

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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 THE URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. EMPLOYEES PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 07/01/1986
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) URBAN LEAGUE OF METROPOLITAN ST. LOUIS 1408 N. KINGSHIGHWAY ST. LOUIS, MO 63113
2b Employer Identification Number (EIN) 43-0653605
2c Plan Sponsor's telephone number 314-615-3600
2d Business code (see instructions) 813000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	290
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	46
	6a(2)	41
	6b	61
	6c	179
	6d	281
	6e	4
	6f	285
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>THE URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>URBAN LEAGUE OF METROPOLITAN ST. LOUIS</u>	D Employer Identification Number (EIN) <u>43-0653605</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>20102905</u>
	b Actuarial value	2b	<u>20585790</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>67</u>	<u>5602137</u>
	b For terminated vested participants	<u>177</u>	<u>4752915</u>
	c For active participants	<u>46</u>	<u>5554534</u>
	d Total	<u>290</u>	<u>15909586</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.35 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>552985</u>
	b Expected plan-related expenses	6b	<u>60000</u>
	c Target normal cost	6c	<u>612985</u>

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

SIGN HERE <u>ANDREW J. WITTE</u> Signature of actuary <u>AON CONSULTING, INC.</u> Firm name <u>4220 DUNCAN AVENUE, SUITE 401</u> <u>ST. LOUIS, MO 63110</u> Address of the firm	<u>09/24/2025</u> Date <u>23-05764</u> Most recent enrollment number <u>314-725-9966</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5153582
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		260039
9	Amount remaining (line 7 minus line 8)	0	4893543
10	Interest on line 9 using prior year's actual return of <u>14.99</u> %	0	733542
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5627085

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.06 %
15	Adjusted funding target attainment percentage	15	128.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 612985
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1114478		107335	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 720320
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	720320		720320	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

A Name of plan THE URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 URBAN LEAGUE OF METROPOLITAN ST. LOUIS	D Employer Identification Number (EIN) 43-0653605	

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
 AMERICAN CENTURY INVESTMENTS

44-0619208

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
 BAIRD FUNDS PO BOX 701 MILWAUKEE, WI 53201-0701

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
 CLEARBRIDGE FUNDS 620 EIGHTH AVENUE 49TH FLOOR NEW YORK, NY 10018

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
 COLUMBIA MANAGEMENT INVESTMENT 225 FRANKLIN STREET BOSTON, MA 02111

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

FIDELITY INVESTMENTS

245 SUMMER STREET
BOSTON, MA 02210

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

NUVEEN INVESTMENTS

PO BOX 43071
PROVIDENCE, RI 02940

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

ARTISAN PARTNERS

39-1807188

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

MAINSTAY FUNDS

P.O. BOX 219003
KANSAS CITY, MO 64121-9000

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

MONDRIAN INVESTMENT GROUP INC

36-7205063

(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)

US BANK

41-0417860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	106997	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	33657	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

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 THE URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 URBAN LEAGUE OF METROPOLITAN ST. LOUIS		D Employer Identification Number (EIN) 43-0653605	

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)	492351	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	275	522
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	232422	204346
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19378068	21339606
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	20103116	21544474
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20103116	21544474

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7113	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		7113
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	560727	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		560727
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1542581
c Other income	2c		247
d Total income. Add all income amounts in column (b) and enter total	2d		2110668

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	528878	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		528878
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	106997	
(7) Actuarial fees	2i(7)	33435	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		140432
j Total expenses. Add all expense amounts in column (b) and enter total	2j		669310

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1441358
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 558817.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>URBAN LEAGUE OF METROPOLITAN ST. LOUIS</u>	D Employer Identification Number (EIN) <u>43-0653605</u>	

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

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

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

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 41-0417860

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

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

3	2
---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705022A.

