

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PAINTERS DISTRICT COUNCIL #2 WELFARE PLAN DBA ST LOUIS PAINTERS WELFARE PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 06/05/1953
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES 13801 RIVERPORT DRIVE, STE 501 MARYLAND HEIGHTS, MO 63043
2b Employer Identification Number (EIN) 23-7099221
2c Plan Sponsor's telephone number 314-647-2453
2d Business code (see instructions) 238300

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for Rachel Allen and Carl Farrell.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5		1802
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)		1588
6a(2) Total number of active participants at the end of the plan year	6a(2)		1588
b Retired or separated participants receiving benefits.....	6b		
c Other retired or separated participants entitled to future benefits	6c		214
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		1802
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		
f Total. Add lines 6d and 6e	6f		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		151

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

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

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

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

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

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

<p>A Name of plan PAINTERS DISTRICT COUNCIL #2 WELFARE PLAN DBA ST LOUIS PAINTERS WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES</p>	<p>D Employer Identification Number (EIN) 23-7099221</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	SL1014		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	301308
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	301308
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan PAINTERS DISTRICT COUNCIL #2 WELFARE PLAN DBA ST LOUIS PAINTERS WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES	D Employer Identification Number (EIN) 23-7099221	

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0908349	55697	13312000	4871	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	1314934
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	1314934
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan PAINTERS DISTRICT COUNCIL #2 WELFARE PLAN DBA ST LOUIS PAINTERS WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES	D Employer Identification Number (EIN) 23-7099221	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BENESYS

13801 RIVERPORT LAKES WEST STE 401
MARYLAND HEIGHTS, MO 63043

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	599006	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)

SEGAL

101 NORTH WACKER DR STE 500
CHICAGO, IL 60606-1724

13-1975125

(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	NONE	109404	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)

HARTNET GLADNEY HETTERMAN LLC

4399 LACLEDE AVE
ST LOUIS, MO 63108

43-1205253

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	65717	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AMERICAN REALTY ADVISORS

515 S FLOWER ST 49TH FLOOR
LOS ANGELES, CA 90071

33-0123114

(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?
51	NONE	62074	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)

NATIONAL COOPERATIVE RX

2418 CROSSROADS DR STE V2600
MADISON, WI 53718

04-3775178

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	45673	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)

MARQUETTE ASSOCIATES

12412 POWERSCOURT DR STE 240
ST LOUIS, MO 63131

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COMMERCE BANK

922 WALNUT STREET
KANSAS CITY, MO 64106

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	18789	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRABEL SCHNIEDERS HOLLMAN & CO

206 W. ARGONNE
KIRKWOOD, MO 63122

43-1171178

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	18711	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)

AFLCIO HOUSING INVESTMENT TRUST

2401 PENNSYLVANIA AVE NW STE 200
WASHINGTON, DC 20037

52-6220193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	13498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 PAINTERS DISTRICT COUNCIL #2 WELFARE PLAN DBA ST LOUIS PAINTERS WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES	D Employer Identification Number (EIN) 23-7099221

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1184274	1056427
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2373536	1842381
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6359306	7504296
(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)	3711715	4251877
(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)	73789594	78825898
(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	87418425	93480879
Liabilities			
g Benefit claims payable.....	1g	18708400	20174400
h Operating payables.....	1h	1630844	2406590
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20339244	22580990
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	67079181	70899889

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)	25954207	
(B) Participants.....	2a(1)(B)	2051386	
(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)		28005593
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	268116	
(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)		268116
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	40890	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3172397	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3213287
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3884678	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2881010	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1003668
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-218065	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-218065

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	16695
d Total income. Add all income amounts in column (b) and enter total.....	2d	32289294

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	24928823
(2) To insurance carriers for the provision of benefits	2e(2)	1844182
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	26773005
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)	514960
(3) Recordkeeping fees	2i(3)	9000
(4) IQPA audit fees	2i(4)	15805
(5) Investment advisory and investment management fees	2i(5)	76721
(6) Bank or trust company trustee/custodial fees	2i(6)	18789
(7) Actuarial fees	2i(7)	115438
(8) Legal fees	2i(8)	66371
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	878497
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1695581
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	28468586

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	3820708
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRABEL, SCHNIEDERS, HOLLMAN & CO, P

(2) EIN: 43-1171178

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

ST. LOUIS PAINTERS WELFARE PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED

DECEMBER 31, 2024 AND 2023

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

ST. LOUIS PAINTERS WELFARE PLAN

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

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

MICHAEL A. HOLLMAN, C.P.A.

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
St. Louis Painters Welfare Plan
Saint Louis, Missouri

Opinion

We have audited the accompanying financial statements of St. Louis Painters Welfare Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of St. Louis Painters Welfare Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of St. Louis Painters Welfare 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 St. Louis Painters Welfare Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes at end of year and reportable transactions are presented with Schedule H of Form 5500, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



GRABEL, SCHNIEDERS, HOLLMAN & CO., PC
Kirkwood, Missouri
October 13, 2025

ST. LOUIS PAINTERS WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED

	DECEMBER 31,	
	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments at Fair Value (See Note 7)	<u>\$83,077,775</u>	<u>\$77,501,309</u>
<u>Receivables</u>		
Employers contributions	1,056,427	1,184,274
Prepaid Insurance and expenses	10,513	15,669
Express Scripts Receivable	1,693,842	1,460,542
Affiliate	-0-	673,010
Accrued interest	<u>138,026</u>	<u>224,315</u>
<u>Total Receivables</u>	<u>2,898,808</u>	<u>3,557,810</u>
<u>Cash</u>		
General checking and sweep	4,295,457	4,794,581
Claims account	(87,491)	(74,894)
Lock box account	<u>3,296,330</u>	<u>1,639,619</u>
<u>Total Cash</u>	<u>7,504,296</u>	<u>6,359,306</u>
<u>TOTAL ASSETS</u>	<u>93,480,879</u>	<u>87,418,425</u>
<u>LIABILITIES</u>		
Accounts payable	1,667,698	703,551
Contributions Due to affiliates:		
St. Louis Painters Pension Fund	477,376	659,543
St. Louis Painters Vacation Fund	68,936	75,890
St. Louis Painters District Council	123,416	124,040
St. Louis Painters Apprentice/Journeyman Fund	41,640	41,762
International Fund/Foundation Fund/Admin Dues	<u>27,524</u>	<u>26,058</u>
<u>TOTAL LIABILITIES</u>	<u>2,406,590</u>	<u>1,630,844</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$91,074,289</u>	<u>\$85,787,581</u>

