE TRUST COMPANY

43-0356370

(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 51	NONE	84799	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

M. DANCHUS

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	84462	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDERSON COMPUTER CONSULTANTS LLC

1108 E PATTERSON ST, STE 1
KIRKWOOD, MO 63501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	84065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

S. GEORGER

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	82195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. NENNINGER

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79942	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

D. O'NEAL

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

K. HOLDMEYER

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K. JOHNDROW

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J. DISKO

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

B. FINK

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	78632	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M. SANDERS

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	77585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES

11590 N MERIDIAN ST, STE 610
CARMEL, IN 46032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	77266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PBIRX

612 WHEELERS FARMS ROAD
MILFORD, CT 06461

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	76136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L. SAGE

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	75943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M. HARCHARIK

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	75608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

D. SKILJAN

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	75132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

E. GEORGER

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	74690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. SELLINI

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	74487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

M. BURTON

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	73302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T. WAYNE

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	73052	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. SCHULTE

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

S. HUNT

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	68448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A. LATZEL

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	67832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S. BONDURANT

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	67648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

C. O'TOOLE

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B. ARNET

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J. STEINRAUF

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

M. MENSIO

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J. OWENS

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	61688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L. NASH

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	61355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES L. CRANE AGENCY

43-1394059

(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?
23 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	56789	Yes ☐ No ☐

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

S. PEROTTI

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53516	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L. O'MARA

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47138	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ASTON CARTER, INC.

7545 ASHWOOD RD STE 200
WEST DES MOINES, IA 50266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	45249	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

W. ADAMS

59 FAIR OAKS DRIVE
ST. LOUIS, MO 63124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	43785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M. DANTER, M.D.

12259 CARBERRY PLACE
ST. LOUIS, MO 63131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BJC HEALTH CENTER

510 S. KINGSHIGHWAY BLVD.
ST. LOUIS, MO 63108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	38962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION SERVICE PLAN

36-3560825

(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?
12 13 15 50	NONE	37142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J. SLOAN

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	36242	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

J. SUMMERS

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	33214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L. SCHACKELFORD

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	31258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

R. SCHROEDER

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	30927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

C. MCDONOUGH

43-0657966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	29710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST RADIOLOGY

12303 DE PAUL DR.
BRIDGETON, MO 63044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	28300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HITS SCANNING SOLUTIONS

43-1548486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	21882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JEFFREY MORMOL, M.D.

555 N. NEW BALLAS, STE. 240
ST. LOUIS, MO 63141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAINT LOUIS DERMATOLOGY LLC

8000 MARYLAND AVE STE 760
SAINT LOUIS, MO 63105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	17716	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON UNIVERSITY

1 BROOKINGS DR.
ST. LOUIS, MO 63130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	16952	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

L. KUHN, M.D.

12111 BELLE MEADE ROAD
ST. LOUIS, MO 63131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

43-1301883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MINUTEMAN PRESS

101 S 1ST STREET
MARSHALLTOWN, IA 50158

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ASMED HEALTH PARTNERSHIP

65-0456637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	13858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTOPHER M. SCHRICK OD, LLC

1042 S. KIRKWOOD RD
KIRKWOOD, MO 63122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	13440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENSFELDER, HEMKER AND GALE

43-1313567

(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	12169	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WHITESTAR ADVISORS LLC

902 CLINT MOORE RD, SUITE 104
BOCA RATON, FL 33487

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COMMERCE TRUST COMPANY	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COMMERCE - UNALLOCATED FEES 922 WALNUT STREET KANSAS CITY, MO 64106	SHAREHOLDER SERVICING FEES

(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan PLUMBERS' & PIPEFITTERS' WELFARE EDUCATIONAL FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES , PLUMBERS AND PIPEFITTERS' WELFARE EDUCATIONAL FUND	D Employer Identification Number (EIN) 43-0657966

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7536469	6555452
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1739261	2513274
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17674097	22852711
(2) U.S. Government securities	1c(2)	17069263	18979953
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	19265628	18424451
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	97885927	106872120
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	9720212	9645016

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	24013567	24910879
f Total assets (add all amounts in lines 1a through 1e)	1f	194904424	210753856
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	4615526	6250665
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4615526	6250665
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	190288898	204503191

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)	80204448	
(B) Participants	2a(1)(B)	3849507	
(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)		84053955
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	519066	
(C) Corporate debt instruments	2b(1)(C)	847774	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1193770	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2560610
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4607719	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4607719
(3) Rents	2b(3)		278342
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	21524245	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20956943	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3102321	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2646830
d Total income. Add all income amounts in column (b) and enter total	2d		97817079

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	72828379	
(2) To insurance carriers for the provision of benefits	2e(2)	3859966	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		76688345
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)	1992014	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	143445	
(5) Investment advisory and investment management fees	2i(5)	84799	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	77266	
(8) Legal fees	2i(8)	148332	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4468585	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6914441
j Total expenses. Add all expense amounts in column (b) and enter total	2j		83602786

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14214293
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 _____.



PLUMBERS' AND PIPEFITTERS'

Welfare Educational Fund

Financial Statements with Supplementary Information and
Additional Information and Independent Auditors' Report

YEARS ENDED DECEMBER 31, 2024 AND 2023



Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8 - 20
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	21 - 29
Schedule H, Line 4j - Schedule of Reportable Transactions	30
Additional Information	
Schedule of Property and Equipment	31
Schedules of Health Center Expenses	32
Schedules of Training School Expenses	33
Schedules of Block Training Fund Assets and Gross Profit	34
Schedules of Building Fund Assets and Gross Profit	35
Schedules of Operating Expenses	36



Independent Auditors' Report

Board of Trustees
Plumbers' and Pipefitters' Welfare Educational Fund
Earth City, Missouri

Opinion

We have audited the accompanying financial statements of Plumbers' and Pipefitters' Welfare Educational 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 and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its 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.

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.
- 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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional schedules on pages 31 - 36 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in blue ink that reads "Anders Minkler Huber & Helms LLP". The signature is written in a cursive, flowing style.

July 30, 2025
St. Louis, Missouri

Plumbers' and Pipefitters' Welfare Educational Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets			
		<u>2024</u>	<u>2023</u>
Investments, at Fair Value		\$ 176,774,251	\$ 161,615,127
Receivables			
Employer contributions (net of allowance for credit losses of \$45,000 in 2024 and 2023)		6,555,452	7,536,469
Dividends and interest		554,160	531,892
Rebate receivables		1,653,946	1,207,369
Other		305,168	-
Total Receivables		<u>9,068,726</u>	<u>9,275,730</u>
Property and Equipment, Net		17,174,916	18,281,788
Construction in Progress		627,231	-
Other Assets		<u>262,682</u>	<u>201,140</u>
Total Assets		<u>203,907,806</u>	<u>189,373,785</u>
Liabilities			
Cash Overdraft		1,360,372	1,553,717
Accounts Payable and Accrued Expenses		2,583,091	2,332,383
Payroll Taxes and Withholdings		19,213	30,213
Due to Local Union 562		113,408	141,363
Due to Plumbers' and Pipefitters' Supplemental Pension Plan and Trust		1,071,923	280,454
Due to Plumbers' and Pipefitters' Local Union No. 562 Pension Fund		<u>1,102,658</u>	<u>277,396</u>
Total Liabilities		<u>6,250,665</u>	<u>4,615,526</u>
Net Assets Available for Benefits		<u>\$ 197,657,141</u>	<u>\$ 184,758,259</u>

Plumbers' and Pipefitters' Welfare Educational Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets:		
Investment Income		
Interest	\$ 2,560,610	\$ 2,231,950
Dividends	4,607,719	4,209,342
Net appreciation in fair value of investments	<u>3,656,961</u>	<u>8,802,940</u>
Total investment income	10,825,290	15,244,232
Less: investment expense	<u>(84,799)</u>	<u>(80,939)</u>
Net Investment Income	<u>10,740,491</u>	<u>15,163,293</u>
Contribution Income		
Employers' Contribution Income		
Employers' welfare contributions	74,863,350	70,595,556
Block training fund contributions	4,024,032	3,855,649
Building fund contributions	<u>1,317,066</u>	<u>1,257,538</u>
Total Employers' Contribution Income	80,204,448	75,708,743
Retiree contributions for health benefits	<u>3,849,507</u>	<u>3,777,747</u>
Total Contribution Income	<u>84,053,955</u>	<u>79,486,490</u>
Office Rental	263,942	244,711
Other Rentals	14,400	18,000
Administrative Service Income	852,055	705,908
Gain on Sale of Property and Equipment	12,662	-
Other	<u>479,364</u>	<u>240,232</u>
Total Additions	<u>96,416,869</u>	<u>95,858,634</u>
Deductions from Net Assets:		
Benefits Paid to/for Participants		
Medical and surgical	32,603,183	33,334,573
Prescriptions	7,723,422	9,657,560
Dental	3,438,464	3,453,765
Disability	388,678	176,376
Vision/eyeglasses	436,579	430,667
Life and accidental death	452,000	506,500
Vacation and holiday	13,198,452	12,660,219
Insurance premiums	3,859,966	3,770,428
Stop loss insurance premiums	433,453	357,552
Severance/sub-pay	306,962	265,779
Health center expenses	3,304,099	3,081,154
Training school expenses	5,379,191	4,916,055
Block training fund expenses	<u>5,163,896</u>	<u>4,012,098</u>
Total Benefits Paid to/for Participants	76,688,345	76,622,726
Building Fund Expenses	234,748	225,979
Operating Expenses	<u>6,594,894</u>	<u>6,585,682</u>
Total Deductions	<u>83,517,987</u>	<u>83,434,387</u>
Net Increase	12,898,882	12,424,247
Net Assets Available for Benefits, Beginning of Year	<u>184,758,259</u>	<u>172,334,012</u>
Net Assets Available for Benefits, End of Year	<u>\$ 197,657,141</u>	<u>\$ 184,758,259</u>

Plumbers' and Pipefitters' Welfare Educational Fund
Statements of Benefit Obligations
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents:		
Health claims payable and claims incurred but not reported	\$ 4,575,000	\$ 5,239,000
Postemployment Benefit Obligations, at Estimated Amounts		
Accumulated eligibility credits	<u>38,471,000</u>	<u>41,482,000</u>
Total Benefit Obligations Other than Post-Retirement Benefit Obligations	<u>43,046,000</u>	<u>46,721,000</u>
Postretirement Benefit Obligations		
Current retirees, beneficiaries, and dependents	195,895,447	199,631,657
Other participants fully eligible for benefits	78,260,363	78,812,522
Other participants not yet fully eligible for benefits	<u>171,136,139</u>	<u>173,895,099</u>
Total Postretirement Benefit Obligations	<u>445,291,949</u>	<u>452,339,278</u>
Plan's Total Benefit Obligations	<u>\$ 488,337,949</u>	<u>\$ 499,060,278</u>

Plumbers' and Pipefitters' Welfare Educational Fund
Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents:		
Balance at beginning of year	\$ 5,239,000	\$ 5,735,000
Claims reported and approved for payment	44,378,326	47,063,441
Claims paid	<u>(45,042,326)</u>	<u>(47,559,441)</u>
Balance at end of year	<u>4,575,000</u>	<u>5,239,000</u>
Postemployment Benefit Obligations, at Estimated Amounts		
Balance at beginning of year	41,482,000	35,969,000
Net change during the year:		
Accumulated eligibility credits	<u>(3,011,000)</u>	<u>5,513,000</u>
Balance at end of year	<u>38,471,000</u>	<u>41,482,000</u>
Total Obligations for Current Benefit Coverage	<u>43,046,000</u>	<u>46,721,000</u>
Postretirement Benefit Obligations		
Balance at beginning of year	452,339,278	437,437,538
Increase (decrease) during the year attributable to:		
Plan amendments	31,041,696	(16,113,540)
Benefits earned net of expected (benefits paid)	(18,997,421)	(20,782,640)
Increase for interest	22,616,964	22,965,471
Changes in actuarial assumptions	<u>(41,708,568)</u>	<u>28,832,449</u>
Balance at end of year	<u>445,291,949</u>	<u>452,339,278</u>
Plan's Total Benefit Obligations At End of Year	<u>\$ 488,337,949</u>	<u>\$ 499,060,278</u>

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following description of the Plumbers' and Pipefitters' Welfare Educational Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan established to provide health benefits, long-term disability benefits, death and accidental death and dismemberment benefits, supplemental unemployment, vacation and holiday, training, and health center access to covered employees and their covered dependents pursuant to a collective bargaining agreements ("CBAs") entered into by participating employers (the "Employers") and Local Union No. 562 (the "Union"). The Plan also covers administrative employees who are not governed by a CBA, but an approved participation agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from Employers and the Union.