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES'
PENSION PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024**

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Independent Auditors' Report

Audit and Finance Committee
The Urban League of Metropolitan
St. Louis, Inc. Employees' Pension Plan
St. Louis, Missouri

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Urban League of Metropolitan St. Louis, Inc. Employees' Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities For The Audit Of The Financial Statements section:

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

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Except as described in the Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required By ERISA

The supplemental schedules of assets held at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Audit and Finance Committee
The Urban League of Metropolitan
St. Louis, Inc. Employees' Pension Plan

In our opinion:

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

RubinBrown LLP

October 6, 2025

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments		
Mutual funds	\$ 11,977,730	\$ 19,378,068
Exchange traded funds	9,361,876	—
Money market fund	204,346	227,227
Interest-bearing cash	—	5,195
Total Investments	21,543,952	19,610,490
Receivables		
Employer contributions	—	492,351
Accrued interest	522	275
Total Receivables	522	492,626
Net Assets Available For Benefits	\$ 21,544,474	\$ 20,103,116

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	For The Years Ended December 31,	
	2024	2023
Additions To Net Assets Attributed To:		
Employer contributions	\$ —	\$ 492,351
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	529,425	493,587
Administrative expenses	140,654	149,700
Total Deductions	670,079	643,287
Investment Income		
Net change in fair value of investments	1,542,582	2,096,463
Dividends	561,743	499,002
Interest	7,112	4,102
Net Investment Income	2,111,437	2,599,567
Net Increase	1,441,358	2,448,631
Net Assets Available For Benefits - Beginning Of Year	20,103,116	17,654,485
Net Assets Available For Benefits - End Of Year	\$ 21,544,474	\$ 20,103,116

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31, 2023

Actuarial Present Value Of Accumulated

Plan Benefits

Vested Benefits:

Active participants

\$ 5,017,564

Other participants

8,861,647

13,879,211

Nonvested benefits

122,715

Total Actuarial Present Value Of Accumulated

Plan Benefits

\$ 14,001,926

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For The Year Ended December 31, 2023**

Actuarial Present Value Of Accumulated Plan Benefits - Beginning Of Year	<u>\$ 13,153,094</u>
Increase (Decrease) During The Year Attributable To:	
Interest accumulation	839,162
Benefit payments	(493,587)
Actuarial losses	<u>503,257</u>
Net Increase	<u>848,832</u>
Actuarial Present Value Of Accumulated Plan Benefits - End Of Year	<u><u>\$ 14,001,926</u></u>

URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 And 2023

1. Description Of Plan

The following description of Urban League of Metropolitan St. Louis, Inc. Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan, established July 1, 1986, is a noncontributory defined benefit pension plan established for qualified full-time and part-time employees of The Urban League of Metropolitan St. Louis (the Employer, Plan Sponsor or Plan Administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan's recordkeeper and Trustee is U.S. Bank, N.A. (U.S. Bank).

Eligibility

Employees were eligible to participate in the Plan after completing one year of service and attaining age 21. Effective July 1, 2015, the Plan was frozen, with no new employees eligible to enter the Plan after January 1, 2016.

Benefits

The Plan provides for normal retirement benefits upon reaching age 65. The normal retirement benefit is based upon compensation and years of credited service, as defined by the Plan Document. Participants become fully vested after three years of credited service. The Plan also has provisions for early retirement, deferred retirement, and death benefits for eligible participants.

Vesting

Participants are fully vested after three years of service, with no partial vesting.

Funding Policy

The Plan's funding policy is for the Employer to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Employer's contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

Notes To Financial Statements (*Continued*)

Although it has not expressed any intention to do so, the Employer has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates And Assumptions

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation And Income Recognition

The Plan's investments are stated at fair value, which is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion regarding fair value measurement.

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. The net change in fair value of investments represents the difference between the aggregate fair value of investments at year end and values at the beginning of the year and includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the Plan Document. Expenses that are paid directly by the Employer are excluded from these financial statements. Trustee fees are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net change in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

Notes To Financial Statements (*Continued*)

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits has been actuarially determined and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2023 are as follows:

Actuarial Cost Method	Unit Credit Cost Method
Expected Rate Of Return On Assets	6.5%
Mortality	Healthy: PRI-2012 combined healthy mortality table (using blue collar adjustment), projected generationally from 2012 using scale MP-2021. Disabled: PRI-2012 disabled retiree mortality table, projected generationally from 2012 using scale MP-2021.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Benefit Payments

Benefit payments to participants are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through the date of the Independent Auditors' Report, which is the date the financial statements were available for issue.