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

ST. LOUIS PAINTERS WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED

	DECEMBER 31,	
	<u>2024</u>	<u>2023</u>
<u>ADDITIONS:</u>		
Contributions:		
Plan contributions - employers	\$25,954,207	\$23,340,124
Plan contributions – participants/COBRA	<u>2,051,386</u>	<u>2,072,203</u>
Total Contributions	<u>28,005,593</u>	<u>25,412,327</u>
Investment income:		
Realized gain (loss) from sale of investments	1,003,668	1,804,753
Net appreciation (depreciation) in fair value of investments	(218,065)	1,901,980
Interest and dividends	<u>3,481,403</u>	<u>2,866,732</u>
Total Investment Income (Loss)	4,267,006	6,573,465
Less investment expense	(95,510)	(99,659)
Net Investment Income (Loss)	<u>4,171,496</u>	<u>6,473,806</u>
Other Income:		
Pharmacy Rebates	-0-	22,692
Subrogation Collections	16,485	45,569
Litigation Award	<u>210</u>	<u>1,027</u>
Total Other Income	<u>16,695</u>	<u>69,288</u>
Total Additions	<u>32,193,784</u>	<u>31,955,421</u>
<u>DEDUCTIONS:</u>		
Payments for:		
Health and vision claims	19,146,311	17,914,184
Dental care premium	1,075,758	1,010,434
Group insurance premiums	540,619	538,338
Prescriptions	4,316,512	3,736,851
Employee assistance program	24,448	25,353
Excess risk insurance	<u>203,357</u>	<u>286,148</u>
Total Benefits Paid	<u>25,307,005</u>	<u>23,511,308</u>
Administrative expenses:		
Audit fees	15,805	27,344
Payroll audit costs	10,623	16,853
Conferences and conventions	2,697	6,669
Insurance	23,209	22,776
Computer - internet fees	9,000	9,000
Legal fees	66,371	39,083
Miscellaneous	5,481	8,274
Office expense, postage and printing	82,406	57,650
PPO provider fees	742,125	681,979
PCORI taxes and transition reinsurance fee	11,956	10,788
Consulting and actuarial fees	115,438	101,866
Administrator	<u>514,960</u>	<u>514,964</u>
Total Administrative Expenses	<u>1,600,071</u>	<u>1,497,246</u>
Total Deductions	<u>26,907,076</u>	<u>25,008,554</u>
<u>NET ADDITIONS (REDUCTIONS)</u>	<u>5,286,708</u>	<u>6,946,867</u>
<u>NET ASSETS, BEGINNING OF YEAR</u>	<u>85,787,581</u>	<u>78,840,714</u>
<u>NET ASSETS, END OF YEAR</u>	<u>\$91,074,289</u>	<u>\$85,787,581</u>

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

ST. LOUIS PAINTERS WELFARE PLAN
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
FOR THE YEAR ENDED

	DECEMBER 31,	
	2024	2023
Amounts currently payable to or for Participants, Beneficiaries, And Dependents		
Claims payable	\$ <u>3,133,200</u>	\$ <u>2,707,300</u>
Other obligations for current benefit coverage, at present value of estimated amounts		
Accumulated eligibility credits (See Note 2)	<u>17,041,200</u>	<u>16,001,100</u>
Total obligations other than post-retirement benefit obligations	<u>20,174,400</u>	<u>18,708,400</u>
Post-retirement benefit obligations		
Current retirees	21,977,746	23,749,856
Others fully eligible	20,227,721	16,873,568
Other participants (See Note 2)	<u>38,358,329</u>	<u>42,412,816</u>
Total post-retirement benefit obligations	<u>80,563,796</u>	<u>83,036,240</u>
Total benefit obligations	<u>\$100,738,196</u>	<u>\$101,744,640</u>

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

ST. LOUIS PAINTERS WELFARE PLAN
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEAR ENDED

	DECEMBER 31,	
	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	\$ 2,707,300	\$ 2,207,000
Claims reported and approved for payment	25,732,905	24,011,608
Claims paid	<u>(25,307,005)</u>	<u>(23,511,308)</u>
Balance at end of year	<u>3,133,200</u>	<u>2,707,300</u>
Other obligations for current benefit coverage, at present value of estimated amounts		
Balance at beginning of year	16,001,100	15,024,500
Net change during year (See Note 2)	<u>1,040,100</u>	<u>976,600</u>
Balance at end of year	17,041,200	16,001,100
Total obligations other than post-retirement benefit obligations	<u>20,174,400</u>	<u>18,708,400</u>
Post-retirement benefit obligations		
Balance at beginning of year	83,035,240	66,786,641
Increase (decrease) during the year		
Attributable to:		
Benefits earned and other changes	4,992,202	3,899,903
Actuarial experience losses (gain)	-0-	12,094,721
Plan amendments	-0-	-0-
Changes in actuarial assumptions (See Note 2)	<u>(7,464,646)</u>	<u>254,975</u>
Balance at end of year	<u>80,563,796</u>	<u>83,036,240</u>
Total benefit obligations, end of year	<u>\$100,738,196</u>	<u>\$101,744,640</u>

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

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

1) Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the Plan insurance program booklet for a more complete description of the Plan's provisions.

General

The Plan provides health and death benefits covering substantially all participants on whose behalf contributions are paid by participating employers. The Plan became self funded on January 1, 2001.

Benefits

The Plan provides health benefits (accident, hospital, medical, surgical, disability, dental and vision care) covering participants with eighty (80) hours of service each month, and their eligible dependents. The Plan also provides health benefits to certain active and retired employees, if they have accumulated in the current year or prior years, amounts (expressed in hours) sufficient to extend benefits. Accumulated eligibility credits (hour bank credits) equal to one (1) year's coverage may be carried forward. Participants need to achieve one hundred and twenty (120) hours in a month to earn one-half (1/2) hour bank credit. Office staff in the future will be unable to accrue hour bank credits; however, existing employees of the Union may retain their existing hour bank credits and any newly hired employees of the Union who have hour bank credits at the time they are hired due to work in the field, may retain their hour bank credits, which may only be used in accordance with the hour bank provisions of the Plan.

Retired individuals who meet the eligibility requirements may participate on a self-pay basis.

Contributions

The Plan agreement provides that employers make weekly contributions to the Plan, of a specified amount for each hour worked, to provide benefits for participants in accordance with the current collective bargaining agreement. Participants may contribute specified amounts on an individual basis to maintain coverage during periods of under employment.

Insurance

Life insurance and excess risk insurance are separately purchased by the plan since becoming self-funded.

Termination

This Trust may be terminated by a majority of the Trustees when all agreements between the Union and all Contributing Employers providing for contributions to this Trust are no longer in force and effect.

Upon the termination of the Trust, as herein provided, the Trust shall, nevertheless, continue for the sole purpose of dissolution; and the Trust Fund shall be used by the Trustees for the sole purpose of carrying on health and welfare benefits, then in effect to Participants, then employed by contributing employers until such funds are completely exhausted. Upon exhaustion of the funds, the Trust shall be completely terminated.