Eligibility

An employee becomes initially eligible after 1,200 hours worked within a year and then continues coverage if the participant has a minimum of 150 hours of work during a consecutive three month period or 1,000 hours of work during a consecutive twelve month period.

Participants may also continue to remain eligible for benefits through the use of accumulated eligibility credits for times of unemployment and upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Retired employees are entitled to benefits if they are an eligible retired participant of the Plumbers' and Pipefitters' Local Union No. 562 Pension Fund (the "Pension Fund") or the Deferred Compensation Plan of Local Union No. 562.

Employer/Employee Contributions

Under the terms of the CBA, Employers contribute various amounts based on the employee's classification. For the years ended December 31, 2024 and 2023, Employers contributed between \$2.88 and \$18.18 and \$2.88 to \$17.88, respectively, for each hour of service worked towards contributions depending on classification. Participants' contributions are allowed to provide COBRA benefits, and the participant pays the full cost of such benefits. The costs of the postretirement benefit plan are shared by the Employers and retirees. Contributions are made on a monthly basis throughout the year. Retirees are required to make monthly contributions.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

Payment of Benefits

The Plan provides health benefits (medical, vision, dental, and prescription drugs), long-term disability benefits, death and accidental death and dismemberment benefits, supplemental unemployment, vacation and holiday, training, and health center access. Retired employees are entitled to similar health benefits (in excess of Medicare coverage). The Plan also provides health benefits to participants during periods of unemployment, provided they have accumulated in the current year or in prior years credit amounts (expressed in hours) in excess of the hours required for current coverage. Accumulated eligibility credits equal to one year's coverage may be carried forward. The Plan also provides continuation of certain benefits upon termination of employment through COBRA. The Plan uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. The Trustees have the right under the Plan to modify the benefits provided to participants.

Self-Insured Benefits

The Plan is self-insured with regard to providing all benefits, except for Medicare retirees for medical and prescription drug benefits. These retiree benefits are covered by insurance.

Stop Loss Coverage

The Plan entered into a stop loss arrangement in an effort to actively manage catastrophic medical and prescription drug claims. The premium for this coverage is paid from the assets of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, postretirement benefit obligations and changes therein, claims payable, incurred but not reported ("IBNR"), accumulated eligibility credits and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

Investment Valuation and Income Recognition

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

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

Fair Value Measurements

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

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible.

Employer contributions are due by the 15th of the month following the month hours are worked. Contributions not received by the 15th of the following month hours are worked are considered past due.

The Employer's contributions receivable are disaggregated and pooled by aging categories. Accounts past due are evaluated for loss individually on a Employer by Employer basis. For all other aging categories, the risk of loss is assessed over the contractual life of the contribution receivable and the historical loss amounts for each pool are adjusted for current and future conditions based on management's qualitative considerations.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

Property and Equipment

Property and equipment is stated at cost. Major additions and improvements are capitalized, while maintenance and repairs are expensed as incurred. When assets are sold or otherwise disposed of, the related cost and accumulated depreciation are removed from the accounts. Any gain or loss arising from such disposition is included as additions or deductions in the year of disposition.

Depreciation is computed using various depreciation methods over the estimated useful lives of the assets as follows:

<u>Classification</u>	<u>Years</u>
Land improvements and structures	5-39
Furniture and equipment	3-10
Autos and trucks	5

Long-Lived Asset Impairment

The Plan evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset are less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. The fair values are determined based on appraisals received. Management does not believe any impairment exists as of December 31, 2024 and 2023.

Plan Benefit Obligations

Plan benefit obligations for claims payable and health claims incurred but not reported, accumulated eligibility credits and postretirement benefit obligations are determined by an independent actuary in accordance with accepted actuarial principles. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Rental Income

Rental income from shared office space with the Union is recognized as earned.

Administrative Service Income

Administrative service income is recognized as earned in accordance with service agreements with other related parties administered by the Plan. The amount is determined through allocations of certain shared administrative and record-keeping cost of the Plan, in additions to cost of payroll and related benefits directly attributable to each related entity. In computing these allocated cost, various factors were considered, including time spent, space used, and costs incurred in relation to the costs to administer the other entities.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

Prescription Rebates

Prescription refunds due from the Plan's PBM are recorded when earned. Rebates due at year end are recorded as a receivable on the statements of net assets available for benefits, with the offset being recorded on the statement of changes in net assets as a reduction of pharmacy claims. Pharmacy rebate receivables due at December 31, 2024 and 2023 were \$1,653,946 and \$1,207,369, respectively. Pharmacy rebate income totaled \$3,764,693 and \$2,764,084 for the years ended December 31, 2024 and 2023, respectively.

Stop Loss

Claims that were already paid from the Plan that exceeded the stop loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop loss premiums paid totaled \$433,453 and \$357,552 for the years ended December 31, 2024 and 2023, respectively.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

The Plan permits the payment of Plan expenses from Plan assets.

Subsequent Events

The Plan has evaluated subsequent events through July 30, 2025, the date on which the financial statements were available to be issued.

3. Postretirement Benefit Obligations

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 for 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. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claim-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.

For measurement purposes, an annual trend rate of 7.9%, 9.2%, and 4.9% graded down to 4.0% over 15 years was assumed for the cost of covered medical, prescription drug and dental benefits, respectively, for the year ended December 31, 2024. For measurement purposes an annual trend rate of 7.9%, 9.0%, and 5.4% graded down to 4.0% over 15 years was assumed for the cost of covered medical, prescription drug and dental benefits for the year ended December 31, 2023. For the years ended December 31, 2024 and 2023, the trend rates were based on research sponsored by the Society of Actuaries, the assumptions used to forecast the Medicare program, as well as short term medical trend projections by consultants and vendors.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$79,422,614 and \$88,328,600, respectively.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Discount rate: 5.75% and 5.00% for 2024 and 2023, respectively.

Administrative expense rate: Expressed as a percentage load on medical costs, based on actual expenses for 2024 and 2023.

Retiree contribution self payment trend rate: 4% for both 2024 and 2023.

Post-retirement mortality rates:

Healthy: 105% of the PRI-2012 Blue Collar Mortality Tables for male employees and healthy annuitants and 110% of the PRI-2012 Blue Collar Mortality tables for female employees and healthy annuitants projected forward using the MP-2021 projection scale for December 31, 2024.

105% of the PRI-2012 Blue Collar Mortality Tables for male employees and healthy annuitants and 110% of the PRI-2012 Blue Collar Mortality tables for female employees and healthy annuitants projected forward using the MP-2021 projection scale for December 31, 2023.

Since most female annuitants were surviving spouses, the contingent survivor table was used for female annuitants.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

100% of all eligible participants are assumed to elect retiree medical coverage upon retirement and 85% are assumed to be married.

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.

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBA. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates, reductions in benefits, or existing Plan assets.

4. Other Plan Benefit Obligations

Plan benefit obligations for accumulated eligibility of participants as of December 31, 2024 and 2023 are estimated by the Plan's independent actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of benefit obligations at present value based on discount rates previously stated.

Plan benefit obligations at December 31, 2024 and 2023 for claims payable and health claims incurred by active participants but not reported, are estimated by the Plan's independent actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's management. These amounts are paid by the Plan only if the claims are submitted and approved for payment. Health claims incurred by retired participants but not reported at year-end are included in the post-retirement benefit obligation.

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

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

The instruments' fair value measurement levels within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Level 1 investments consist of money market funds, government obligations, and publicly traded mutual funds. Money market funds and government obligations are valued at the closing price reported on the active market on which the individual securities are traded. Mutual fund shares are valued at the daily closing price as reported by the funds at year end.

Level 2 investments consist of corporate and government obligations. Corporate and government obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Investments also include a real estate investment trust which is valued at the net asset value ("NAV") of the real estate valuations held within the trust at year end. The NAV is used as the practical expedient to estimate fair value.

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

The fair value of investments is measured as of December 31, as follows:

	2024			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 22,852,711	\$ 22,852,711	\$ -	\$ -
Corporate obligations	18,550,207	-	18,550,207	-
Government obligations	18,854,197	8,294,420	10,559,777	-
Mutual funds	106,872,120	106,872,120	-	-
Total assets in fair value hierarchy	167,129,235	<u>\$138,019,251</u>	<u>\$ 29,109,984</u>	<u>\$ -</u>
Investment measured at NAV	<u>9,645,016</u>			
	<u>\$176,774,251</u>			

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 17,674,097	\$ 17,674,097	\$ -	\$ -
Corporate obligations	19,265,628	-	19,265,628	-
Government obligations	17,069,263	8,514,688	8,554,575	-
Mutual funds	97,885,927	97,885,927	-	-
Total assets in the fair value hierarchy	151,894,915	<u>\$124,074,712</u>	<u>\$ 27,820,203</u>	<u>\$ -</u>
Investment measured at NAV	9,720,212			
	<u>\$161,615,127</u>			

In accordance with Subtopic 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments measured at fair value based on NAV per share practical expedient as of December 31, are as follows:

	Fair Value	Unfunded Commit- ments	Redemption Frequency	Redemption Notice Period
<u>December 31, 2024</u>				
Real estate investment trust	\$ 9,645,016	N/A	Daily	N/A
<u>December 31, 2023</u>				
Real estate investment trust	\$ 9,720,212	N/A	Daily	N/A

6. Property and Equipment

Property and equipment as of December 31, is as follows:

	2024	2023
Land	\$ 2,598,880	\$ 2,598,880
Land improvements and structures	19,956,268	19,922,334
Furniture and equipment	4,598,540	4,567,525
Autos and trucks	250,960	191,620
	<u>27,404,648</u>	<u>27,280,359</u>
Less accumulated depreciation	10,229,732	8,998,571
	<u>\$ 17,174,916</u>	<u>\$ 18,281,788</u>

Depreciation expense for each of the years ended December 31, 2024 and 2023 totaled \$1,250,599 and \$1,784,096, respectively.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

7. Commitments

Supplemental Compensation Agreements

In May 2016, the Plan entered into a supplemental compensation agreement with a key employee. Upon retirement, the employee is entitled to receive compensation, equal to 50% of his compensation for the twelve months prior to retirement, for a period of ten years. If he should die before the retirement date, his beneficiaries will receive 30% of the payments otherwise due him. The present value of the earned minimum monthly payments at December 31, 2024 and 2023 amounted to \$689,396 and \$676,849, respectively, and is included in accrued expenses.

