

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 AUTOMOTIVE, PETROLEUM & ALLIED INDUSTRIES EMPLOYEE WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/30/1951
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AUTOMOTIVE PETROLEUM & ALLIED INDUSTRIES EMPLOYEES WELFARE FUND 502 EARTH CITY EXPRESSWAY, SUITE 203 EARTH CITY, MO 63045
2b Employer Identification Number (EIN) 43-1107932
2c Plan Sponsor's telephone number 314-344-8899
2d Business code (see instructions) 488990

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1147
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1063
	6a(2)	824
	6b	49
	6c	
	6d	873
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	70

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<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 AUTOMOTIVE, PETROLEUM & ALLIED INDUSTRIES EMPLOYEE WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE PETROLEUM & ALLIED INDUSTRIES EMPLOYEES WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 43-1107932</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
GUARDIAN

(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
13-5123390	64246	00484907	793	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 10669</p>	<p>(b) Total amount of fees paid 649</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSURED PARTNERS OF MISSOURI **12645 OLIVE BLVD STE 300**
SAINT LOUIS, MO 63141

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10669	649		3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
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	106686
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. Specify nature of costs.	10b	

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 AUTOMOTIVE, PETROLEUM & ALLIED INDUSTRIES EMPLOYEE WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE PETROLEUM & ALLIED INDUSTRIES EMPLOYEES WELFARE FUND	D Employer Identification Number (EIN) 43-1107932	

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

US BANCORP FUND SERVICES, LLC

39-1939072

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

TEMPLETON INVESTMENT COUNSEL, LLC

94-3385113

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

US BANK NATIONAL ASSOCIATION

31-0841368

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

US BANCORP ASSET MANAGEMENT INC

41-2003732

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

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

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

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

MERITAIN HEALTH, INC.

16-1264154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	423479	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)

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	295215	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)

ANDERS MINKLER HUBER HELM LLP

43-0138507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	NONE	101876	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)

BURR OAK CONSULTING

12594 DURROW CT
ST. LOUIS, MO 63141

82-3420174

(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?
16	NONE	70965	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)

MOSAIC FAMILY WEALTH

47-3192561

(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	48054	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)

SPECTOR WOLFE & MCLAUGHLIN LLC

43-1718339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	24282	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)

CHUBB LIMITED

98-0091805

(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	23633	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)

US BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	19989	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)

DANIEL HEUMANN

9040 LACKLAND ROAD
ST. LOUIS, MO 63114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	9600	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)

DONALD SCHAPER

9040 LACKLAND ROAD
ST. LOUIS, MO 63114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	9600	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)

MILLIMAN USA

91-0675641

(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	9500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 AUTOMOTIVE, PETROLEUM & ALLIED INDUSTRIES EMPLOYEE WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE PETROLEUM & ALLIED INDUSTRIES EMPLOYEES WELFARE FUND	D Employer Identification Number (EIN) 43-1107932

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	10664	101176
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1289585	958004
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	890409	901548
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3366337	4187786
(2) U.S. Government securities	1c(2)	9387176	8150535
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2875383	5873869
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7228040	2265443
(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)	1074114	5694254
(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	26121708	28132615
Liabilities			
g Benefit claims payable.....	1g	2146778	2308310
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	24093	90465
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2170871	2398775
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	23950837	25733840

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)	15308291	
(B) Participants.....	2a(1)(B)	479613	
(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)		15787904
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	225253	
(B) U.S. Government securities.....	2b(1)(B)	290984	
(C) Corporate debt instruments.....	2b(1)(C)	170829	
(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)		687066
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	53909	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	88834	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		142743
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5311124	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5117339	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		193785
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2391477	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2897881
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		17317902

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14372816	
(2) To insurance carriers for the provision of benefits	2e(2)	115037	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14487853
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)	423479	
(3) Recordkeeping fees	2i(3)	257836	
(4) IQPA audit fees	2i(4)	43343	
(5) Investment advisory and investment management fees	2i(5)	49042	
(6) Bank or trust company trustee/custodial fees	2i(6)	19001	
(7) Actuarial fees	2i(7)	9500	
(8) Legal fees	2i(8)	24282	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	19200	
(11) Other expenses	2i(11)	201363	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1047046
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15534899

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1783003
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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

AUTOMOTIVE, PETROLEUM, AND ALLIED INDUSTRIES EMPLOYEES' WELFARE FUND

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2024 AND 2023**

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Independent Auditors' Report

Board of Trustees
Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Earth City, MO

Opinion

We have audited the accompanying financial statements of Automotive, Petroleum, and Allied Industries Employees' Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and statements 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 (the "financial statements").