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

Notes To Financial Statements (*Continued*)

3. Certified Investment Information

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements, that was prepared by or derived from information certified by U.S. Bank and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from U.S. Bank that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets as of December 31:

	<u>2024</u>	<u>2023</u>
Mutual funds	\$ 11,977,730	\$ 19,378,068
Exchange traded funds	9,361,876	—
Money market fund	204,346	227,227
Interest-bearing cash	—	5,195

U.S. Bank also certified to the completeness and accuracy related to the following investment income for years ended December 31:

	<u>2024</u>	<u>2023</u>
Net change in fair value of investments	\$ 1,542,582	\$ 2,096,463
Dividends	561,743	499,002
Interest	7,112	4,102

4. Fair Value Measurements

The Plan utilizes an established framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

Notes To Financial Statements (*Continued*)

The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

Notes To Financial Statements (*Continued*)

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

Mutual Funds And Money Market Fund

Valued at the daily closing price as reported by the fund. Mutual funds and money market fund held by the Plan are open-end investment companies that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds and money market fund held by the Plan are deemed to be actively traded.

Exchange Traded Funds

Valued at the closing price reported on the active market on which the individual securities are traded.

Interest-Bearing Cash

Valued at cost, which approximates fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 11,977,730	\$ —	\$ —	\$ 11,977,730
Exchange traded funds	9,361,876	—	—	9,361,876
Money market fund	204,346	—	—	204,346
Total Assets At Fair Value	\$ 21,543,952	\$ —	\$ —	\$ 21,543,952

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

Notes To Financial Statements (*Continued*)

	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 19,378,068	\$ —	\$ —	\$ 19,378,068
Money market fund	227,227	—	—	227,227
Interest-bearing cash	5,195	—	—	5,195
Total Assets At Fair Value	\$ 19,610,490	\$ —	\$ —	\$ 19,610,490

There have been no changes in the valuation methodologies used at December 31, 2024 or 2023.

5. Party In Interest Transactions

For the years ended December 31, 2024 and 2023, the Plan invested in a money market fund and interest bearing cash account managed by the Trustee. In addition, the Plan pays administrative expenses to various service providers based on customary and reasonable fees. These party in interest transactions are allowable under ERISA regulations.

6. Tax Status

The Plan utilizes a volume submitter defined benefit plan document sponsored by Aon Consulting. Aon Consulting received an opinion letter from the Internal Revenue Service (IRS) dated March 30, 2018, in which the IRS stated that the volume submitter plan defined benefit plan document was in compliance with Section 401 of the Internal Revenue Code (Code). The Plan itself has not received a determination letter. The Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. Therefore, the Plan Administrator believes that the Plan was qualified and was tax exempt at the financial statement date.

The Plan was restated effective January 1, 2025 through adoption of the non-standardized pre-approved defined benefit plan sponsored by Aon, which received a favorable opinion letter from the IRS dated February 28, 2023.

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

Notes To Financial Statements (*Continued*)

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

7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA, generally to provide the following benefits in the order indicated:

- a. The minimum benefits payable under the Plan to participants who began receiving benefits at least three years before the Plan termination, based on Plan provisions in effect at any time during the five years prior to termination.
- b. The minimum benefit payable under the Plan which would have been received by participants or their beneficiaries at least three years before the Plan termination if the participant had retired more than three years before the Plan termination and if benefits had commenced (normal retirement benefits under the Plan) at that time, based on Plan provisions in effect at any time during the five years prior to termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- d. All other nonforfeitable benefits.
- e. All other benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

Notes To Financial Statements (*Continued*)