8. Related Party Transactions

In accordance with Department of Labor ("DOL") regulations, certain assets and expenses are allocated between the Plan, the Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust (the "Supplemental Pension Plan"), the Pension Fund, and the Union, who are related through common governance.

The Supplemental Pension Plan, the Pension Fund, and the Union have entered into lease agreements and administrative service agreements with the Plan. The leases call for annual lease amounts to be paid to the Plan and have the option to renew the leases annually, and is based on square footage used. Per the administrative service agreements, the Supplemental Pension Plan, the Pension Fund, and the Union agree to reimburse the Plan for the services listed in the agreement. Total rental expenses paid to the Plan by the Supplemental Pension Plan, the Pension Fund, and the Union for the year ended December 31, 2024 was \$19,884, \$23,176, and \$210,800, respectively. Total rental expenses paid to the Plan by the Supplemental Pension Plan, the Pension Fund, and the Union for the year ended December 31, 2023 was \$12,352, \$20,581, and \$205,897, respectively. Total administrative services provided by the Plan for the Supplemental Pension Plan, the Pension Fund, and the Union for the year ended December 31, 2024 was \$381,308, \$363,497 and \$107,250, respectively. Total administrative services provided by the Plan for the Supplemental Pension Plan, the Pension Fund, and the Union for the year ended December 31, 2023 was \$263,658, \$341,792 and \$100,457, respectively. At December 31, 2024 and 2023, the amounts due to the Supplemental Pension Plan were \$1,071,923 and \$280,454, respectively, for contributions collected on their behalf. At December 31, 2024 and 2023, the amounts due to the Pension Fund were \$1,102,658 and \$277,396, respectively, for contributions collected on their behalf. At December 31, 2024 and 2023, the amount due to the Union was \$113,408 and \$141,363, respectively, for the overpayment of rent and administrative services.

The Plan leases additional office space at its Fulton, Missouri location to the Union. The Union has the option to renew annually. Total rental income received under this lease was \$10,082 and \$5,881 for the years ended December 31, 2024 and 2023, respectively.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

Contributions made to the Pension Fund, on behalf of the Plan employees, were \$588,794 and \$637,480 for the years ended December 31, 2024 and 2023, respectively. The funding status for the Pension Fund was neither critical nor endangered (green zone) for the Plan year beginning January 1, 2024 and 2023.

Contributions made to the Supplemental Pension Plan, on behalf of the Plan employees, were \$652,433 and \$542,291 for the years ended December 31, 2024 and 2023, respectively.

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

9. Plan Amendments

On November 1, 2023, the Trustees approved an amendment to increase the weekly disability benefit for active participants to \$400 per week effective September 1, 2023.

On March 23, 2023, the Plan was amended to clarify requirements for pensioners and their determination of eligibility for welfare benefits if there was ever a time period where they lost eligibility. This provision will only apply to individuals who become active participants on or after April 1, 2023.

10. Plan Termination

Although it has not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan. The Plan may be terminated only by joint agreement between the Employers and the Union, subject to the provisions set forth in ERISA.

Should the Plan terminate, any assets remaining shall be used solely for purposes of providing benefits and defraying the reasonable cost of administering the Plan. No assets shall revert to the contributing Employers.

11. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated February 13, 1967, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

12. Risks and Uncertainties

Financial instruments that subject the Plan to concentrations of credit and market risk consist of investments and receivables. 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 majority of receivables are from contractors concentrated in the pipefitting and plumbing industries. The Plan generally does not require collateral, but in some cases can require a performance bond. The Plan maintains adequate reserves for potential credit losses and such losses have been minimal and within management's estimates.

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

One Employer accounted for 13 percent of total Employer contributions for the year ended December 31, 2024. There were no Employer contribution concentrations for the year ended December 31, 2023.

Plumbers' and Pipefitters' Welfare Educational Fund
Notes to Financial Statements
December 31, 2024 and 2023

13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 197,657,141	\$ 184,758,259
Unrealized appreciation of long lived assets	<u>6,846,050</u>	<u>5,530,639</u>
Net assets available for benefits per the Form 5500	<u>\$ 204,503,191</u>	<u>\$ 190,288,898</u>

The following is a reconciliation of total additions per the financial statements for the year ended December 31, to Form 5500:

	<u>2024</u>
Total additions per the financial statements	\$ 96,416,869
Change in unrealized appreciation of long lived assets	1,315,411
Investment fees offset against investment income	<u>84,799</u>
Total additions per Form 5500	<u>\$ 97,817,079</u>

	<u>2024</u>
Total deductions per the financial statements	\$ 83,517,987
Investment fees recorded as deduction	<u>84,799</u>
Total deductions per Form 5500	<u>\$ 83,602,786</u>