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL'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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Additional Information

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



Chesterfield, Missouri

October 14, 2025

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	2024	2023
Investments, at Fair Value	\$ 26,171,887	\$ 23,931,050
Receivables		
Employer contributions	958,004	1,289,585
Dividends and interest	162,110	140,352
Claims refunds and pharmacy rebates	739,438	750,057
Total Receivables	1,859,552	2,179,994
Cash - Non-interest Bearing	101,176	10,664
Total Assets	28,132,615	26,121,708
Liabilities		
Deferred revenue - Contributions	13,476	24,093
Accrued Expenses and Other Current Liabilities	76,989	-
Total Liabilities	90,465	24,093
Net Assets Available for Benefits	\$ 28,042,150	\$ 26,097,615

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets:		
Investment Income		
Net appreciation in fair value of investments	\$ 700,189	\$ 1,781,481
Interest and dividends	829,809	624,013
	1,529,998	2,405,494
Less: investment expense	(988)	(70,172)
Net Investment Income	1,529,010	2,335,322
Contribution Income		
Employer	15,308,291	16,579,413
Participant	479,613	486,017
Total Contribution Income	15,787,904	17,065,430
Total Additions	17,316,914	19,400,752
Deductions from Net Assets:		
Benefits Paid Directly to/for Participants		
Claims paid	14,211,284	13,756,351
Insurance premiums	115,037	130,315
Total Benefits Paid	14,326,321	13,886,666
Administrative Expenses	1,046,058	1,052,013
Total Deductions	15,372,379	14,938,679
Net Increase	1,944,535	4,462,073
Net Assets Available for Benefits, Beginning of Year	26,097,615	21,635,542
Net Assets Available for Benefits, End of Year	\$ 28,042,150	\$ 26,097,615

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Statements of Benefit Obligations
December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Claims payable and claims incurred but not reported	\$ 2,308,310	\$ 2,146,778
Postretirement Benefit Obligations		
Retired participants, beneficiaries, and dependents	1,704,004	1,610,676
Other participants fully eligible for benefits	3,689,416	4,486,505
Other participants not yet fully eligible for benefits	7,229,869	9,390,829
Total Postretirement Benefit Obligations	12,623,289	15,488,010
Total Benefit Obligations, End of Year	\$ 14,931,599	\$ 17,634,788

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Balance at beginning of year	\$ 2,146,778	\$ 2,774,868
Claims and premiums incurred	14,487,853	13,128,261
Claims and premiums paid	<u>(14,326,321)</u>	<u>(13,756,351)</u>
Balance at end of year	<u>2,308,310</u>	<u>2,146,778</u>
 Postretirement Benefit Obligations		
Balance at beginning of year	15,488,010	20,982,938
Increase (decrease) during the year attributable to:		
Benefits earned	(2,241,577)	(124,360)
Changes in plan provisions	-	(4,133,831)
Interest	704,514	951,689
Changes in actuarial assumptions	-	(271,409)
Expected benefits paid	<u>(1,327,658)</u>	<u>(1,917,017)</u>
Balance at end of year	<u>12,623,289</u>	<u>15,488,010</u>
 Total Benefit Obligations, End of Year	 <u>\$ 14,931,599</u>	 <u>\$ 17,634,788</u>

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Notes to Financial Statements
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1. Description of the Plan

The following description of Automotive, Petroleum, and Allied Industries Employees' Welfare Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan. The Plan was established and is maintained pursuant to a collective bargaining agreement ("CBA") between Teamsters Local 618 (the "Union") and the participating employers (the "Employers") to provide health benefits, short-term disability and death benefits to participants and their beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

Eligibility

Participants become eligible for benefits on the first day of the second calendar month for which contributions are due and paid by an Employer. Certain eligible dependents also become covered under the Plan on the date of the participant's eligibility.