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

2) Summary of Significant Accounting Policies
Deposit of Contributions

In addition to its own contributions, the Plan collects the contributions of the St. Louis Painters Pension Plan, the Vacation Fund, the Apprentice/Journeyman Training Fund, the Labor/Management Cooperation Fund and the dues for Painters District Council. The Plan then disburses these contributions and dues to the various entities along with any interest earned.

Accounting Basis

The Plan uses the accrual method of accounting for financial reporting and government reporting purposes.

Cash and Cash Equivalents

All cash received is deposited into interest bearing accounts and reported as demand cash. Cash held in investment trust money market interest bearing accounts is also recorded as demand cash.

Tax Status

The Internal Revenue Service has determined and informed the Trust, that the trust is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Valuation of Investments

The Plan's investments are stated at fair value. Securities traded on the National Securities Exchange are valued at the last reported sales price on the last business day of the plan year. The Hedge Fund Investment is being valued as a registered company like that of a mutual fund. The fund is registered in the Cayman Islands and not on the U.S. Securities and Exchange.

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

2) Summary of Significant Accounting Policies (continued)
Post-retirement Benefits

The post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

For measurement purposes in 2024, the following health trend rates were used:

Non-Medicare Medical & Prescription Drug	7.90% graded to 4.5% over 10 years
Medicare Medical & Prescription Drug	8.25% graded to 4.5% over 11 years
Vision	3.0%
PPO fees increase rate	2.5%
Retiree contribution increase rate:	0.0% for five years then medical and prescription drug trend thereafter
Administrative expense increase rate:	2.5%

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

Discount rate:	5.50% for 2024 and 4.75% for 2023
Healthy:	95% of Pri-2012 Healthy Retiree Blue Collar Headcount Weighted Mortality Tables, projected generationally from 2012 using Scale MP-2021
Disabled:	95% of Pri-2012 Disabled Retiree Headcount Weighted Mortality Table, projected generationally from 2012 using Scale MP-2021

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

Plan obligations had been expected to increase \$4,992,202 due to normal plan operations, which consist of continuing accruals for active members, plus interest on the total obligation, less expected benefit payments. The difference between the actual and expected change was the net effect of several factors:

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

2) Summary of Significant Accounting Policies (continued)
Post-retirement Benefits (continued)

Valuation assumption changes decreased obligations by \$7,464,646. This was primarily the result of decreasing the discount rate from 5.00% to 4.75%. The discount rate is reset each year based on the market value of high-quality, long-term corporate and government bonds as of the valuation measurement date. Other assumption changes include updating the valuation – year per capita vision costs and modifying the future trend on medical and prescription drug costs and retiree contribution rates.

The Accumulated Postretirement Benefit Obligation (APBO) includes \$695 per participant in 2024 and \$642 per participant in 2023 of estimated retiree prescriptions drug plan federal subsidies. The Plan has been determined to be actuarially equivalent to the Medicare Part D Standard Benefit.

3) Claims Run-Out

There are claims which have been incurred by the end of the period that have not been presented for payment. This amount has been estimated for the years ending December 31, 2024 and 2023 at \$3,133,200 and \$2,707,300, respectively. These estimates were made by Segal Consulting, the Plan's actuary.

4) Insurance Contracts

The Plan has a contract with Amalgamated Life to pay any individual claim in excess of \$500,000 for the contract year. The total premiums for the plan year ended December 31, 2024 were \$301,308.

The Plan has an insurance contract with Anthem to pay basic life insurance on participants and dependents and accidental death. The total premiums for the Plan year ended December 31, 2024 was \$323,370.

The Delta Dental Plan is an "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2024, the premiums paid under such "experience-rated" contract were \$1,075,758.

5) Contributions Receivable

The receivable represents contributions received after, but for periods by the financial statement date, the amounts reflected on contribution reports submitted unpaid, and the contributions due from employers for payroll analysis that determined a past liability. For the current period, this receivable consisted of \$1,056,427 in reports received after the financial statement date.

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

6) Investments

During the reporting periods, the Plan's investments appreciated (depreciated) in value as follows:

	<u>Net Appreciation (Depreciation)</u>	
	<u>in Fair Value</u>	
	<u>2024</u>	<u>2023</u>
Investments at fair values as determined by quoted market price		
AFL CIO Housing Investment Trust	\$ 159,790	\$(80,559)
Vanguard Total Bond Fund	(498,445)	556,425
Credit Suisse Floating Rate	(18,848)	263,165
Real Estate Equity	(725,953)	(700,010)
Vanguard Institutional Index	990,401	411,817
Braid Aggregate Fixed	(469,383)	613,304
Dearborn Partners, LLC	388,810	280,451
Vanguard Developed Markets	<u>(44,437)</u>	<u>557,387</u>
Total Net Appreciation (Depreciation) In Fair Value	<u>\$(218,065)</u>	<u>\$1,901,980</u>

7) Fair Value Measurements

FASB ASC 820 provides the 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 provides in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- 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.

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

7) Fair Value Measurements (continued)

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

Commerce Trust Financial Square:

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

Vanguard Developed Markets Index Fund, Vanguard Total Bond Fund, Vanguard Institutional Index Fund and Credit Suisse:

Valued at the net asset value (NAV) of share held by the Plan at year end as quoted in published markets, except for the AFL-CIO Investment Trust.

American Core Realty Fund, LLC:

Each property is appraised by an independent appraiser at least once a year. Price Waterhouse serves as independent valuation advisor-third party oversight of all valuations, units valued at net asset value.

Dearborn Partners, LLC

Dearborn invests in small cap core stocks that are valued at closing price reported on the active market.

*AFL CIO Housing Investment Trust:

The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) Housing Investment Trust (HIT) is a common-law trust created under the laws of the District of Columbia and is registered under the Investment Company Act of 1940, as amended (the Investment Company Act), as a no-load, open-end investment company. The HIT has obtained certain exemptions from the requirements of the Investment Company Act that are described in the HIT's Prospectus and Statement of Additional Information. Participation in the HIT is limited to eligible pension plans and labor organizations, including health and welfare, general, and other funds that have beneficiaries who are represented by labor organizations. Since the trust is not traded on public exchanges. The trustees as a practical matter have elected to value the investment at net asset value reported to it by the trust rather than obtain an independent valuation. The net asset value of the HIT investments was \$4,080,479 and \$3,775,518 as of December 31, 2024 and 2023.