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

8. Risks And Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Supplemental Schedules

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

**EIN: 43-0653605 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value	Value
Mutual Funds				
Artisan High Income Fund	\$ 31,729	\$ 309,300	\$ 288,733	
Baird Aggregate Bond Fund	208,419	2,328,491	2,011,245	
Cohen & Steers Institutional Realty	24,471	1,157,672	1,172,408	
Columbia Small Cap Growth	6,349	168,303	188,045	
Fidelity Emerging Markets Index Fund	37,157	385,400	388,661	
Fidelity International Index Fund	44,603	1,998,623	2,120,405	
Goldman Sachs GQG Partners International Opportunities Fund	32,546	738,763	636,595	
Invesco International Equity	28,884	696,456	633,713	
J.P.Morgan Undiscovered Managers Behavioral Value	3,189	257,950	268,803	
Lazard Global Listed Infrastructure Portfolio	22,354	363,980	349,396	
Nuveen Core Bond Fund	223,511	2,280,797	2,018,305	
NYLI CBRE Global Infrastructure Fund	25,880	319,325	338,254	
NYLI MacKay High Yield Corporate Bond	53,668	277,523	278,001	
PGIM Total Return Bond Fund	108,544	1,295,137	1,285,166	
Total Mutual Funds		<u>12,577,720</u>	<u>11,977,730</u>	
Exchange Traded Funds				
Ishares Trust Core U.S. Aggregate Bond	11,702	1,143,801	1,133,924	
Ishares Trust 5-10 Year	6,396	329,674	329,457	
Schwab U.S. Large Cap	340,746	7,320,610	7,898,495	
Total Exchange Traded Funds		<u>8,794,085</u>	<u>9,361,876</u>	
Money Market Fund				
* U.S. Bank First American Prime Obligation Fund	204,346	204,346	204,346	
Total Investments		<u>\$ 21,576,151</u>	<u>\$ 21,543,952</u>	

* Allowable party in interest as defined by ERISA.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

**EIN: 43-0653605 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
Identity Of Party Involved	Description Of Asset (Include Interest Rate And Maturity In Case Of Loan)	Purchase Price	Number Of Purchases	Selling Price	Number Of Sales	Lease Rental	Expenses Incurred With Transaction	Cost Of Asset	Current Value Of Asset On Transaction Date	Net Gain (Loss)
Series Of Transactions - Same Security										
Cohen & Steers	Institutional Realty	\$ 1,207,175	4	\$ 86,940	1	\$ —	\$ —	\$ 1,279,836	\$ 1,294,115	\$ 14,279
Fidelity	500 Index Fund	135,049	1	5,782,703	2	—	—	4,159,200	5,917,752	1,758,552
Fidelity	Mid Cap Index	96,601	1	2,766,018	2	—	—	2,565,623	2,862,619	296,996
Fidelity	U.S. Bond Index	81,689	2	1,263,550	3	—	—	1,362,296	1,345,239	(17,057)
U.S. Bank	First American Prime Obligation Fund	1,130,746	54	1,153,627	36	—	—	1,130,746	2,284,373	1,153,627
Ishares Trust	Core U.S. Aggregate Bond	1,143,801	2	—	—	—	410	1,143,801	1,143,801	—
NYLI CBRE	Global Infrastructure Fund	682,476	1	418,385	1	—	—	1,053,309	1,100,861	47,552
PGIM	Total Return Bond	1,264,062	2	—	—	—	—	1,264,062	1,264,062	—
Schwab	U.S. Large Cap	7,796,203	1	515,556	1	—	5,023	8,271,796	8,311,759	39,963
Single Transaction										
Fidelity	500 Index Fund	—	—	5,449,889	1	—	—	3,782,235	5,449,889	1,667,654
Fidelity	Mid Cap Index	—	—	2,656,325	1	—	—	2,372,609	2,656,325	283,716
Fidelity	U.S. Bond Index	—	—	1,260,468	1	—	—	1,277,663	1,260,468	(17,195)
Ishares Trust	Core U.S. Aggregate Bond	1,105,933	1	—	—	—	396	1,105,933	1,105,933	—
PGIM	Total Return Bond	1,249,454	1	—	—	—	—	1,249,454	1,249,454	—
Schwab	U.S. Large Cap	7,796,203	1	—	—	—	4,234	7,796,203	7,796,203	—
Series Of Transactions - Same Broker										
Jonestrading Institutional Services	Ishares Trust 5-10 Year	329,674	2	—	—	—	224	329,674	329,674	—
Jonestrading Institutional Services	Ishare Trust Core U.S. Aggregate Bond	1,143,801	2	—	—	—	410	1,143,801	1,143,801	—
Jonestrading Institutional Services	Schwab U.S. Large Cap	—	—	515,556	1	—	789	475,593	515,556	39,963
Tradition Asiel Securities Inc.	Schwab U.S. Large Cap	7,796,203	1	—	—	—	4,234	7,796,203	7,796,203	—
Single Transaction - Same Broker										
Jonestrading Institutional Services	Ishare Trust Core U.S. Aggregate Bond	1,105,933	1	—	—	—	396	1,105,933	1,105,933	—
Tradition Asiel Securities Inc.	Schwab U.S. Large Cap	7,796,203	1	—	—	—	4,234	7,796,203	7,796,203	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
 EIN: 43-0653605 PN: 001