SUPPLEMENTARY INFORMATION

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
	Identity of Issue	Description of Investment			Cost	Fair Value
	<u>Money Market Funds</u>					
	FINANCIAL SQUARE TR GOVERNMENT	384,919	shares		\$ 384,919	\$ 384,919
	FINANCIAL SQUARE TR GOVERNMENT	8,793	shares		8,792	8,792
	REGIONS BANK SWEEP ACCOUNT				22,459,000	22,459,000
	Total Money Market Funds				<u>\$ 22,852,711</u>	<u>\$ 22,852,711</u>
		<u>Face Value</u>	<u>Interest Rate</u>	<u>Date</u>		
	<u>Corporate Obligations</u>					
	ABFS MORTGAGE LOAN TRUST	\$ 345	VR	12/25/2031	\$ 368	\$ 309
	ACTAVIS FUNDING SCS	20,000	3.80%	3/15/2025	19,420	19,850
	AIR LEASE CORP	175,000	3.63%	4/1/2027	165,827	169,118
	ALLSTATE CORP	250,000	4.50%	6/15/1943	283,875	213,215
	AMAZON.COM INC	345,000	3.00%	4/13/2025	344,451	343,599
	AMEREN CORP	200,000	3.50%	1/15/2031	231,932	182,518
	APPLIED MATERIALS INC	175,000	5.85%	6/15/2041	210,681	181,491
	ASCENSION HEALTH	290,000	3.95%	11/15/2046	290,000	231,281
	AT&T INC	185,000	5.40%	2/15/2034	184,391	185,740
	AUTOMATIC DATA PROCESSING INC	200,000	4.45%	9/9/2034	199,888	190,404
	BANK OF AMERICA CORP	250,000	VR	4/27/2033	250,000	237,580
	BANK OF AMERICA CORP	50,000	3.95%	4/21/2025	48,743	49,863
	BANK OF NY MELLON CORP	320,000	3.00%	10/30/2028	319,648	299,302
	BANKBOSTON HOME EQUITY LOAN TRUST	324	6.64%	12/25/2028	340	319
	BAPTIST HEALTH SOUTH FLORIDA INC	260,000	4.34%	11/15/2041	262,077	219,666
	BOEING CO	300,000	2.50%	3/1/2025	279,702	298,437
	BORGWARNER INC	200,000	4.38%	3/15/2045	185,496	163,050
	BRIDGECREST LENDING AUTO SECS TRUST	375,000	5.34%	4/15/2028	374,969	376,936
	CAPITAL ONE FINANCIAL CO	200,000	VR	11/2/2027	200,000	188,986
	CH ROBINSON WORLDWIDE	180,000	4.20%	4/15/2028	178,924	175,322
	CHARLES SCHWAB CORP	390,000	2.00%	3/20/2028	389,341	357,232
	CHASE FUNDING MORTGAGE LOAN	90,706	VR	12/25/2033	85,094	88,673
					<u>\$ 4,505,167</u>	<u>\$ 4,172,891</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Corporate Obligations (Continued)					
	CITIGROUP COMMERCIAL MORTGAGE TRUST	\$ 2,552	2.74%	4/15/2049	\$ 2,629	\$ 2,547
	CITIGROUP INC	50,000	VR	1/24/2039	50,000	41,680
	CITIGROUP INC	200,000	4.13%	7/25/2028	215,116	194,448
	CNA FINANCIAL CORP	180,000	3.45%	8/15/2027	179,591	174,078
	COMCAST CORP	340,000	5.50%	11/15/2032	337,851	348,408
	COMM MORTGAGE TRUST	21,195	3.18%	2/10/2048	21,829	21,161
	COMMUNITY HOSPITALS OF I	75,000	4.24%	5/1/2025	75,000	74,777
	CUMMINS INC	400,000	1.50%	9/1/2030	401,376	334,764
	CVS HEALTH CORP	65,000	3.88%	7/20/2025	64,430	64,582
	DAIMLER TRUCKS RETAIL TRUST	110,918	5.23%	2/17/2026	110,911	111,051
	DANAHER CORP	170,000	3.35%	9/15/2025	169,757	168,730
	DARTMOUTH COLLEGE	310,000	3.47%	6/1/2046	309,985	233,585
	DUKE ENERGY FLORIDA LLC	262,000	3.80%	7/15/2028	300,608	253,729
	EATON VANCE CORP	355,000	3.50%	4/6/2027	353,694	345,738
	ENERGY TRANSFER LP	160,000	5.25%	7/1/2029	159,675	160,762
	ENTERGY LOUISIANA LLC	375,000	2.35%	6/15/2032	300,563	311,974
	EQUINOR ASA	385,000	1.75%	1/22/2026	383,456	373,773
	EXTRA SPACE STORAGE LP	240,000	5.90%	1/15/2031	239,309	247,565
	FISERV INC	200,000	3.20%	7/1/2026	199,986	195,596
	FORD CREDIT AUTO OWNER TRUST	132,053	3.74%	9/15/2026	132,046	131,733
	GATX CORP	80,000	4.70%	4/1/2029	79,869	78,782
	GENERAL MOTORS FINANCIAL COMPANY	175,000	5.80%	6/23/2028	174,963	178,500
	GOLDMAN SACHS GROUP INC	125,000	VR	7/21/2032	125,000	104,175
	GONZAGA UNIVERSITY	170,000	4.16%	4/1/2046	170,000	129,073
					<u>\$ 4,557,644</u>	<u>\$ 4,281,211</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Corporate Obligations (Continued)					
	HENRY J KAISER FAMILY FO	\$ 120,000	3.36%	12/1/2025	\$ 120,000	\$ 118,612
	HOME DEPOT INC	15,000	3.35%	9/15/2025	14,979	14,873
	HSBC HOLDINGS PLC	130,000	VR	3/9/2044	126,377	137,335
	INTEL CORP	370,000	4.15%	8/5/2032	369,401	336,789
	INTUIT INC	330,000	5.50%	9/15/2053	327,268	323,129
	JM SMUCKER CO	61,000	2.13%	3/15/2032	60,721	49,628
	JOHN DEERE CAPITAL CORP	375,000	2.65%	6/10/2026	404,396	365,460
	JOHNSON & JOHNSON	215,000	5.95%	8/15/2037	321,447	231,912
	JPMORGAN CHASE & CO	100,000	VR	1/23/2029	100,000	95,938
	JPMORGAN CHASE & CO	110,000	VR	10/22/2030	110,000	107,907
	JPMORGAN CHASE & CO	140,000	VR	10/23/2034	140,000	147,965
	KIMCO REALTY CORP	75,000	4.60%	2/1/2033	74,573	71,394
	KONINKLIJKE PHILIPS NV	114,000	6.88%	3/11/2038	151,827	122,825
	LOEWS CORP	315,000	6.00%	2/1/2035	345,369	333,853
	LUBRIZOL CORP	250,000	6.50%	10/1/2034	333,935	274,923
	MORGAN STANLEY	100,000	VR	12/10/2026	100,000	96,434
	NATIONAL RURAL UTIL COOP	175,000	4.15%	12/15/2032	174,368	163,280
	NEVADA POWER CO	300,000	5.38%	9/15/2040	365,367	289,209
	NORFOLK SOUTHERN CORPORATION NOTE	30,000	7.80%	5/15/2027	37,792	32,097
	NORTHERN STATES POWER - MINN	213,000	6.25%	6/1/2036	293,346	230,496
	NORTHERN TRUST CORP	170,000	3.95%	10/30/2025	187,104	168,972
	NORTHWEST NATURAL GAS CO	300,000	3.87%	6/15/2049	300,000	215,736
	ONEOK INCORPORATED	180,000	5.15%	10/15/2043	206,361	160,972
	PEPSICO INC	360,000	4.65%	2/15/2053	359,770	314,266
	PETRO-CANADA	185,000	7.88%	6/15/2026	226,076	192,707
	PFIZER INC	275,000	4.00%	3/15/2049	329,293	215,828
	PRECISION CASTPARTS CORP	300,000	3.25%	6/15/2025	305,622	298,275
	PROCTER & GAMBLE CO THE	400,000	1.90%	2/1/2027	399,432	380,360
					<u>\$ 6,284,824</u>	<u>\$ 5,491,175</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Corporate Obligations (Continued)					
	PROGRESSIVE CORP	\$ 300,000	3.70%	1/26/2045	\$ 294,144	\$ 230,676
	PROGRESSIVE CORP	18,000	6.25%	12/1/2032	17,864	19,353
	PROLOGIS LP	70,000	3.25%	6/30/2026	70,000	68,689
	ROYAL BANK OF CANADA	390,000	VR	4/27/2026	390,000	390,569
	SANTANDER HOLDINGS USA INC	200,000	VR	5/31/2035	200,000	202,644
	SHELL FINANCE US INC	280,000	4.00%	5/10/2046	236,527	219,061
	SMALL BUSINESS ADMINISTRATION	11,463	2.08%	4/1/2033	11,463	10,448
	SMALL BUSINESS ADMINISTRATION	13,690	2.87%	7/1/2034	13,690	12,711
	SMALL BUSINESS ADMINISTRATION	18,875	3.00%	5/1/2034	18,875	17,588
	SMALL BUSINESS ADMINISTRATION	9,257	2.21%	2/1/2033	9,277	8,510
	SMALL BUSINESS ADMINISTRATION	3,428	2.22%	3/1/2033	3,428	3,141
	SMALL BUSINESS ADMINISTRATION PART	8,241	2.07%	5/1/2033	7,574	7,453
	SPIRE MISSOURI INC	400,000	4.80%	2/15/2033	381,408	391,196
	STANFORD UNIVERSITY	400,000	2.41%	6/1/2050	400,000	237,292
	STRUCTURED ASSET SECURITIES CORP	2,804	3.38%	8/25/2031	2,503	2,275
	SYNCHRONY CARD ISSUANCE TRUST	365,000	3.86%	7/17/2028	364,951	363,438
	TEXAS INSTRUMENTS INC	360,000	2.25%	9/4/2029	358,880	323,381
	THE PNC FINANCIAL SERVICES GROUP INC	380,000	VR	10/21/2032	380,000	369,843
	TRANSCANADA TRUST	175,000	VR	3/15/2077	176,575	167,463
	TRAVELERS COS INC	225,000	3.75%	5/15/2046	223,434	172,170
	TYCO ELECTRONICS GROUP S	140,000	7.13%	10/1/2037	190,670	159,494
	US BANCORP	395,000	VR	1/27/2028	395,000	374,511
	VERIZON COMMUNICATIONS	225,000	2.36%	3/15/2032	171,837	186,593
	WELLS FARGO & COMPANY	100,000	VR	6/17/2027	100,000	97,687
	WELLS FARGO & COMPANY	85,000	VR	12/3/2035	85,000	82,702
	WISCONSIN ELECTRIC POWER	200,000	4.75%	9/30/2032	199,588	197,174
					<u>\$ 4,702,688</u>	<u>\$ 4,316,062</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Corporate Obligations (Continued)					
	WW GRAINGER INC	\$ 210,000	3.75%	5/15/2046	\$ 208,576	\$ 163,112
	Total Corporate Obligations				<u>\$ 20,258,899</u>	<u>\$ 18,424,451</u>
	Government Obligations					
	CINCINNATI OH	\$ 400,000	VR	12/1/2031	\$ 403,448	\$ 333,520
	CO STATE HOUSING & FINANCE	345,000	4.92%	5/1/2026	345,000	347,167
	CO STATE HOUSING & FINANCE AUTHORITY	190,000	3.60%	5/1/2027	190,000	186,084
	COUNTRYWIDE ALTERNATIVE LOAN TRUST	282	6.50%	8/25/2032	254	285
	COUNTRYWIDE ALTERNATIVE LOAN TRUST	124	5.25%	9/25/2019	125	119
	CT STATE TAXABLE SERIES A	370,000	4.51%	5/15/2028	370,000	369,020
	FEDERAL FARM CREDIT BANK	200,000	0.95%	4/1/2025	204,548	198,390
	FEDERAL FARM CREDIT BANK	320,000	3.25%	7/1/2030	342,074	300,573
	FEDERAL HOME LOAN BANK	200,000	0.38%	9/4/2025	199,400	194,790
	FEDERAL HOME LOAN MORTGAGE ASSOC	15,665	2.50%	10/15/2042	15,669	14,638
	FEDERAL HOME LOAN MORTGAGE CORP	133,061	5.00%	3/1/2054	130,046	128,840
	FEDERAL HOME LOAN MORTGAGE CORP	901	5.00%	4/1/2035	872	894
	FEDERAL HOME LOAN MORTGAGE CORP	34,716	4.00%	4/1/2047	36,474	32,110
	FEDERAL HOME LOAN MORTGAGE CORP	3,586	5.00%	5/1/2033	3,642	3,595
	FEDERAL HOME LOAN MORTGAGE CORP	299	VR	5/1/2034	289	309
	FEDERAL HOME LOAN MORTGAGE CORP	524	4.50%	5/15/2039	543	513
	FEDERAL HOME LOAN MORTGAGE CORP	143,948	3.00%	6/1/2051	150,695	123,334
	FEDERAL HOME LOAN MORTGAGE CORP	1,943	5.00%	7/1/2034	1,938	1,960
	FEDERAL HOME LOAN MORTGAGE CORP	62,599	5.00%	7/1/2039	67,334	62,681
	FEDERAL HOME LOAN MORTGAGE CORP	24,125	VR	7/1/2045	24,540	24,217
	FEDERAL HOME LOAN MORTGAGE CORP	328,843	5.50%	7/1/2053	326,480	326,476
	FEDERAL HOME LOAN MORTGAGE CORP	331,798	4.00%	8/1/2052	331,487	303,486
	FEDERAL HOME LOAN MORTGAGE CORP	35,736	4.00%	9/1/2041	37,444	33,760
	FEDERAL HOME LOAN MORTGAGE CORP	300,908	2.00%	9/1/2041	309,136	250,819
	FEDERAL HOME LOAN MORTGAGE CORP	269,821.89	2%	9/1/2050	279,476	211,929
	FEDERAL HOME LOAN MORTGAGE CORP	352,556.83	5%	9/1/2053	330,990	331,886
	FEDERAL HOME LOAN MORTGAGE CORP	1,964.76	6.00%	9/15/2032	2,020	2,021
					<u>\$ 4,103,924</u>	<u>\$ 3,783,416</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Government Obligations (Continued)					
	FEDERAL HOME LOAN MORTGAGE CORP	\$ 11,023	3.50%	9/15/2041	\$ 10,990	\$ 10,898
	FEDERAL HOME LOAN MORTGAGE CORP	386,761	2.50%	9/25/2049	330,560	319,303
	FEDERAL HOME LOAN MORTGAGE CORP	8,917	3.00%	10/15/2041	9,124	8,673
	FEDERAL HOME LOAN MORTGAGE CORP	395,747	5.50%	10/25/2054	396,984	393,587
	FEDERAL HOME LOAN MORTGAGE CORP	40,775	VR	11/1/2046	42,285	39,680
	FEDERAL HOME LOAN MORTGAGE CORP	274,447	2.00%	11/1/2050	283,238	215,520
	FEDERAL HOME LOAN MORTGAGE CORP	41,077	2.50%	11/15/2043	40,602	39,109
	FEDERAL HOME LOAN MORTGAGE CORP	278,635	2.00%	12/1/2050	284,316	211,105
	FEDERAL HOME LOAN MORTGAGE CORP SLST	218,576	3.50%	5/25/2032	216,582	206,572
	FEDERAL NATIONAL MORTGAGE ASSOC	1,838	6.00%	1/1/2038	1,859	1,879
	FEDERAL NATIONAL MORTGAGE ASSOC	1,327	5.00%	2/1/2034	1,326	1,316
	FEDERAL NATIONAL MORTGAGE ASSOC	579	4.50%	2/1/2035	544	559
	FEDERAL NATIONAL MORTGAGE ASSOC	76	VR	2/1/2035	77	77
	FEDERAL NATIONAL MORTGAGE ASSOC	949	VR	2/1/2035	947	945
	FEDERAL NATIONAL MORTGAGE ASSOC	33,161	4.00%	2/1/2041	34,363	31,287
	FEDERAL NATIONAL MORTGAGE ASSOC	14,270	4.00%	2/1/2041	14,484	13,463
	FEDERAL NATIONAL MORTGAGE ASSOC	219,557	5.00%	2/25/2044	215,303	215,389
	FEDERAL NATIONAL MORTGAGE ASSOC	68,806	3.50%	3/1/2047	70,461	61,669
	FEDERAL NATIONAL MORTGAGE ASSOC	31	4.00%	3/25/2033	32	31
	FEDERAL NATIONAL MORTGAGE ASSOC	56,939	4.00%	4/1/2038	58,763	54,443
	FEDERAL NATIONAL MORTGAGE ASSOC	67,190	3.50%	4/1/2047	68,932	60,221
	FEDERAL NATIONAL MORTGAGE ASSOC	176,195	6.00%	4/25/2053	177,682	177,173
	FEDERAL NATIONAL MORTGAGE ASSOC	18,291	4.50%	5/1/2041	19,142	17,732
	FEDERAL NATIONAL MORTGAGE ASSOC	181,111	3.00%	5/25/2052	156,180	154,211
	FEDERAL NATIONAL MORTGAGE ASSOC	257,380	2.00%	6/1/2036	266,629	228,069
	FEDERAL NATIONAL MORTGAGE ASSOC	141,176	3.00%	6/1/2052	121,621	120,186
	FEDERAL NATIONAL MORTGAGE ASSOC	523	VR	7/1/2035	524	519
	FEDERAL NATIONAL MORTGAGE ASSOC	248,490	3.00%	7/1/2051	259,788	213,030
					<u>\$ 3,083,338</u>	<u>\$ 2,796,646</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Government Obligations (Continued)					
	FEDERAL NATIONAL MORTGAGE ASSOC	\$ 387,813	5.50%	7/25/2054	\$ 386,904	\$ 382,833
	FEDERAL NATIONAL MORTGAGE ASSOC	28,101	3.50%	8/1/2035	29,458	26,696
	FEDERAL NATIONAL MORTGAGE ASSOC	25,339	5.00%	8/1/2048	26,764	25,272
	FEDERAL NATIONAL MORTGAGE ASSOC	300,351	2.00%	8/1/2051	306,687	236,980
	FEDERAL NATIONAL MORTGAGE ASSOC	846	5.76%	9/1/2037	854	865
	FEDERAL NATIONAL MORTGAGE ASSOC	398	6.15%	9/1/2037	400	402
	FEDERAL NATIONAL MORTGAGE ASSOC	298,717	2.00%	9/1/2041	306,464	248,876
	FEDERAL NATIONAL MORTGAGE ASSOC	116,149	3.00%	9/1/2043	117,202	102,467
	FEDERAL NATIONAL MORTGAGE ASSOC	2,166	3.00%	10/1/2026	2,236	2,135
	FEDERAL NATIONAL MORTGAGE ASSOC	7,424	6.50%	10/1/2037	7,734	7,662
	FEDERAL NATIONAL MORTGAGE ASSOC	669	3.50%	10/25/2046	670	667
	FEDERAL NATIONAL MORTGAGE ASSOC	80,108	3.50%	11/1/2041	82,749	73,043
	FEDERAL NATIONAL MORTGAGE ASSOC	3,614	VR	11/25/2036	3,628	3,574
	FEDERAL NATIONAL MORTGAGE ASSOC	262,390	2.50%	11/25/2049	260,586	217,019
	FEDERAL NATIONAL MORTGAGE ASSOC	417	6.00%	12/1/2032	428	425
	FEDERAL NATIONAL MORTGAGE ASSOC	30,539	4.00%	12/1/2045	32,720	28,359
	FEDERAL NATIONAL MORTGAGE ASSOC	349,692	5.00%	12/1/2052	341,933	338,956
	FEDERAL NATIONAL MORTGAGE ASSOC	9,469	6.00%	12/25/2033	9,949	9,729
	FEDERAL NATIONAL MORTGAGE ASSOC	313,931	3.50%	12/25/2048	300,687	301,442
	FREDDIE MAC	183,246	2.00%	12/15/2042	173,110	139,457
	FREDDIE MAC - SLST	360,000	3.50%	6/25/2028	352,786	343,478
	GOVERNMENT NATIONAL MORTGAGE ASSOC	265,969	2.35%	2/16/2061	274,737	220,307
	GOVERNMENT NATIONAL MORTGAGE ASSOC	573	5.25%	3/15/2033	560	578
	GOVERNMENT NATIONAL MORTGAGE ASSOC	3,360	4.00%	3/20/2039	3,460	3,321
	GOVERNMENT NATIONAL MORTGAGE ASSOC	111,829	3.50%	3/20/2048	112,004	100,386
	GOVERNMENT NATIONAL MORTGAGE ASSOC	1,508.42	4.000%	4/16/2039	1,554	1,502
	GOVERNMENT NATIONAL MORTGAGE ASSOC	2,551	4.00%	5/16/2026	2,733	2,539
	GOVERNMENT NATIONAL MORTGAGE ASSOC	24,276	2.50%	6/20/2031	24,929	23,261
					<u>\$ 3,163,926</u>	<u>\$ 2,842,231</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Government Obligations (Continued)					
	GOVERNMENT NATIONAL MORTGAGE ASSOC	\$ 41,255	2.50%	7/20/2046	\$ 40,572	\$ 34,392
	GOVERNMENT NATIONAL MORTGAGE ASSOC	24,352	2.50%	8/20/2047	24,249	20,264
	GOVERNMENT NATIONAL MORTGAGE ASSOC	342,527	VR	8/20/2074	343,377	344,835
	GOVERNMENT NATIONAL MORTGAGE ASSOC	341,431	2.35%	9/16/2061	354,022	276,748
	GOVERNMENT NATIONAL MORTGAGE ASSOC	672	8.00%	10/15/2025	701	673
	GOVERNMENT NATIONAL MORTGAGE ASSOC	1,745	5.50%	10/15/2033	1,807	1,750
	GOVERNMENT NATIONAL MORTGAGE ASSOC	14,078	3.500%	12/20/2045	13,913	14,030
	IMPAC CMB TRUST	4,871	VR	9/25/2034	4,643	5,551
	J P MORGAN ALTERNATIVE LOAN TRUST	5,870	VR	3/25/2036	5,873	4,401
	RBSGC MORTGAGE PASS THROUGH	366	5.45%	7/25/2035	354	362
	RBSGC MORTGAGE PASS THROUGH CERTS	2,692	6.08%	11/25/2021	2,735	1,635
	RESIDENTIAL ACCREDIT LOANS INC	80	5.75%	9/25/2021	79	48
	STRUCTURED ADJUSTABLE RATE MORTGAGE	4,112	VR	5/25/2035	4,056	3,530
	UNITED STATES TREASURY BOND	850,000	3.13%	5/15/2048	722,102	636,939
	UNITED STATES TREASURY BOND	560,000	2.38%	5/15/2051	353,369	352,279
	UNITED STATES TREASURY BOND	500,000	1.75%	8/15/2041	378,438	323,970
	UNITED STATES TREASURY BOND	570,000	2.75%	8/15/2042	546,956	428,458
	UNITED STATES TREASURY BOND	700,000	3.13%	8/15/2044	814,426	543,858
	UNITED STATES TREASURY BOND	170,000	2.25%	8/15/2046	200,899	109,800
	UNITED STATES TREASURY BOND	495,000	2.00%	11/15/2041	356,941	332,635
	UNITED STATES TREASURY BOND	620,000	2.75%	11/15/2047	498,640	435,252
	UNITED STATES TREASURY NOTE	135,000	1.88%	2/15/2032	113,358	113,590
	UNITED STATES TREASURY NOTE	360,000	2.25%	3/31/2026	394,538	351,364
	UNITED STATES TREASURY NOTE	440,000	0.63%	05/15/2030	366,833	361,143
	UNITED STATES TREASURY NOTE	800,000	1.63%	47,983	719,031	675,088
	UNITED STATES TREASURY NOTE	710,000	2.88%	05/15/2032	669,646	637,836
	UNITED STATES TREASURY NOTE	390,000	3.38%	5/15/2033	352,097	358,496
	UNITED STATES TREASURY NOTE	380,000	4.38%	5/15/2034	383,993	374,277
					<u>\$ 7,667,648</u>	<u>\$ 6,743,204</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Government Obligations (Continued)					
	UNITED STATES TREASURY NOTE	\$ 200,000	1.25%	8/15/2031	\$ 196,609	\$ 163,263
	UNITED STATES TREASURY NOTE	350,000	2.00%	11/15/2026	338,734	335,971
	UNITED STATES TREASURY NOTE	800,000	0.88%	11/15/2030	759,656	654,735
	UNITED STATES TREASURY NOTE	730,000	4.50%	11/15/2033	745,085	726,926
	UNITED STATES TREASURY NOTES	395,000	3.75%	8/31/2031	383,906	378,535
	UNIVERSITY OF MICHIGAN MI	200,000	1.37%	4/1/2027	200,000	187,548
	WAMU MORTGAGE PASS THROUGH CERTS	6,009	5.75%	10/25/2036	5,932	5,424
	WESTMORELAND COUNTY PA TAXABLE	400,000	1.71%	8/15/2028	400,000	362,054
					<u>\$ 3,029,922</u>	<u>\$ 2,814,456</u>
	Total Government Obligations				<u>\$ 21,048,758</u>	<u>\$ 18,979,953</u>
	Mutual Funds					
	VANGUARD INSTITUTIONAL INDEX	36,974	shares		\$ 7,482,875	\$ 17,706,802
	VANGUARD MID-CAP GROWTH INDEX FUND	75,253	shares		3,874,964	8,222,841
	VANGUARD SMALL CAP VALUE INDEX	166,797	shares		4,613,571	7,941,192
	VANGUARD DEVELOPED MARKETS INDEX	456,152	shares		5,606,054	7,015,619
	VANGUARD TOTAL BOND MARKET INDEX	3,019,982	shares		30,801,367	28,629,429
	VANGUARD HIGH YIELD CORPORATE FUND	2,905,887	shares		16,870,745	15,749,907
	NUVEEN SYMPHONY FLOATING RATE	854,006	shares		16,587,770	15,636,854
	VANGUARD REAL ESTATE INDEX	305,344	shares		5,279,568	5,969,476
	Total Mutual Funds				<u>\$ 91,116,914</u>	<u>\$106,872,120</u>
	Real Estate Investment Trust					
	MORGAN STANLEY PRIME PROPERTY FUND	500	shares		<u>\$ 8,160,104</u>	<u>\$ 9,645,016</u>
	Total Investments				<u>\$163,228,810</u>	<u>\$176,774,251</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year:</u>						
<u>Commerce Bank</u>	Vanguard Total Bond Market Index Fund Ins	\$ 10,000,000	\$ -	\$ 10,000,000	\$ 10,000,000	\$ -
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Vanguard Total Bond Market Index Fund Ins (13)	10,947,924	-	10,947,924	10,947,924	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						