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

7) Fair Value Measurements (continued)

Unfunded

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2024

	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Vanguard Institutional Index	\$ 9,028,380	\$ -0-	\$ -0-	\$ 9,028,380
Credit Suisse	9,091,526	-0-	-0-	9,091,526
Commerce Trust Financial Square	109,730	-0-	-0-	109,730
Vanguard Developed Markets Index Fund	4,282,785	-0-	-0-	4,282,785
Vanguard Total Bond Fund	22,381,075	-0-	-0-	22,381,075
Baird Aggregate Bond Fund	24,068,062	-0-	-0-	24,068,062
Dearborn Partners	4,425,005	-0-	-0-	4,425,005
Real Estate Equity	-0-	5,610,733	-0-	5,610,733
AFL-CIO Investment	-0-	4,080,479	-0-	4,080,479
Total Investments	<u>\$73,386,563</u>	<u>\$9,691,212</u>	<u>\$ -0-</u>	<u>\$83,077,775</u>

ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2023

	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Vanguard Institutional Index	\$ 8,254,085	\$ -0-	\$ -0-	\$8,254,085
Credit Suisse	8,856,109	-0-	-0-	8,856,109
Commerce Trust Financial Square	117,314	-0-	-0-	117,314
Vanguard Developed Markets Index Fund	4,664,877	-0-	-0-	4,664,877
Vanguard Total Bond Fund	20,847,571	-0-	-0-	20,847,571
Baird Aggregate Bond Fund	20,997,810	-0-	-0-	20,997,810
Dearborn Partners	3,820,892	-0-	-0-	3,820,892
Real Estate Equity	-0-	6,167,133	-0-	6,167,133
AFL-CIO Investment	-0-	3,775,518	-0-	3,775,518
Total Investments	<u>\$67,558,658</u>	<u>\$9,942,651</u>	<u>\$ -0-</u>	<u>\$77,501,309</u>

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

8) Risks and Uncertainties

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

9) Risks and Uncertainties (continued)

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

10) Concentration of Credit Risk/Off Balance Sheet Risk

The accounts are insured with the Federal Deposit Insurance Company (FDIC) to \$250,000. At various times during the years, the Plan had funds in these accounts in excess of the \$250,000 threshold. In the event of bank failure, the Plan could sustain a loss for the excess held in these accounts.

11) Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

12) Benefit Obligations

The Plan does not have a deficiency of net assets over benefit obligations at December 31, 2024. It is expected that benefit obligations will continue to be funded through future increases in the collectively bargained contribution rates.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation as of December 31, 2024 and 2023 by \$16,143,673 and \$18,450,974, respectively.

ST. LOUIS PAINTERS WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

13) Reconciliation to Financial Statements to Form 5500 and 990

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 and 990:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$91,074,289	\$85,787,581
Benefit obligations currently payable (health claims, death and disability benefits)	<u>(20,174,400)</u>	<u>(18,708,400)</u>
	<u>\$70,899,889</u>	<u>\$67,079,181</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 and 990:

	<u>Year Ended December 31, 2024</u>
Benefits paid per the financial statements	\$ 25,307,005
Add: Amounts currently payable at December 31, 2024	20,174,400
Less: Amounts payable at December 31, 2023	<u>(18,708,400)</u>
Sub Total	26,773,005
Eligibility credit accrual	<u>1,466,000</u>
Benefits per Form 5500	<u>\$ 28,239,005</u>

14) Related party Transactions and Party in Interest

The Welfare Plan collects the contributions for all funds and disburses them out monthly. The Pension, Vacation Apprentice/Journeymen, District Council and International all have contributions due at plans year end.

15) Subsequent Events

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

ST LOUIS PAINTERS DISTRICT COUNCIL 2 WELFARE PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FEDERAL ID # 23-7099221 PLAN NUMBER 501
December 31, 2024

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE AND RATE	(d) COST	(e) CURRENT VALUE
	FINANCIAL SQUARE TR GOVERNMENT	MONEY MARKET	109,730.17	109,730.17
	FINANCIAL SQUARE TR GOVERNMENT	.03% INTEREST RATE ON MONEY MARKET	104,658.24	104,658.24
	TOTAL CASH AND CASH EQUIVALENTS		214,388.41	214,388.41
	AFL-CIO HOUSING INVESTMENT TRUST	MUTUAL FUND	4,702,738.14	4,080,479.02
	BAIRD AGGREGATE BOND FUND-IS	MUTUAL FUND	25,981,530.87	24,068,061.55
	CREDIT SUISSE FLOATING RATE HIGH	MUTUAL FUND	9,566,989.93	9,091,526.24
	VANGUARD TOTAL BOND MARKET INDEX	MUTUAL FUND	24,597,014.15	22,381,075.04
	VANGUARD DEVELOPED MARKETS INDEX	INTERNATIONAL INDEX FUND	3,346,684.45	4,282,785.42
	VANGUARD INSTITUTIONAL INDEX	MUTUAL FUND	2,171,454.49	9,028,379.88
	AMERICAN CORE REALTY FUND LLC	RE FUND LP	5,390,321.89	5,610,733.35
	TOTAL REGISTERED INVESTMENT COMPANIES		75,756,733.92	78,543,040.50
	ACI WORLDWIDE INC	COMMON STOCK	35,599.97	34,156.78
	ANI PHARMACEUTICALS INC	COMMON STOCK	45,985.62	42,731.44
	APPLIED INDUSTRIAL TECHNOLOGIES INC	COMMON STOCK	34,521.95	86,448.67
	ASTRANA HEALTH INC	COMMON STOCK	37,893.34	30,111.15
	ATKORE INC	COMMON STOCK	19,526.71	30,542.70
	AVIENT CORP	COMMON STOCK	29,606.78	48,623.40
	BANNER CORPORATION	COMMON STOCK	58,805.07	53,015.38
	BELDEN CDT INC	COMMON STOCK	47,515.76	76,462.19
	BELLRING BRANDS INC	COMMON STOCK	24,683.00	49,573.72
	BOOTBARN HOLDINGS INC	COMMON STOCK	33,297.56	83,045.54
	CASELLA WASTE SYSTEMS INC	COMMON STOCK	30,187.58	55,127.01
	CHART INDUSTRIES INCORPORATED	COMMON STOCK	27,071.92	67,939.04
	COMFORT SYSTEMS USA INCORPORATED	COMMON STOCK	11,257.25	56,824.04
	CREDO TECHNOLOGY GROUP HOLDING	COMMON STOCK	24,189.17	23,590.71
	ENOVA INTERNATIONAL INC	COMMON STOCK	36,612.66	33,941.52
	ENPRO INC	COMMON STOCK	40,117.49	69,669.80
	ENSIGN GROUP INC	COMMON STOCK	24,834.50	72,541.56
	ENTERPRISE FINANCIAL SERVICE	COMMON STOCK	49,421.01	61,814.40
	ESCO TECHNOLOGIES INC	COMMON STOCK	36,469.38	59,678.08
	EVERCORE INC CL A	COMMON STOCK	14,982.33	64,030.89
	EVERTEC INC	COMMON STOCK	35,738.07	32,009.31
	FABRINET	COMMON STOCK	39,119.73	57,168.80
	FEDERAL SIGNAL CORP	COMMON STOCK	69,352.30	73,542.44
	FRANKING ELECTRIC CO INC	COMMON STOCK	35,400.31	44,924.45
	G-III APPAREL GROUP LTD	COMMON STOCK	20,028.87	39,339.72
	HAEMONETICS CORP MASS	COMMON STOCK	57,622.51	53,016.32
	HURON CONSULTING GROUP INCORPORATED	COMMON STOCK	44,905.93	62,627.04
	ICU MED INC	COMMON STOCK	37,464.47	54,309.50
	IDACORP INC	COMMON STOCK	40,672.96	43,165.60
	IES HOLDINGS INC	COMMON STOCK	48,906.14	54,862.08
	INSIGHT ENTERPRISES INC	COMMON STOCK	19,446.75	52,778.70
	INSTALLED BUILDING PRODUCTS INC	COMMON STOCK	37,463.42	40,833.25
	INTAPP INC	COMMON STOCK	37,808.82	58,129.63
	INTEGER HOLDINGS CORP	COMMON STOCK	50,691.12	64,934.80
	INTERPARFUMS INC	COMMON STOCK	20,886.84	48,921.72
	KADANT INCORPORATED	COMMON STOCK	17,075.88	63,478.16
	KIRBY CORP	COMMON STOCK	37,714.67	61,258.20
	KITE REALTY GROUP TRUST	COMMON STOCK	47,633.35	56,159.00
	KNIFE RIVER CORPORATION	COMMON STOCK	44,474.08	62,813.52
	LANCASTER COLONY CORP	COMMON STOCK	38,102.32	36,878.82
	LEMAITRE VASCULAR INC	COMMON STOCK	34,520.35	46,162.14
	LIMBACH HOLDINGS INC	COMMON STOCK	34,159.18	36,354.50
	MACOM TECHNOLOGY SOLUTIONS	COMMON STOCK	12,080.96	73,788.88
	MAGNOLIA OIL & GAS CORP	COMMON STOCK	27,800.41	51,085.30
	MATADOR RESOURCES COMPANY	COMMON STOCK	41,825.38	45,739.38
	MATERION CORP	COMMON STOCK	21,949.64	38,266.56
	MERIT MEDICAL SYSTEMS INC	COMMON STOCK	35,003.69	57,645.12
	MODINE MANUFACTURING CO	COMMON STOCK	35,039.50	109,901.64
	MUELLER INDUSTRIES INCORPORATED	COMMON STOCK	36,350.07	82,216.96