Schedule SB, Line 26a – Schedule of Active Participant
 Data as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39			1	1						
40-44			1	1						
45-49			2	6	1	2				
50-54			2	3	1	4				
55-59				1		1	1	1		
60-64			3	3	2	3	1			
65-69				1	2	1				
70+						1				

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Schedule SB Attachment (Form 5500) –2024 Plan Year
The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
EIN: 43-0653605 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2023-73
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Schedule SB Attachment (Form 5500) —2024 Plan Year
The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
EIN: 43-0653605 PN: 001

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2023 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	6.50%, limited to 5.92%
2023 Plan Year	6.50%, limited to 5.74%
2024 Plan Year	6.50%, limited to 5.59%
Trust Expenses Included in Target Normal Cost	\$60,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Changes in ERISA Methods/Assumptions Since the Prior Year

Schedule SB Attachment (Form 5500) –2024 Plan Year
The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
EIN: 43-0653605 PN: 001

Method Changes

There have been no method changes in the funding valuation since the prior year.

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2022 to segment rates as of September 2023, each adjusted as applicable to fall within the 25-year average interest rate corridor.
- A change in the mortality assumption from the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to 2024 static mortality table for annuitants and non-annuitants per §1-430(h)(3)-1(a)(3).

Schedule SB Attachment (Form 5500) –2024 Plan Year
 The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
 EIN: 43-0653605 PN: 001

Table 1

Retirement Rates

Age	Years of Service	
	0-19	20+
55	0.00%	5.00%
56	0.00%	5.00%
57	0.00%	5.00%
58	0.00%	5.00%
59	0.00%	5.00%
60	0.00%	5.00%
61	0.00%	5.00%
62	0.00%	20.00%
63	0.00%	10.00%
64	0.00%	10.00%
65	30.00%	30.00%
66	30.00%	30.00%
67	30.00%	30.00%
68	30.00%	30.00%
69	30.00%	30.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
 EIN: 43-0653605 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service		
	0	1-3	4+
18	25.0000%	20.0000%	16.6706%
19	25.0000%	20.0000%	16.6706%
20	25.0000%	20.0000%	16.6706%
21	25.0000%	20.0000%	16.5877%
22	25.0000%	20.0000%	16.5033%
23	25.0000%	20.0000%	16.4155%
24	25.0000%	20.0000%	16.3218%
25	25.0000%	20.0000%	16.2208%
26	25.0000%	20.0000%	16.1070%
27	25.0000%	20.0000%	15.9415%
28	25.0000%	20.0000%	15.7269%
29	25.0000%	20.0000%	15.4673%
30	25.0000%	20.0000%	15.1660%
31	25.0000%	20.0000%	14.8266%
32	25.0000%	20.0000%	14.4541%
33	25.0000%	20.0000%	14.0524%
34	25.0000%	20.0000%	13.6265%
35	25.0000%	20.0000%	13.1804%
36	25.0000%	20.0000%	12.7201%
37	25.0000%	20.0000%	12.2497%
38	25.0000%	20.0000%	11.7739%
39	25.0000%	20.0000%	11.2951%
40	25.0000%	20.0000%	10.8158%
41	25.0000%	20.0000%	10.3333%
42	25.0000%	20.0000%	9.8450%
43	25.0000%	20.0000%	9.3519%
44	25.0000%	20.0000%	8.8534%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
 EIN: 43-0653605 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0	1-3	4+
45	25.0000%	20.0000%	8.3481%
46	25.0000%	20.0000%	7.8267%
47	25.0000%	20.0000%	7.2765%
48	25.0000%	20.0000%	6.6885%
49	25.0000%	20.0000%	6.0566%
50	25.0000%	20.0000%	5.3817%
51	25.0000%	20.0000%	4.6746%
52	25.0000%	20.0000%	3.9558%
53	25.0000%	20.0000%	3.2491%
54	25.0000%	20.0000%	2.5805%
55	25.0000%	20.0000%	1.9727%
56	25.0000%	20.0000%	1.4379%
57	25.0000%	20.0000%	0.9897%
58	25.0000%	20.0000%	0.6350%
59	25.0000%	20.0000%	0.3711%
60	25.0000%	20.0000%	0.1892%
61	25.0000%	20.0000%	0.0771%
62	25.0000%	20.0000%	0.0197%
63+	0.0000%	0.0000%	0.0000%