ADDITIONAL INFORMATION

Plumbers' and Pipefitters' Welfare Educational Fund
Schedule of Property and Equipment
December 31, 2024

	Cost	Accumulated Depreciation	Net
<u>Earth City, Missouri - Administrative Offices</u>			
Land, original cost	\$ 1,299,930	\$ -	\$ 1,299,930
Land improvements	593,863	249,564	344,299
Building	4,220,079	3,399,082	820,997
Furniture and equipment	790,910	786,880	4,030
Health center equipment	130,841	120,069	10,772
EDP equipment	159,874	134,412	25,462
Automotive equipment	122,551	109,617	12,934
 <u>St. Louis County, Missouri - Training Facilities</u>			
Automotive equipment	128,409	44,797	83,612
 <u>Earth City, Missouri - Training Center</u>			
Land, original cost	1,270,933	-	1,270,933
Land improvements	1,775,455	514,680	1,260,775
Training school facilities	12,807,534	1,460,180	11,347,354
Furniture and equipment	3,468,850	2,933,964	534,886
 <u>Cape Girardeau County, Missouri</u>			
Training school equipment	48,065	42,098	5,967
 <u>Fulton County, Missouri</u>			
Land, original cost	28,017	-	28,017
Land improvements	32,000	15,966	16,034
Training school facilities	527,337	418,423	108,914
 Total	<u>\$ 27,404,648</u>	<u>\$ 10,229,732</u>	<u>\$ 17,174,916</u>