ST LOUIS PAINTERS DISTRICT COUNCIL 2 WELFARE PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FEDERAL ID # 23-7099221 PLAN NUMBER 501
December 31, 2024

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE AND RATE	(d) COST	(e) CURRENT VALUE
	MYR GROUP INC	COMMON STOCK	16,086.05	26,927.37
	NAPCO SECURITY TECHNOLOGIES INC	COMMON STOCK	30,645.79	31,612.84
	NMI HOLDINGS INC-COMMON STOCK	COMMON STOCK	33,945.86	65,212.24
	OCEANEERING INTL INC	COMMON STOCK	42,632.15	44,049.12
	OLLIE'S BARGAIN OUTLET HOLDINGS INC	COMMON STOCK	41,079.92	75,933.16
	ONESPA WORLD HOLDINGS LTD ADR	COMMON STOCK	36,492.33	36,237.90
	PALOMAR HOLDINGS INC	COMMON STOCK	52,895.41	71,590.02
	PATHWARD FINL INC	COMMON STOCK	33,233.81	69,385.94
	PATRICK INDUSTRIES INC	COMMON STOCK	37,309.68	35,225.92
	PATTERSON-UTI ENGERGY INC	COMMON STOCK	70,277.16	49,361.76
	PJT PARTNERS INC A	COMMON STOCK	47,111.98	46,711.76
	PLYMOUTH INDUSTRIAL REIT INC	COMMON STOCK	38,389.85	25,026.80
	PRESTIGE CONSUMER HEALTHCARE INC	COMMON STOCK	43,760.64	61,925.37
	PROGRESS SOFTWARE CORP	COMMON STOCK	43,936.45	52,901.80
	QUAKER CHEMICAL CORP	COMMON STOCK	26,862.96	21,536.28
	SAIA INCORPORATED	COMMON STOCK	12,628.57	29,622.45
	SEACOAST BANKING CORP OF FLORIDA	COMMON STOCK	59,423.22	60,097.99
	SILICON MOTION TECHNOLOGY CORP ADR	COMMON STOCK	46,369.44	33,673.15
	SITIME CORP	COMMON STOCK	35,524.15	74,656.44
	SM ENERGY COMPANY	COMMON STOCK	42,906.39	33,643.68
	SPS COMMERCE INC	COMMON STOCK	5,822.94	33,670.17
	STAG INDUSTRIAL INC	COMMON STOCK	25,070.42	29,017.56
	STERLING INFRASTRUCTURE INC	COMMON STOCK	28,106.78	86,583.30
	TRANSMEDICS GROUP INC	COMMON STOCK	25,972.83	21,386.05
	UFP INDUSTRIES INC	COMMON STOCK	21,009.77	37,737.75
	VALVOLINE INC	COMMON STOCK	34,015.51	38,857.32
	VERITEX HOLDINGS INC	COMMON STOCK	60,132.75	69,258.00
	VICTORY CAPITAL HOLDINGS INC	COMMON STOCK	50,213.99	89,942.04
	VIKING THERAPEUTICS INC	COMMON STOCK	33,333.35	18,953.04
	VONTIER CORP	COMMON STOCK	37,440.07	46,462.78
	WESBANCO INC	COMMON STOCK	57,302.27	57,172.78
	WINTRUST FINANCIAL CORP	COMMON STOCK	41,404.66	75,324.84
	TOTAL COMMON STOCK		2,933,153.92	4,251,877.18
	LIGAND PHARMACEUTICALS-CL B	EXCHANGE TRADED FUNDS	47,368.58	68,468.85
	TOTAL EXCHANGE TRADED FUNDS		47,368.58	68,468.85
	TOTAL INVESTMENTS AT FAIR VALUE			83,077,775

ST. LOUIS PAINTERS DISTRICT COUNCIL 2 WELFARE PLAN
SCHEDULE H ITEM 4I - SCHEDULE OF ASSETS (AQUIRED AND DISPOSED OF WITHIN YEAR)
EIN #: 23-7099221 PLAN #: 501
DECEMBER 31, 2024