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 THE URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1986
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) URBAN LEAGUE OF METROPOLITAN ST. LOUIS 1408 N. KINGSHIGHWAY ST. LOUIS MO 63113	2b Employer Identification Number (EIN) 43-0653605
	2c Plan Sponsor's telephone number 314-615-3600
	2d Business code (see instructions) 813000

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		10/13/25	AUNDREA YOUNG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/25	Aundrea C. Young
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">290</td> </tr> </table>	5	290																		
5	290																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">46</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">41</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">61</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">179</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">281</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">4</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">285</td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)	46	6a(2)	41	6b	61	6c	179	6d	281	6e	4	6f	285	6g(1)		6g(2)		6h	0
6a(1)	46																				
6a(2)	41																				
6b	61																				
6c	179																				
6d	281																				
6e	4																				
6f	285																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td></td> </tr> </table>	7																			
7																					

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

**EIN: 43-0653605 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
Identity Of Party Involved	Description Of Asset (Include Interest Rate And Maturity In Case Of Loan)	Purchase Price	Number Of Purchases	Selling Price	Number Of Sales	Lease Rental	Expenses Incurred With Transaction	Cost Of Asset	Current Value Of Asset On Transaction Date	Net Gain (Loss)
Series Of Transactions - Same Security										
Cohen & Steers	Institutional Realty	\$ 1,207,175	4	\$ 86,940	1	\$ —	\$ —	\$ 1,279,836	\$ 1,294,115	\$ 14,279
Fidelity	500 Index Fund	135,049	1	5,782,703	2	—	—	4,159,200	5,917,752	1,758,552
Fidelity	Mid Cap Index	96,601	1	2,766,018	2	—	—	2,565,623	2,862,619	296,996
Fidelity	U.S. Bond Index	81,689	2	1,263,550	3	—	—	1,362,296	1,345,239	(17,057)
U.S. Bank	First American Prime Obligation Fund	1,130,746	54	1,153,627	36	—	—	1,130,746	2,284,373	1,153,627
Ishares Trust	Core U.S. Aggregate Bond	1,143,801	2	—	—	—	410	1,143,801	1,143,801	—
NYLI CBRE	Global Infrastructure Fund	682,476	1	418,385	1	—	—	1,053,309	1,100,861	47,552
PGIM	Total Return Bond	1,264,062	2	—	—	—	—	1,264,062	1,264,062	—
Schwab	U.S. Large Cap	7,796,203	1	515,556	1	—	5,023	8,271,796	8,311,759	39,963
Single Transaction										
Fidelity	500 Index Fund	—	—	5,449,889	1	—	—	3,782,235	5,449,889	1,667,654
Fidelity	Mid Cap Index	—	—	2,656,325	1	—	—	2,372,609	2,656,325	283,716
Fidelity	U.S. Bond Index	—	—	1,260,468	1	—	—	1,277,663	1,260,468	(17,195)
Ishares Trust	Core U.S. Aggregate Bond	1,105,933	1	—	—	—	396	1,105,933	1,105,933	—
PGIM	Total Return Bond	1,249,454	1	—	—	—	—	1,249,454	1,249,454	—
Schwab	U.S. Large Cap	7,796,203	1	—	—	—	4,234	7,796,203	7,796,203	—
Series Of Transactions - Same Broker										
Jonestrading Institutional Services	Ishares Trust 5-10 Year	329,674	2	—	—	—	224	329,674	329,674	—
Jonestrading Institutional Services	Ishare Trust Core U.S. Aggregate Bond	1,143,801	2	—	—	—	410	1,143,801	1,143,801	—
Jonestrading Institutional Services	Schwab U.S. Large Cap	—	—	515,556	1	—	789	475,593	515,556	39,963
Tradition Asiel Securities Inc.	Schwab U.S. Large Cap	7,796,203	1	—	—	—	4,234	7,796,203	7,796,203	—
Single Transaction - Same Broker										
Jonestrading Institutional Services	Ishare Trust Core U.S. Aggregate Bond	1,105,933	1	—	—	—	396	1,105,933	1,105,933	—
Tradition Asiel Securities Inc.	Schwab U.S. Large Cap	7,796,203	1	—	—	—	4,234	7,796,203	7,796,203	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan THE URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF URBAN LEAGUE OF METROPOLITAN ST. LOUIS	D Employer Identification Number (EIN) 43-0653605	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value.....	2a	20,102,905
	b Actuarial value.....	2b	20,585,790
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	67	5,602,137
	b For terminated vested participants.....	177	4,752,915
	c For active participants.....	46	5,554,534
	d Total.....	290	15,909,586
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	5.35%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	552,985
	b Expected plan-related expenses.....	6b	60,000
	c Target normal cost.....	6c	612,985