Plumbers' and Pipefitters' Welfare Educational Fund
Schedules of Health Center Expenses
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Depreciation	\$ 38,092	\$ 187,471
Fringes	203,592	206,162
Insurance	246,672	240,427
Office	3,639	2,363
Other professional fees	28,425	31,024
Payroll	936,229	901,235
Payroll taxes	74,897	72,098
Physicians	1,389,622	1,120,016
Real estate taxes	33,453	33,339
Repairs and maintenance	7,122	639
Telephone	8,683	8,288
Small equipment	10,144	29,192
Supplies	276,285	206,441
Utilities	47,244	42,459
	<u>\$ 3,304,099</u>	<u>\$ 3,081,154</u>

Plumbers' and Pipefitters' Welfare Educational Fund
Schedules of Training School Expenses
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Computer expense	\$ 92,149	\$ 74,176
Depreciation	1,135,163	1,130,410
Fringes	448,764	415,348
Insurance	107,184	102,467
Miscellaneous	36,828	27,425
Payroll	2,334,283	2,122,012
Payroll taxes	186,743	169,760
Seminars	3,390	-
Real estate taxes	17,612	9,351
Repairs and maintenance	67,260	45,335
Small equipment	-	1,006
School expenses	329,567	294,987
Supplies	290,685	223,676
Telephone	587	7,241
Training incentives	275,200	236,826
Travel	36,089	41,087
Utilities	7,099	6,165
Vehicle expense	10,588	8,783
	<u>\$ 5,379,191</u>	<u>\$ 4,916,055</u>

Plumbers' and Pipefitters' Welfare Educational Fund
Schedules of Block Training Fund Assets and Gross Profit
As Of And For The Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 9,733	\$ 71,635
Investments	<u>2,527,000</u>	<u>3,589,000</u>
Total Assets	<u><u>\$ 2,536,733</u></u>	<u><u>\$ 3,660,635</u></u>
Revenues		
Contributions	\$ 4,024,032	\$ 3,855,649
Interest income	<u>142,848</u>	<u>162,559</u>
Total Revenues	<u><u>4,166,880</u></u>	<u><u>4,018,208</u></u>
Expenses		
Block training benefits	2,061,937	1,629,314
Payroll	2,837,278	2,179,994
Payroll taxes	<u>264,681</u>	<u>202,790</u>
Total Expenses	<u><u>5,163,896</u></u>	<u><u>4,012,098</u></u>
Gross Profit (Loss)	<u><u>\$ (997,016)</u></u>	<u><u>\$ 6,110</u></u>

Plumbers' and Pipefitters' Welfare Educational Fund
Schedules of Building Fund Assets and Gross Profit
As Of And For The Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 10,350	\$ 10,489
Investments	6,348,000	5,508,000
Land - Training School	1,270,933	1,270,933
Land Improvements - Training School	1,260,775	1,379,547
Land - Administration Building	1,299,930	1,299,930
Land Improvements - Administration Building	344,299	383,890
Construction in Progress - Training School	47,635	-
Building - Training School	11,347,354	11,685,780
Building - Administration Building	820,997	843,968
Total Assets	<u>\$ 22,750,273</u>	<u>\$ 22,382,537</u>
Revenues		
Contributions	\$ 1,317,066	\$ 1,257,538
Interest income	280,870	231,109
Total Revenues	<u>1,597,936</u>	<u>1,488,647</u>
Expenses		
Computer expense	44,201	19,489
Professional fees	36,195	38,842
Supplies	5,887	21,158
Utilities	147,276	145,258
Small equipment/phones/communication	1,189	1,232
Total Expenses	<u>234,748</u>	<u>225,979</u>
Gross Profit	<u>\$ 1,363,188</u>	<u>\$ 1,262,668</u>

Plumbers' and Pipefitters' Welfare Educational Fund
Schedules of Operating Expenses
Years Ended December 31, 2024 and 2023

	2024	2023
Bad debt expense	\$ 93,715	\$ -
Computer consultants and expense	147,939	157,778
Deferred compensation expense	12,547	73,572
Depreciation	77,344	466,215
Fringes	599,602	568,345
Insurance	171,518	167,519
Office expense	293,111	332,108
Other	1,012	19,786
Payroll	1,992,014	1,891,875
Payroll taxes	190,140	158,887
PCORI fees	26,401	23,517
Professional fees	2,678,375	2,390,545
Real estate taxes	63,891	63,674
Repairs and maintenance	143,112	173,850
Travel	-	909
Utilities	90,232	88,131
Vehicle expense	13,941	8,971
	<u>\$ 6,594,894</u>	<u>\$ 6,585,682</u>