Units	(a) Identity of Issue	(b) Description of Investment	(c) Cost	Proceeds
1762	ALPHATEC HOLDINGS INC	PURCHASED 1762 SHS 01/26/24	(28,698.58)	28,698.58
-1762	ALPHATEC HOLDINGS INC	SOLD 1762 SHS 08/13/24	10,571.52	(28,698.58)
-488	BANNER CORPORATION	SOLD 488 SHS 04/30/24	21,362.51	(22,519.85)
794	BANNER CORPORATION	PURCHASED 794 SHS 12/09/24	(58,805.07)	58,805.07
-103	BOOTBARN HOLDINGS INC	SOLD 103 SHS 04/09/24	10,376.24	(2,150.05)
-78	BOOTBARN HOLDINGS INC	SOLD 78 SHS 07/08/24	10,020.89	(1,628.20)
85	BOOTBARN HOLDINGS INC	PURCHASED 85 SHS 10/29/24	(11,029.30)	11,029.30
160	CHART INDUSTRIES INCORPORATED	PURCHASED 160 SHS 08/26/24	(20,688.21)	20,688.21
-98	CHART INDUSTRIES INCORPORATED	SOLD 98 SHS 11/11/24	16,792.32	(12,380.69)
1041	DELEK US HOLDINGS INC	PURCHASED 1041 SHS 02/08/24	(29,261.26)	29,261.26
-1041	DELEK US HOLDINGS INC	SOLD 1041 SHS 12/06/24	18,970.34	(29,261.26)
292	ICU MED INC	PURCHASED 292 SHS 04/09/24	(30,677.64)	30,677.64
139	ICU MED INC	PURCHASED 139 SHS 06/24/24	(16,265.00)	16,265.00
-81	ICU MED INC	SOLD 81 SHS 09/27/24	14,118.96	(9,478.17)
631	INTAPP INC	PURCHASED 631 SHS 01/26/24	(27,886.60)	27,886.60
315	INTAPP INC	PURCHASED 315 SHS 05/20/24	(11,645.80)	11,645.80
277	INTAPP INC	PURCHASED 277 SHS 08/26/24	(12,262.18)	12,262.18
-316	INTAPP INC	SOLD 316 SHS 09/27/24	14,996.18	(13,985.76)
2577	JANUS INTERNATIONAL GROUP INC	PURCHASED 2577 SHS 02/08/24	(38,732.83)	38,732.83
934	JANUS INTERNATIONAL GROUP INC	PURCHASED 934 SHS 04/04/24	(13,679.92)	13,679.92
-1740	JANUS INTERNATIONAL GROUP INC	SOLD 1740 SHS 10/29/24	12,186.44	(26,152.55)
-1771	JANUS INTERNATIONAL GROUP INC	SOLD 1771 SHS 12/09/24	13,160.11	(26,260.20)
227	LEMAITRE VASCULAR INC	PURCHASED 227 SHS 04/09/24	(15,206.23)	15,206.23
221	LEMAITRE VASCULAR INC	PURCHASED 221 SHS 04/30/24	(14,460.01)	14,460.01
163	LEMAITRE VASCULAR INC	REVERSED ON 10/10/2024	(14,922.17)	14,922.17
-163	LEMAITRE VASCULAR INC	TO REVERSE ENTRY OF 09/30/24	14,922.17	(14,922.17)
163	LEMAITRE VASCULAR INC	PURCHASED 163 SHS 10/10/24	(14,928.69)	14,928.69
-110	LEMAITRE VASCULAR INC	SOLD 110 SHS 11/11/24	11,614.82	(10,074.58)
303	MALIBU BOATS INC - A	PURCHASED 303 SHS 02/08/24	(14,033.02)	14,033.02
-1047	MALIBU BOATS INC - A	SOLD 1047 SHS 04/30/24	35,520.76	(52,714.92)
277	NAPCO SECURITY TECHNOLOGIES INC	PURCHASED 277 SHS 01/26/24	(9,852.95)	9,852.95
-511	NAPCO SECURITY TECHNOLOGIES INC	SOLD 511 SHS 09/05/24	17,708.26	(17,919.44)
-104	OLLIE'S BARGAIN OUTLET HOLDINGS INC	SOLD 104 SHS 07/08/24	10,306.35	(6,726.52)
-104	OLLIE'S BARGAIN OUTLET HOLDINGS INC	REVERSED ON 07/09/2024	10,306.35	(6,339.14)
104	OLLIE'S BARGAIN OUTLET HOLDINGS INC	TO REVERSE ENTRY OF 07/09/24	(10,306.35)	6,339.14
133	OLLIE'S BARGAIN OUTLET HOLDINGS INC	PURCHASED 133 SHS 09/12/24	(13,087.49)	13,087.49
-433	PROGRESS SOFTWARE CORP	SOLD 433 SHS 06/24/24	21,224.15	(21,858.60)
197	PROGRESS SOFTWARE CORP	PURCHASED 197 SHS 11/06/24	(13,217.93)	13,217.93
-25	SAIA INCORPORATED	SOLD 25 SHS 02/08/24	13,539.75	(5,445.34)
25	SAIA INCORPORATED	PURCHASED 25 SHS 05/20/24	(10,028.97)	10,028.97
-12	SAIA INCORPORATED	SOLD 12 SHS 11/11/24	6,779.95	(779.88)
379	SILICON MOTION TECHNOLOGY CORP ADR	PURCHASED 379 SHS 04/09/24	(30,708.13)	30,708.13
163	SILICON MOTION TECHNOLOGY CORP ADR	PURCHASED 163 SHS 05/08/24	(12,852.52)	12,852.52
218	SILICON MOTION TECHNOLOGY CORP ADR	PURCHASED 218 SHS 06/24/24	(17,241.47)	17,241.47
162	SILICON MOTION TECHNOLOGY CORP ADR	PURCHASED 162 SHS 09/27/24	(9,793.52)	9,793.52
-299	SILICON MOTION TECHNOLOGY CORP ADR	SOLD 299 SHS 12/09/24	17,030.50	(24,226.20)
1575	SONOS INC	PURCHASED 1575 SHS 02/12/24	(29,097.18)	29,097.18

ST. LOUIS PAINTERS DISTRICT COUNCIL 2 WELFARE PLAN
SCHEDULE H ITEM 4I - SCHEDULE OF ASSETS (AQUIRED AND DISPOSED OF WITHIN YEAR)
EIN #: 23-7099221 PLAN #: 501
DECEMBER 31, 2024

Units	(a) Identity of Issue	(b) Description of Investment	(c) Cost	Proceeds
-1575	SONOS INC	SOLD 1575 SHS 09/12/24	17,481.22	(29,097.18)
149	SOUTHSTATE CORP	PURCHASED 149 SHS 04/30/24	(11,343.40)	11,343.40
-516	SOUTHSTATE CORP	SOLD 516 SHS 11/11/24	57,617.48	(39,037.37)
91	TRANSMEDICS GROUP INC	PURCHASED 91 SHS 01/26/24	(7,889.46)	7,889.46
-234	TRANSMEDICS GROUP INC	SOLD 234 SHS 02/27/24	19,990.68	(19,599.64)
-184	UFP INDUSTRIES INC	SOLD 184 SHS 02/08/24	21,524.36	(7,326.71)
-153	UFP INDUSTRIES INC	SOLD 153 SHS 04/04/24	18,539.79	(6,075.03)
84	UFP INDUSTRIES INC	PURCHASED 84 SHS 09/27/24	(11,047.93)	11,047.93
243	VICTORY CAPITAL HOLDINGS INC	PURCHASED 243 SHS 04/04/24	(10,470.38)	10,470.38
-199	VICTORY CAPITAL HOLDINGS INC	SOLD 199 SHS 05/08/24	10,367.69	(8,574.51)
245	VICTORY CAPITAL HOLDINGS INC	PURCHASED 245 SHS 08/13/24	(12,050.42)	12,050.42