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

SIGN HERE	 Signature of actuary	<u>9/24/2025</u> Date
	ANDREW J. WITTE Type or print name of actuary	2305764 Most recent enrollment number
	AON CONSULTING, INC. Firm name	314-725-9966 Telephone number (including area code)
	4220 DUNCAN AVENUE, SUITE 401 ST. LOUIS MO 63110 Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 612,985
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1,114,478		107,335	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 720,320
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	720,320		720,320	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	1.42%	0.31	16.80
56	3.15%	0.69	38.76
57	3.10%	0.66	37.43
58	3.03%	0.65	37.70
59	2.90%	0.72	42.27
60	3.22%	0.83	50.06
61	3.24%	0.87	53.34
62	12.72%	3.70	229.28
63	6.54%	1.65	104.18
64	5.74%	1.58	101.35
65	27.75%	7.18	467.01
66	30.00%	5.58	368.42
67	30.00%	4.48	300.34
68	30.00%	3.12	211.93
69	30.00%	2.47	170.09
70	100.00%	6.70	468.91
	Total	41.19	2697.86
	Weighted Average		65.49

Schedule SB Attachment (Form 5500) –2024 Plan Year
The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
EIN: 43-0653605 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	43-0653605
Plan Administrator's ID Number:	43-0653605
Plan Number:	001

Eligibility

All employees become Participants of this Plan after completion of one year of service and attainment of age 21. Service with an organization in the health and social service field, within three years prior to employment with this employer, is applied towards the eligibility service requirement. The minimum service requirement is waived for any Employee who has been a Participant in this Plan or a Prior Employer's Plan. Participation has been closed. Only those participating as of January 1, 2016 are eligible for this plan.

Service

The first year of vesting service is credited when the employee completes 1,000 hours during a consecutive 12 month period beginning on the employee's date of hire. 500 hours need to be worked in the short 2006 plan year to attain 1 year of vesting.

Service shall equal total years of service with the Employer, computed to the nearest one-twelfth of a year.

A break in service occurs at the start of any calendar year in which the employee works 500 hours or less for the Employee in such year. Service will not be interrupted by:

- (1) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (2) A temporary layoff,
- (3) A maternity or paternity leave of absence, or
- (4) A leave of absence granted by the Employer not in excess of two years.

An employee will be given credit for his pre-break service upon reemployment if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or

Schedule SB Attachment (Form 5500) –2024 Plan Year
The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
EIN: 43-0653605 PN: 001

(2) The employee's period of absence was less than the greater of five years or his pre-break service.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit

1.75% of Final Average Earnings times Credited Service paid as a monthly life annuity beginning on the participants Normal Retirement Date.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement a benefit calculated as of his delayed retirement date based on service to such date.

Final Average Earnings

The highest average monthly compensation for 60 consecutive months within the last consecutive 120 months of service. Compensation is the total amount paid to an employee, including base wage or salary, overtime, bonuses, incentive compensation, holiday pay, vacation pay, sick pay and salary deferrals excludable from gross income, but not in excess of the maximum annual compensation limit of IRC Section 401(a)(17).

Accrued Benefit

The amount of monthly benefit to be paid for life commencing at the Normal Retirement Date calculated as the Normal Retirement Benefit using service as of the date of termination.