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
	Identity of Issue	Description of Investment			Cost	Fair Value
	<u>Money Market Funds</u>					
	FINANCIAL SQUARE TR GOVERNMENT	384,919	shares		\$ 384,919	\$ 384,919
	FINANCIAL SQUARE TR GOVERNMENT	8,793	shares		8,792	8,792
	REGIONS BANK SWEEP ACCOUNT				22,459,000	22,459,000
	Total Money Market Funds				<u>\$ 22,852,711</u>	<u>\$ 22,852,711</u>
		<u>Face Value</u>	<u>Interest Rate</u>	<u>Date</u>		
	<u>Corporate Obligations</u>					
	ABFS MORTGAGE LOAN TRUST	\$ 345	VR	12/25/2031	\$ 368	\$ 309
	ACTAVIS FUNDING SCS	20,000	3.80%	3/15/2025	19,420	19,850
	AIR LEASE CORP	175,000	3.63%	4/1/2027	165,827	169,118
	ALLSTATE CORP	250,000	4.50%	6/15/1943	283,875	213,215
	AMAZON.COM INC	345,000	3.00%	4/13/2025	344,451	343,599
	AMEREN CORP	200,000	3.50%	1/15/2031	231,932	182,518
	APPLIED MATERIALS INC	175,000	5.85%	6/15/2041	210,681	181,491
	ASCENSION HEALTH	290,000	3.95%	11/15/2046	290,000	231,281
	AT&T INC	185,000	5.40%	2/15/2034	184,391	185,740
	AUTOMATIC DATA PROCESSING INC	200,000	4.45%	9/9/2034	199,888	190,404
	BANK OF AMERICA CORP	250,000	VR	4/27/2033	250,000	237,580
	BANK OF AMERICA CORP	50,000	3.95%	4/21/2025	48,743	49,863
	BANK OF NY MELLON CORP	320,000	3.00%	10/30/2028	319,648	299,302
	BANKBOSTON HOME EQUITY LOAN TRUST	324	6.64%	12/25/2028	340	319
	BAPTIST HEALTH SOUTH FLORIDA INC	260,000	4.34%	11/15/2041	262,077	219,666
	BOEING CO	300,000	2.50%	3/1/2025	279,702	298,437
	BORGWARNER INC	200,000	4.38%	3/15/2045	185,496	163,050
	BRIDGECREST LENDING AUTO SECS TRUST	375,000	5.34%	4/15/2028	374,969	376,936
	CAPITAL ONE FINANCIAL CO	200,000	VR	11/2/2027	200,000	188,986
	CH ROBINSON WORLDWIDE	180,000	4.20%	4/15/2028	178,924	175,322
	CHARLES SCHWAB CORP	390,000	2.00%	3/20/2028	389,341	357,232
	CHASE FUNDING MORTGAGE LOAN	90,706	VR	12/25/2033	85,094	88,673
					<u>\$ 4,505,167</u>	<u>\$ 4,172,891</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Corporate Obligations (Continued)					
	CITIGROUP COMMERCIAL MORTGAGE TRUST	\$ 2,552	2.74%	4/15/2049	\$ 2,629	\$ 2,547
	CITIGROUP INC	50,000	VR	1/24/2039	50,000	41,680
	CITIGROUP INC	200,000	4.13%	7/25/2028	215,116	194,448
	CNA FINANCIAL CORP	180,000	3.45%	8/15/2027	179,591	174,078
	COMCAST CORP	340,000	5.50%	11/15/2032	337,851	348,408
	COMM MORTGAGE TRUST	21,195	3.18%	2/10/2048	21,829	21,161
	COMMUNITY HOSPITALS OF I	75,000	4.24%	5/1/2025	75,000	74,777
	CUMMINS INC	400,000	1.50%	9/1/2030	401,376	334,764
	CVS HEALTH CORP	65,000	3.88%	7/20/2025	64,430	64,582
	DAIMLER TRUCKS RETAIL TRUST	110,918	5.23%	2/17/2026	110,911	111,051
	DANAHER CORP	170,000	3.35%	9/15/2025	169,757	168,730
	DARTMOUTH COLLEGE	310,000	3.47%	6/1/2046	309,985	233,585
	DUKE ENERGY FLORIDA LLC	262,000	3.80%	7/15/2028	300,608	253,729
	EATON VANCE CORP	355,000	3.50%	4/6/2027	353,694	345,738
	ENERGY TRANSFER LP	160,000	5.25%	7/1/2029	159,675	160,762
	ENTERGY LOUISIANA LLC	375,000	2.35%	6/15/2032	300,563	311,974
	EQUINOR ASA	385,000	1.75%	1/22/2026	383,456	373,773
	EXTRA SPACE STORAGE LP	240,000	5.90%	1/15/2031	239,309	247,565
	FISERV INC	200,000	3.20%	7/1/2026	199,986	195,596
	FORD CREDIT AUTO OWNER TRUST	132,053	3.74%	9/15/2026	132,046	131,733
	GATX CORP	80,000	4.70%	4/1/2029	79,869	78,782
	GENERAL MOTORS FINANCIAL COMPANY	175,000	5.80%	6/23/2028	174,963	178,500
	GOLDMAN SACHS GROUP INC	125,000	VR	7/21/2032	125,000	104,175
	GONZAGA UNIVERSITY	170,000	4.16%	4/1/2046	170,000	129,073
					<u>\$ 4,557,644</u>	<u>\$ 4,281,211</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Corporate Obligations (Continued)					
	HENRY J KAISER FAMILY FO	\$ 120,000	3.36%	12/1/2025	\$ 120,000	\$ 118,612
	HOME DEPOT INC	15,000	3.35%	9/15/2025	14,979	14,873
	HSBC HOLDINGS PLC	130,000	VR	3/9/2044	126,377	137,335
	INTEL CORP	370,000	4.15%	8/5/2032	369,401	336,789
	INTUIT INC	330,000	5.50%	9/15/2053	327,268	323,129
	JM SMUCKER CO	61,000	2.13%	3/15/2032	60,721	49,628
	JOHN DEERE CAPITAL CORP	375,000	2.65%	6/10/2026	404,396	365,460
	JOHNSON & JOHNSON	215,000	5.95%	8/15/2037	321,447	231,912
	JPMORGAN CHASE & CO	100,000	VR	1/23/2029	100,000	95,938
	JPMORGAN CHASE & CO	110,000	VR	10/22/2030	110,000	107,907
	JPMORGAN CHASE & CO	140,000	VR	10/23/2034	140,000	147,965
	KIMCO REALTY CORP	75,000	4.60%	2/1/2033	74,573	71,394
	KONINKLIJKE PHILIPS NV	114,000	6.88%	3/11/2038	151,827	122,825
	LOEWS CORP	315,000	6.00%	2/1/2035	345,369	333,853
	LUBRIZOL CORP	250,000	6.50%	10/1/2034	333,935	274,923
	MORGAN STANLEY	100,000	VR	12/10/2026	100,000	96,434
	NATIONAL RURAL UTIL COOP	175,000	4.15%	12/15/2032	174,368	163,280
	NEVADA POWER CO	300,000	5.38%	9/15/2040	365,367	289,209
	NORFOLK SOUTHERN CORPORATION NOTE	30,000	7.80%	5/15/2027	37,792	32,097
	NORTHERN STATES POWER - MINN	213,000	6.25%	6/1/2036	293,346	230,496
	NORTHERN TRUST CORP	170,000	3.95%	10/30/2025	187,104	168,972
	NORTHWEST NATURAL GAS CO	300,000	3.87%	6/15/2049	300,000	215,736
	ONEOK INCORPORATED	180,000	5.15%	10/15/2043	206,361	160,972
	PEPSICO INC	360,000	4.65%	2/15/2053	359,770	314,266
	PETRO-CANADA	185,000	7.88%	6/15/2026	226,076	192,707
	PFIZER INC	275,000	4.00%	3/15/2049	329,293	215,828
	PRECISION CASTPARTS CORP	300,000	3.25%	6/15/2025	305,622	298,275
	PROCTER & GAMBLE CO THE	400,000	1.90%	2/1/2027	399,432	380,360
					<u>\$ 6,284,824</u>	<u>\$ 5,491,175</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Corporate Obligations (Continued)					
	PROGRESSIVE CORP	\$ 300,000	3.70%	1/26/2045	\$ 294,144	\$ 230,676
	PROGRESSIVE CORP	18,000	6.25%	12/1/2032	17,864	19,353
	PROLOGIS LP	70,000	3.25%	6/30/2026	70,000	68,689
	ROYAL BANK OF CANADA	390,000	VR	4/27/2026	390,000	390,569
	SANTANDER HOLDINGS USA INC	200,000	VR	5/31/2035	200,000	202,644
	SHELL FINANCE US INC	280,000	4.00%	5/10/2046	236,527	219,061
	SMALL BUSINESS ADMINISTRATION	11,463	2.08%	4/1/2033	11,463	10,448
	SMALL BUSINESS ADMINISTRATION	13,690	2.87%	7/1/2034	13,690	12,711
	SMALL BUSINESS ADMINISTRATION	18,875	3.00%	5/1/2034	18,875	17,588
	SMALL BUSINESS ADMINISTRATION	9,257	2.21%	2/1/2033	9,277	8,510
	SMALL BUSINESS ADMINISTRATION	3,428	2.22%	3/1/2033	3,428	3,141
	SMALL BUSINESS ADMINISTRATION PART	8,241	2.07%	5/1/2033	7,574	7,453
	SPIRE MISSOURI INC	400,000	4.80%	2/15/2033	381,408	391,196
	STANFORD UNIVERSITY	400,000	2.41%	6/1/2050	400,000	237,292
	STRUCTURED ASSET SECURITIES CORP	2,804	3.38%	8/25/2031	2,503	2,275
	SYNCHRONY CARD ISSUANCE TRUST	365,000	3.86%	7/17/2028	364,951	363,438
	TEXAS INSTRUMENTS INC	360,000	2.25%	9/4/2029	358,880	323,381
	THE PNC FINANCIAL SERVICES GROUP INC	380,000	VR	10/21/2032	380,000	369,843
	TRANSCANADA TRUST	175,000	VR	3/15/2077	176,575	167,463
	TRAVELERS COS INC	225,000	3.75%	5/15/2046	223,434	172,170
	TYCO ELECTRONICS GROUP S	140,000	7.13%	10/1/2037	190,670	159,494
	US BANCORP	395,000	VR	1/27/2028	395,000	374,511
	VERIZON COMMUNICATIONS	225,000	2.36%	3/15/2032	171,837	186,593
	WELLS FARGO & COMPANY	100,000	VR	6/17/2027	100,000	97,687
	WELLS FARGO & COMPANY	85,000	VR	12/3/2035	85,000	82,702
	WISCONSIN ELECTRIC POWER	200,000	4.75%	9/30/2032	199,588	197,174
					<u>\$ 4,702,688</u>	<u>\$ 4,316,062</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Corporate Obligations (Continued)					
	WW GRAINGER INC	\$ 210,000	3.75%	5/15/2046	\$ 208,576	\$ 163,112
	Total Corporate Obligations				<u>\$ 20,258,899</u>	<u>\$ 18,424,451</u>
	Government Obligations					
	CINCINNATI OH	\$ 400,000	VR	12/1/2031	\$ 403,448	\$ 333,520
	CO STATE HOUSING & FINANCE	345,000	4.92%	5/1/2026	345,000	347,167
	CO STATE HOUSING & FINANCE AUTHORITY	190,000	3.60%	5/1/2027	190,000	186,084
	COUNTRYWIDE ALTERNATIVE LOAN TRUST	282	6.50%	8/25/2032	254	285
	COUNTRYWIDE ALTERNATIVE LOAN TRUST	124	5.25%	9/25/2019	125	119
	CT STATE TAXABLE SERIES A	370,000	4.51%	5/15/2028	370,000	369,020
	FEDERAL FARM CREDIT BANK	200,000	0.95%	4/1/2025	204,548	198,390
	FEDERAL FARM CREDIT BANK	320,000	3.25%	7/1/2030	342,074	300,573
	FEDERAL HOME LOAN BANK	200,000	0.38%	9/4/2025	199,400	194,790
	FEDERAL HOME LOAN MORTGAGE ASSOC	15,665	2.50%	10/15/2042	15,669	14,638
	FEDERAL HOME LOAN MORTGAGE CORP	133,061	5.00%	3/1/2054	130,046	128,840
	FEDERAL HOME LOAN MORTGAGE CORP	901	5.00%	4/1/2035	872	894
	FEDERAL HOME LOAN MORTGAGE CORP	34,716	4.00%	4/1/2047	36,474	32,110
	FEDERAL HOME LOAN MORTGAGE CORP	3,586	5.00%	5/1/2033	3,642	3,595
	FEDERAL HOME LOAN MORTGAGE CORP	299	VR	5/1/2034	289	309
	FEDERAL HOME LOAN MORTGAGE CORP	524	4.50%	5/15/2039	543	513
	FEDERAL HOME LOAN MORTGAGE CORP	143,948	3.00%	6/1/2051	150,695	123,334
	FEDERAL HOME LOAN MORTGAGE CORP	1,943	5.00%	7/1/2034	1,938	1,960
	FEDERAL HOME LOAN MORTGAGE CORP	62,599	5.00%	7/1/2039	67,334	62,681
	FEDERAL HOME LOAN MORTGAGE CORP	24,125	VR	7/1/2045	24,540	24,217
	FEDERAL HOME LOAN MORTGAGE CORP	328,843	5.50%	7/1/2053	326,480	326,476
	FEDERAL HOME LOAN MORTGAGE CORP	331,798	4.00%	8/1/2052	331,487	303,486
	FEDERAL HOME LOAN MORTGAGE CORP	35,736	4.00%	9/1/2041	37,444	33,760
	FEDERAL HOME LOAN MORTGAGE CORP	300,908	2.00%	9/1/2041	309,136	250,819
	FEDERAL HOME LOAN MORTGAGE CORP	269,821.89	2%	9/1/2050	279,476	211,929
	FEDERAL HOME LOAN MORTGAGE CORP	352,556.83	5%	9/1/2053	330,990	331,886
	FEDERAL HOME LOAN MORTGAGE CORP	1,964.76	6.00%	9/15/2032	2,020	2,021
					<u>\$ 4,103,924</u>	<u>\$ 3,783,416</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Government Obligations (Continued)					
	FEDERAL HOME LOAN MORTGAGE CORP	\$ 11,023	3.50%	9/15/2041	\$ 10,990	\$ 10,898
	FEDERAL HOME LOAN MORTGAGE CORP	386,761	2.50%	9/25/2049	330,560	319,303
	FEDERAL HOME LOAN MORTGAGE CORP	8,917	3.00%	10/15/2041	9,124	8,673
	FEDERAL HOME LOAN MORTGAGE CORP	395,747	5.50%	10/25/2054	396,984	393,587
	FEDERAL HOME LOAN MORTGAGE CORP	40,775	VR	11/1/2046	42,285	39,680
	FEDERAL HOME LOAN MORTGAGE CORP	274,447	2.00%	11/1/2050	283,238	215,520
	FEDERAL HOME LOAN MORTGAGE CORP	41,077	2.50%	11/15/2043	40,602	39,109
	FEDERAL HOME LOAN MORTGAGE CORP	278,635	2.00%	12/1/2050	284,316	211,105
	FEDERAL HOME LOAN MORTGAGE CORP SLST	218,576	3.50%	5/25/2032	216,582	206,572
	FEDERAL NATIONAL MORTGAGE ASSOC	1,838	6.00%	1/1/2038	1,859	1,879
	FEDERAL NATIONAL MORTGAGE ASSOC	1,327	5.00%	2/1/2034	1,326	1,316
	FEDERAL NATIONAL MORTGAGE ASSOC	579	4.50%	2/1/2035	544	559
	FEDERAL NATIONAL MORTGAGE ASSOC	76	VR	2/1/2035	77	77
	FEDERAL NATIONAL MORTGAGE ASSOC	949	VR	2/1/2035	947	945
	FEDERAL NATIONAL MORTGAGE ASSOC	33,161	4.00%	2/1/2041	34,363	31,287
	FEDERAL NATIONAL MORTGAGE ASSOC	14,270	4.00%	2/1/2041	14,484	13,463
	FEDERAL NATIONAL MORTGAGE ASSOC	219,557	5.00%	2/25/2044	215,303	215,389
	FEDERAL NATIONAL MORTGAGE ASSOC	68,806	3.50%	3/1/2047	70,461	61,669
	FEDERAL NATIONAL MORTGAGE ASSOC	31	4.00%	3/25/2033	32	31
	FEDERAL NATIONAL MORTGAGE ASSOC	56,939	4.00%	4/1/2038	58,763	54,443
	FEDERAL NATIONAL MORTGAGE ASSOC	67,190	3.50%	4/1/2047	68,932	60,221
	FEDERAL NATIONAL MORTGAGE ASSOC	176,195	6.00%	4/25/2053	177,682	177,173
	FEDERAL NATIONAL MORTGAGE ASSOC	18,291	4.50%	5/1/2041	19,142	17,732
	FEDERAL NATIONAL MORTGAGE ASSOC	181,111	3.00%	5/25/2052	156,180	154,211
	FEDERAL NATIONAL MORTGAGE ASSOC	257,380	2.00%	6/1/2036	266,629	228,069
	FEDERAL NATIONAL MORTGAGE ASSOC	141,176	3.00%	6/1/2052	121,621	120,186
	FEDERAL NATIONAL MORTGAGE ASSOC	523	VR	7/1/2035	524	519
	FEDERAL NATIONAL MORTGAGE ASSOC	248,490	3.00%	7/1/2051	259,788	213,030
					<u>\$ 3,083,338</u>	<u>\$ 2,796,646</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e) Fair Value
		Description of Investment				
	Identity of Issue	Face Value	Interest Rate	Date	Cost	
	Government Obligations (Continued)					
	FEDERAL NATIONAL MORTGAGE ASSOC	\$ 387,813	5.50%	7/25/2054	\$ 386,904	\$ 382,833
	FEDERAL NATIONAL MORTGAGE ASSOC	28,101	3.50%	8/1/2035	29,458	26,696
	FEDERAL NATIONAL MORTGAGE ASSOC	25,339	5.00%	8/1/2048	26,764	25,272
	FEDERAL NATIONAL MORTGAGE ASSOC	300,351	2.00%	8/1/2051	306,687	236,980
	FEDERAL NATIONAL MORTGAGE ASSOC	846	5.76%	9/1/2037	854	865
	FEDERAL NATIONAL MORTGAGE ASSOC	398	6.15%	9/1/2037	400	402
	FEDERAL NATIONAL MORTGAGE ASSOC	298,717	2.00%	9/1/2041	306,464	248,876
	FEDERAL NATIONAL MORTGAGE ASSOC	116,149	3.00%	9/1/2043	117,202	102,467
	FEDERAL NATIONAL MORTGAGE ASSOC	2,166	3.00%	10/1/2026	2,236	2,135
	FEDERAL NATIONAL MORTGAGE ASSOC	7,424	6.50%	10/1/2037	7,734	7,662
	FEDERAL NATIONAL MORTGAGE ASSOC	669	3.50%	10/25/2046	670	667
	FEDERAL NATIONAL MORTGAGE ASSOC	80,108	3.50%	11/1/2041	82,749	73,043
	FEDERAL NATIONAL MORTGAGE ASSOC	3,614	VR	11/25/2036	3,628	3,574
	FEDERAL NATIONAL MORTGAGE ASSOC	262,390	2.50%	11/25/2049	260,586	217,019
	FEDERAL NATIONAL MORTGAGE ASSOC	417	6.00%	12/1/2032	428	425
	FEDERAL NATIONAL MORTGAGE ASSOC	30,539	4.00%	12/1/2045	32,720	28,359
	FEDERAL NATIONAL MORTGAGE ASSOC	349,692	5.00%	12/1/2052	341,933	338,956
	FEDERAL NATIONAL MORTGAGE ASSOC	9,469	6.00%	12/25/2033	9,949	9,729
	FEDERAL NATIONAL MORTGAGE ASSOC	313,931	3.50%	12/25/2048	300,687	301,442
	FREDDIE MAC	183,246	2.00%	12/15/2042	173,110	139,457
	FREDDIE MAC - SLST	360,000	3.50%	6/25/2028	352,786	343,478
	GOVERNMENT NATIONAL MORTGAGE ASSOC	265,969	2.35%	2/16/2061	274,737	220,307
	GOVERNMENT NATIONAL MORTGAGE ASSOC	573	5.25%	3/15/2033	560	578
	GOVERNMENT NATIONAL MORTGAGE ASSOC	3,360	4.00%	3/20/2039	3,460	3,321
	GOVERNMENT NATIONAL MORTGAGE ASSOC	111,829	3.50%	3/20/2048	112,004	100,386
	GOVERNMENT NATIONAL MORTGAGE ASSOC	1,508.42	4.000%	4/16/2039	1,554	1,502
	GOVERNMENT NATIONAL MORTGAGE ASSOC	2,551	4.00%	5/16/2026	2,733	2,539
	GOVERNMENT NATIONAL MORTGAGE ASSOC	24,276	2.50%	6/20/2031	24,929	23,261
					\$ 3,163,926	\$ 2,842,231