ST LOUIS PAINTERS DISTRICT COUNCIL 2 WELFARE PLAN
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FEDERAL ID # 23-7099221 PLAN NUMBER 501
December 31, 2024

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	FINANCIAL SQUARE TR GOVERNMENT	.03% INTEREST RATE ON MONEY MARKET	104,658.24	104,658.24
	TOTAL CASH AND CASH EQUIVALENTS		214,388.41	214,388.41
	AFL-CIO HOUSING INVESTMENT TRUST	MUTUAL FUND	4,702,738.14	4,080,479.02
	BAIRD AGGREGATE BOND FUND-IS	MUTUAL FUND	25,981,530.87	24,068,061.55
	CREDIT SUISSE FLOATING RATE HIGH	MUTUAL FUND	9,566,989.93	9,091,526.24
	VANGUARD TOTAL BOND MARKET INDEX	MUTUAL FUND	24,597,014.15	22,381,075.04
	VANGUARD DEVELOPED MARKETS INDEX	INTERNATIONAL INDEX FUND	3,346,684.45	4,282,785.42
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ST LOUIS PAINTERS DISTRICT COUNCIL 2 WELFARE PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FEDERAL ID # 23-7099221 PLAN NUMBER 501
December 31, 2024

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE AND RATE	(d) COST	(e) CURRENT VALUE
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	ONESPA WORLD HOLDINGS LTD ADR	COMMON STOCK	36,492.33	36,237.90
	PALOMAR HOLDINGS INC	COMMON STOCK	52,895.41	71,590.02
	PATHWARD FINL INC	COMMON STOCK	33,233.81	69,385.94
	PATRICK INDUSTRIES INC	COMMON STOCK	37,309.68	35,225.92
	PATTERSON-UTI ENGERGY INC	COMMON STOCK	70,277.16	49,361.76
	PJT PARTNERS INC A	COMMON STOCK	47,111.98	46,711.76
	PLYMOUTH INDUSTRIAL REIT INC	COMMON STOCK	38,389.85	25,026.80
	PRESTIGE CONSUMER HEALTHCARE INC	COMMON STOCK	43,760.64	61,925.37
	PROGRESS SOFTWARE CORP	COMMON STOCK	43,936.45	52,901.80
	QUAKER CHEMICAL CORP	COMMON STOCK	26,862.96	21,536.28
	SAIA INCORPORATED	COMMON STOCK	12,628.57	29,622.45
	SEACOAST BANKING CORP OF FLORIDA	COMMON STOCK	59,423.22	60,097.99
	SILICON MOTION TECHNOLOGY CORP ADR	COMMON STOCK	46,369.44	33,673.15
	SITIME CORP	COMMON STOCK	35,524.15	74,656.44
	SM ENERGY COMPANY	COMMON STOCK	42,906.39	33,643.68
	SPS COMMERCE INC	COMMON STOCK	5,822.94	33,670.17
	STAG INDUSTRIAL INC	COMMON STOCK	25,070.42	29,017.56
	STERLING INFRASTRUCTURE INC	COMMON STOCK	28,106.78	86,583.30
	TRANSMEDICS GROUP INC	COMMON STOCK	25,972.83	21,386.05
	UFP INDUSTRIES INC	COMMON STOCK	21,009.77	37,737.75
	VALVOLINE INC	COMMON STOCK	34,015.51	38,857.32
	VERITEX HOLDINGS INC	COMMON STOCK	60,132.75	69,258.00
	VICTORY CAPITAL HOLDINGS INC	COMMON STOCK	50,213.99	89,942.04
	VIKING THERAPEUTICS INC	COMMON STOCK	33,333.35	18,953.04
	VONTIER CORP	COMMON STOCK	37,440.07	46,462.78
	WESBANCO INC	COMMON STOCK	57,302.27	57,172.78
	WINTRUST FINANCIAL CORP	COMMON STOCK	41,404.66	75,324.84
	TOTAL COMMON STOCK		<u>2,933,153.92</u>	<u>4,251,877.18</u>
	LIGAND PHARMACEUTICALS-CL B	EXCHANGE TRADED FUNDS	47,368.58	68,468.85
	TOTAL EXCHANGE TRADED FUNDS		<u>47,368.58</u>	<u>68,468.85</u>
	TOTAL INVESTMENTS AT FAIR VALUE			<u><u>83,077,775</u></u>

ST. LOUIS PAINTERS DISTRICT COUNCIL 2 WELFARE PLAN
SCHEDULE H ITEM 4I - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN #: 23-7099221 PLAN #: 501
DECEMBER 31, 2024