Early Retirement Benefit

Upon the attainment of age 55 a participant may elect to retire. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at the early retirement date. Alternatively, payments may begin immediately or on the first day of any month thereafter prior to his Normal Retirement Date, with the benefit reduced by .56% for each of the first 60 months that the benefit is paid prior to age 65 and by .28% for each additional month. If a participant has completed 20 years of service and age 55 while still an employee, he may elect to retire at age 62 with no reduction in his Accrued Benefit or reductions of .56% per month for the first 5 years prior to 62 and .28% per month for the next two.

Severance Benefit

Upon the termination of employment after 3 or more Years of Service a participant is 100% vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. A participant may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Schedule SB Attachment (Form 5500) –2024 Plan Year
The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
EIN: 43-0653605 PN: 001

Optional Methods of Settlement

The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.

The Plan allows participants to receive a single lump sum in lieu of a monthly annuity at retirement. The actuarial basis for determining the lump sum is different than other optional forms. The lump sum a participant may receive is limited to the amount based upon the benefit accrued as of June 30, 2006. Lump sums (other than those below \$5,000) are only payable when a participant attains age 55.

Death Benefit

In the event of an active participant's death, his beneficiary shall receive a benefit calculated as if the participant separated from service on his date of death, survived to his earliest retirement age, began receiving benefits in the form of a joint and $66\frac{2}{3}\%$ survivor annuity and died on the following day. If the participant does not have a surviving spouse the benefit will be calculated as if the beneficiary is the same age as the participant and the benefit will be paid for 120 months commencing immediately. If death occurs after age 55, or age 45 and 10 years of service, then the amount payable to the surviving spouse is computed as above, except that the participant is assumed to remain in service until his Normal Retirement Date instead of terminating a day before death.

Effective during 2013 the death benefit for unmarried terminated vested participants who don't otherwise qualify for a benefit is the same as an active participant with the same status.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. The Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law. If any assets remain after satisfaction of the plan liabilities they shall revert to the Employer.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**URBAN LEAGUE OF METROPOLITAN
ST. LOUIS, INC. EMPLOYEES' PENSION PLAN**

**EIN: 43-0653605 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value	Value
Mutual Funds				
Artisan High Income Fund	\$ 31,729	\$ 309,300	\$ 288,733	
Baird Aggregate Bond Fund	208,419	2,328,491	2,011,245	
Cohen & Steers Institutional Realty	24,471	1,157,672	1,172,408	
Columbia Small Cap Growth	6,349	168,303	188,045	
Fidelity Emerging Markets Index Fund	37,157	385,400	388,661	
Fidelity International Index Fund	44,603	1,998,623	2,120,405	
Goldman Sachs GQG Partners International Opportunities Fund	32,546	738,763	636,595	
Invesco International Equity	28,884	696,456	633,713	
J.P.Morgan Undiscovered Managers Behavioral Value	3,189	257,950	268,803	
Lazard Global Listed Infrastructure Portfolio	22,354	363,980	349,396	
Nuveen Core Bond Fund	223,511	2,280,797	2,018,305	
NYLI CBRE Global Infrastructure Fund	25,880	319,325	338,254	
NYLI MacKay High Yield Corporate Bond	53,668	277,523	278,001	
PGIM Total Return Bond Fund	108,544	1,295,137	1,285,166	
Total Mutual Funds		<u>12,577,720</u>	<u>11,977,730</u>	
Exchange Traded Funds				
Ishares Trust Core U.S. Aggregate Bond	11,702	1,143,801	1,133,924	
Ishares Trust 5-10 Year	6,396	329,674	329,457	
Schwab U.S. Large Cap	340,746	7,320,610	7,898,495	
Total Exchange Traded Funds		<u>8,794,085</u>	<u>9,361,876</u>	
Money Market Fund				
* U.S. Bank First American Prime Obligation Fund	204,346	204,346	204,346	
Total Investments		<u>\$ 21,576,151</u>	<u>\$ 21,543,952</u>	

* Allowable party in interest as defined by ERISA.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 The Urban League of Metropolitan St. Louis, Inc. Employees Pension Plan
 EIN: 43-0653605 PN: 001

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,186,539	January 1, 2023	14	\$ 113,934
Shortfall	\$ (72,061)	January 1, 2024	15	\$ (6,599)