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Government Obligations (Continued)					
	GOVERNMENT NATIONAL MORTGAGE ASSOC	\$ 41,255	2.50%	7/20/2046	\$ 40,572	\$ 34,392
	GOVERNMENT NATIONAL MORTGAGE ASSOC	24,352	2.50%	8/20/2047	24,249	20,264
	GOVERNMENT NATIONAL MORTGAGE ASSOC	342,527	VR	8/20/2074	343,377	344,835
	GOVERNMENT NATIONAL MORTGAGE ASSOC	341,431	2.35%	9/16/2061	354,022	276,748
	GOVERNMENT NATIONAL MORTGAGE ASSOC	672	8.00%	10/15/2025	701	673
	GOVERNMENT NATIONAL MORTGAGE ASSOC	1,745	5.50%	10/15/2033	1,807	1,750
	GOVERNMENT NATIONAL MORTGAGE ASSOC	14,078	3.500%	12/20/2045	13,913	14,030
	IMPAC CMB TRUST	4,871	VR	9/25/2034	4,643	5,551
	J P MORGAN ALTERNATIVE LOAN TRUST	5,870	VR	3/25/2036	5,873	4,401
	RBSGC MORTGAGE PASS THROUGH	366	5.45%	7/25/2035	354	362
	RBSGC MORTGAGE PASS THROUGH CERTS	2,692	6.08%	11/25/2021	2,735	1,635
	RESIDENTIAL ACCREDIT LOANS INC	80	5.75%	9/25/2021	79	48
	STRUCTURED ADJUSTABLE RATE MORTGAGE	4,112	VR	5/25/2035	4,056	3,530
	UNITED STATES TREASURY BOND	850,000	3.13%	5/15/2048	722,102	636,939
	UNITED STATES TREASURY BOND	560,000	2.38%	5/15/2051	353,369	352,279
	UNITED STATES TREASURY BOND	500,000	1.75%	8/15/2041	378,438	323,970
	UNITED STATES TREASURY BOND	570,000	2.75%	8/15/2042	546,956	428,458
	UNITED STATES TREASURY BOND	700,000	3.13%	8/15/2044	814,426	543,858
	UNITED STATES TREASURY BOND	170,000	2.25%	8/15/2046	200,899	109,800
	UNITED STATES TREASURY BOND	495,000	2.00%	11/15/2041	356,941	332,635
	UNITED STATES TREASURY BOND	620,000	2.75%	11/15/2047	498,640	435,252
	UNITED STATES TREASURY NOTE	135,000	1.88%	2/15/2032	113,358	113,590
	UNITED STATES TREASURY NOTE	360,000	2.25%	3/31/2026	394,538	351,364
	UNITED STATES TREASURY NOTE	440,000	0.63%	05/15/2030	366,833	361,143
	UNITED STATES TREASURY NOTE	800,000	1.63%	47,983	719,031	675,088
	UNITED STATES TREASURY NOTE	710,000	2.88%	05/15/2032	669,646	637,836
	UNITED STATES TREASURY NOTE	390,000	3.38%	5/15/2033	352,097	358,496
	UNITED STATES TREASURY NOTE	380,000	4.38%	5/15/2034	383,993	374,277
					<u>\$ 7,667,648</u>	<u>\$ 6,743,204</u>

See independent auditors' report.

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Description of Investment			Cost	Fair Value
	Identity of Issue	Face Value	Interest Rate	Date		
	Government Obligations (Continued)					
	UNITED STATES TREASURY NOTE	\$ 200,000	1.25%	8/15/2031	\$ 196,609	\$ 163,263
	UNITED STATES TREASURY NOTE	350,000	2.00%	11/15/2026	338,734	335,971
	UNITED STATES TREASURY NOTE	800,000	0.88%	11/15/2030	759,656	654,735
	UNITED STATES TREASURY NOTE	730,000	4.50%	11/15/2033	745,085	726,926
	UNITED STATES TREASURY NOTES	395,000	3.75%	8/31/2031	383,906	378,535
	UNIVERSITY OF MICHIGAN MI	200,000	1.37%	4/1/2027	200,000	187,548
	WAMU MORTGAGE PASS THROUGH CERTS	6,009	5.75%	10/25/2036	5,932	5,424
	WESTMORELAND COUNTY PA TAXABLE	400,000	1.71%	8/15/2028	400,000	362,054
					<u>\$ 3,029,922</u>	<u>\$ 2,814,456</u>
	Total Government Obligations				<u>\$ 21,048,758</u>	<u>\$ 18,979,953</u>
	Mutual Funds					
	VANGUARD INSTITUTIONAL INDEX	36,974	shares		\$ 7,482,875	\$ 17,706,802
	VANGUARD MID-CAP GROWTH INDEX FUND	75,253	shares		3,874,964	8,222,841
	VANGUARD SMALL CAP VALUE INDEX	166,797	shares		4,613,571	7,941,192
	VANGUARD DEVELOPED MARKETS INDEX	456,152	shares		5,606,054	7,015,619
	VANGUARD TOTAL BOND MARKET INDEX	3,019,982	shares		30,801,367	28,629,429
	VANGUARD HIGH YIELD CORPORATE FUND	2,905,887	shares		16,870,745	15,749,907
	NUVEEN SYMPHONY FLOATING RATE	854,006	shares		16,587,770	15,636,854
	VANGUARD REAL ESTATE INDEX	305,344	shares		5,279,568	5,969,476
	Total Mutual Funds				<u>\$ 91,116,914</u>	<u>\$106,872,120</u>
	Real Estate Investment Trust					
	MORGAN STANLEY PRIME PROPERTY FUND	500	shares		<u>\$ 8,160,104</u>	<u>\$ 9,645,016</u>
	Total Investments				<u>\$163,228,810</u>	<u>\$176,774,251</u>

See independent auditors' report.

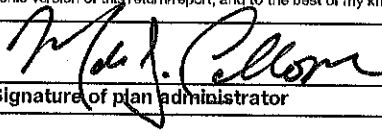
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	 ☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	 ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan PLUMBERS' & PIPEFITTERS' WELFARE EDUCATIONAL FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 01/01/1951
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (Include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES , PLUMBERS' AND PIPEFITTERS' WELFARE EDUCA 3640 CORPORATE TRAIL DRIVE EARTH CITY MO 63045	2b Employer Identification Number (EIN) 43-0657966 2c Plan Sponsor's telephone number 314-355-1000 2d Business code (see instructions) 238220

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

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

SIGN HERE		<u>07/30/25</u>	MARK J. COLLOM <i>Executive Director</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	4,265
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	2,600
a(2) Total number of active participants at the end of the plan year	6a(2)	2,791
b Retired or separated participants receiving benefits	6b	1,730
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,521
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)	
(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	177

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 4C 4D 4E 4F 4J 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

Plumbers' and Pipefitters' Welfare Educational Fund
EIN 43-0657966 Plan # 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year:</u>						
<u>Commerce Bank</u>	Vanguard Total Bond Market Index Fund Ins	\$ 10,000,000	\$ -	\$ 10,000,000	\$ 10,000,000	\$ -
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Vanguard Total Bond Market Index Fund Ins (13)	10,947,924	-	10,947,924	10,947,924	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						