Units	(a) Identity of Issue	(b) Description of Investment	(c) Cost	Proceeds
1762	ALPHATEC HOLDINGS INC	PURCHASED 1762 SHS 01/26/24	(28,698.58)	28,698.58
-1762	ALPHATEC HOLDINGS INC	SOLD 1762 SHS 08/13/24	10,571.52	(28,698.58)
-488	BANNER CORPORATION	SOLD 488 SHS 04/30/24	21,362.51	(22,519.85)
794	BANNER CORPORATION	PURCHASED 794 SHS 12/09/24	(58,805.07)	58,805.07
-103	BOOTBARN HOLDINGS INC	SOLD 103 SHS 04/09/24	10,376.24	(2,150.05)
-78	BOOTBARN HOLDINGS INC	SOLD 78 SHS 07/08/24	10,020.89	(1,628.20)
85	BOOTBARN HOLDINGS INC	PURCHASED 85 SHS 10/29/24	(11,029.30)	11,029.30
160	CHART INDUSTRIES INCORPORATED	PURCHASED 160 SHS 08/26/24	(20,688.21)	20,688.21
-98	CHART INDUSTRIES INCORPORATED	SOLD 98 SHS 11/11/24	16,792.32	(12,380.69)
1041	DELEK US HOLDINGS INC	PURCHASED 1041 SHS 02/08/24	(29,261.26)	29,261.26
-1041	DELEK US HOLDINGS INC	SOLD 1041 SHS 12/06/24	18,970.34	(29,261.26)
292	ICU MED INC	PURCHASED 292 SHS 04/09/24	(30,677.64)	30,677.64
139	ICU MED INC	PURCHASED 139 SHS 06/24/24	(16,265.00)	16,265.00
-81	ICU MED INC	SOLD 81 SHS 09/27/24	14,118.96	(9,478.17)
631	INTAPP INC	PURCHASED 631 SHS 01/26/24	(27,886.60)	27,886.60
315	INTAPP INC	PURCHASED 315 SHS 05/20/24	(11,645.80)	11,645.80
277	INTAPP INC	PURCHASED 277 SHS 08/26/24	(12,262.18)	12,262.18
-316	INTAPP INC	SOLD 316 SHS 09/27/24	14,996.18	(13,985.76)
2577	JANUS INTERNATIONAL GROUP INC	PURCHASED 2577 SHS 02/08/24	(38,732.83)	38,732.83
934	JANUS INTERNATIONAL GROUP INC	PURCHASED 934 SHS 04/04/24	(13,679.92)	13,679.92
-1740	JANUS INTERNATIONAL GROUP INC	SOLD 1740 SHS 10/29/24	12,186.44	(26,152.55)
-1771	JANUS INTERNATIONAL GROUP INC	SOLD 1771 SHS 12/09/24	13,160.11	(26,260.20)
227	LEMAITRE VASCULAR INC	PURCHASED 227 SHS 04/09/24	(15,206.23)	15,206.23
221	LEMAITRE VASCULAR INC	PURCHASED 221 SHS 04/30/24	(14,460.01)	14,460.01
163	LEMAITRE VASCULAR INC	REVERSED ON 10/10/2024	(14,922.17)	14,922.17
-163	LEMAITRE VASCULAR INC	TO REVERSE ENTRY OF 09/30/24	14,922.17	(14,922.17)
163	LEMAITRE VASCULAR INC	PURCHASED 163 SHS 10/10/24	(14,928.69)	14,928.69
-110	LEMAITRE VASCULAR INC	SOLD 110 SHS 11/11/24	11,614.82	(10,074.58)
303	MALIBU BOATS INC - A	PURCHASED 303 SHS 02/08/24	(14,033.02)	14,033.02
-1047	MALIBU BOATS INC - A	SOLD 1047 SHS 04/30/24	35,520.76	(52,714.92)
277	NAPCO SECURITY TECHNOLOGIES INC	PURCHASED 277 SHS 01/26/24	(9,852.95)	9,852.95
-511	NAPCO SECURITY TECHNOLOGIES INC	SOLD 511 SHS 09/05/24	17,708.26	(17,919.44)
-104	OLLIE'S BARGAIN OUTLET HOLDINGS INC	SOLD 104 SHS 07/08/24	10,306.35	(6,726.52)
-104	OLLIE'S BARGAIN OUTLET HOLDINGS INC	REVERSED ON 07/09/2024	10,306.35	(6,339.14)
104	OLLIE'S BARGAIN OUTLET HOLDINGS INC	TO REVERSE ENTRY OF 07/09/24	(10,306.35)	6,339.14
133	OLLIE'S BARGAIN OUTLET HOLDINGS INC	PURCHASED 133 SHS 09/12/24	(13,087.49)	13,087.49
-433	PROGRESS SOFTWARE CORP	SOLD 433 SHS 06/24/24	21,224.15	(21,858.60)
197	PROGRESS SOFTWARE CORP	PURCHASED 197 SHS 11/06/24	(13,217.93)	13,217.93
-25	SAIA INCORPORATED	SOLD 25 SHS 02/08/24	13,539.75	(5,445.34)
25	SAIA INCORPORATED	PURCHASED 25 SHS 05/20/24	(10,028.97)	10,028.97
-12	SAIA INCORPORATED	SOLD 12 SHS 11/11/24	6,779.95	(779.88)
379	SILICON MOTION TECHNOLOGY CORP ADR	PURCHASED 379 SHS 04/09/24	(30,708.13)	30,708.13
163	SILICON MOTION TECHNOLOGY CORP ADR	PURCHASED 163 SHS 05/08/24	(12,852.52)	12,852.52
218	SILICON MOTION TECHNOLOGY CORP ADR	PURCHASED 218 SHS 06/24/24	(17,241.47)	17,241.47
162	SILICON MOTION TECHNOLOGY CORP ADR	PURCHASED 162 SHS 09/27/24	(9,793.52)	9,793.52
-299	SILICON MOTION TECHNOLOGY CORP ADR	SOLD 299 SHS 12/09/24	17,030.50	(24,226.20)
1575	SONOS INC	PURCHASED 1575 SHS 02/12/24	(29,097.18)	29,097.18

ST. LOUIS PAINTERS DISTRICT COUNCIL 2 WELFARE PLAN
 SCHEDULE H ITEM 4I - SCHEDULE OF ASSETS (AQUIRED AND DISPOSED OF WITHIN YEAR)
 EIN #: 23-7099221 PLAN #: 501
 DECEMBER 31, 2024

Units	(a) Identity of Issue	(b) Description of Investment	(c) Cost	Proceeds
-1575	SONOS INC	SOLD 1575 SHS 09/12/24	17,481.22	(29,097.18)
149	SOUTHSTATE CORP	PURCHASED 149 SHS 04/30/24	(11,343.40)	11,343.40
-516	SOUTHSTATE CORP	SOLD 516 SHS 11/11/24	57,617.48	(39,037.37)
91	TRANSMEDICS GROUP INC	PURCHASED 91 SHS 01/26/24	(7,889.46)	7,889.46
-234	TRANSMEDICS GROUP INC	SOLD 234 SHS 02/27/24	19,990.68	(19,599.64)
-184	UFP INDUSTRIES INC	SOLD 184 SHS 02/08/24	21,524.36	(7,326.71)
-153	UFP INDUSTRIES INC	SOLD 153 SHS 04/04/24	18,539.79	(6,075.03)
84	UFP INDUSTRIES INC	PURCHASED 84 SHS 09/27/24	(11,047.93)	11,047.93
243	VICTORY CAPITAL HOLDINGS INC	PURCHASED 243 SHS 04/04/24	(10,470.38)	10,470.38
-199	VICTORY CAPITAL HOLDINGS INC	SOLD 199 SHS 05/08/24	10,367.69	(8,574.51)
245	VICTORY CAPITAL HOLDINGS INC	PURCHASED 245 SHS 08/13/24	(12,050.42)	12,050.42

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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
1210-0088**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.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here▶

Part II Basic Plan Information - enter all requested information

1a Name of plan PAINTERS DISTRICT COUNCIL #2 WELFARE PLAN DBA ST LOUIS PAINTERS WELFARE PLAN	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 06/05/1953
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES 13801 RIVERPORT DRIVE, STE 501 MARYLAND HEIGHTS MO 63043	2b Employer Identification Number (EIN) 23-7099221
	2c Plan Sponsor's telephone number 314-647-2453
	2d Business code (see instructions) 238300

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

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

SIGN HERE	<i>Rachel Allen</i>	10/13/2025	RACHEL ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>[Signature]</i>	10/13/2025	CARL FARRELL
	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
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5 Total number of participants at the beginning of the plan year	5	1,802
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1,588
a(2) Total number of active participants at the end of the plan year	6a(2)	1,588
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	214
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,802
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4A 4B 4D 4E 4F

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____