Participants will remain eligible from month to month for as long as they work under covered employment and their Employer continues to make contributions. Participants may also continue to remain eligible for benefits when they elect to continue benefits under the Consolidated Omnibus Budget Reconciliation Act ("COBRA") provision.

Participants who retire and are not eligible for Medicare may extend their health coverage until age 65 by making the applicable self-payments. These members receive the same medical, prescription drug, behavioral care, dental, vision, and hearing aid benefits as are available to active eligible employees and their eligible dependents. Disability benefits are not available to retired eligible employees. Once a retiree has attained age 65, they can purchase Medicare supplemental insurance. The Medicare supplement benefit provides medical, prescription drug and behavioral health benefits for retired eligible employees and eligible dependents. The benefits provided under the Medicare supplement benefit are intended to supplement the coverage provided by Medicare Parts A and B. Dental, vision, hearing aid and disability benefits are not available to retired eligible dependents who participate in Medicare supplement benefit.

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
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Contributions

Contributions are made by Employers and by employees who wish to maintain coverage while temporarily unemployed or retired. Contributions are governed by the CBA with the Employers or in accordance with the provisions directing individuals and retirees who self-pay contributions. All contributions are based on a fixed amount per participant per month.

Benefits

The Plan provides medical, hospital, surgical, major medical, prescription drugs, vision, and dental benefits for covered employees and their dependents and qualifying retirees who elect to continue their coverage under the self-pay provision. All of these benefits are self-insured by the Plan with the exception of life and accidental death and dismemberment benefits. Those benefits are covered under a group insurance contract. The premiums for all insured benefits are paid from the assets of the Plan. The claims for all self-insured benefits are processed by the Plan's third-party claims processor under an administrative-services-only ("ASO") arrangement. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's utilization pattern of specific drugs. Additionally, the Plan provides continuation of certain benefits during periods of unemployment, disability, or upon termination of employment through COBRA. Employees pay the full cost of such benefits. Qualifying retirees can elect to continue coverage under the self-pay provision. Benefits for qualifying retirees cease on the earlier of: (a) the first day of the month in which they attain age 65 or (b) they become eligible for Medicare.

Plan Management

Zenith, an employee benefit fund management company, has been retained by the Trustees to administer the activities and operations of the Plan on a contractual basis. Under a management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collection are borne by Zenith.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Notes to Financial Statements
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Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Fair Value Measurements

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

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance for credit losses is necessary as of December 31, 2024 and 2023.

Refunds and Rebates

Prescription refunds due from the Plan's PBM are recorded when earned. Rebates due at year end are recorded as a receivable on the statements of net assets available for benefits, with the offset being recorded on the statements of changes in net assets as a reduction to claims paid. Pharmacy rebates totaled \$1,794,288 and \$1,339,189 for the years ended December 31, 2024 and 2023, respectively.

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Notes to Financial Statements
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Payment of Benefits

Premiums paid are recorded as insurance premiums in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims paid by the claims processor prior to year end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

Plan Benefit Obligations

Plan benefit obligations at year-end are for health claims payable and claims incurred by active participants but not reported at that date. Such estimated amounts are reported in the accompanying statements of benefit obligations at present value. Postretirement benefit obligations are determined in accordance with accepted actuarial principles by the Plan's actuary. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan also pays administrative fees to third-party claims administrators. These expenses are reported on the statements of changes in net assets available for benefits.

3. Postretirement Benefit Obligations

The amount reported as postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to December 31. Postretirement benefits includes 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 Employers. The postretirement benefit obligations represent the amount that is to be funded by contributions from the Employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The obligation is net of anticipated self-payments.

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
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The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's 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.

The current medical trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. The medical trend rate assumed for the year ended December 31, 2024 was 6.00% per year for the first year, then graded down each year over 48 years to an ultimate rate of 3.70%. The medical trend rate assumed for the year ended December 31, 2023 was 6.50% per year for the first year, then graded down each year over 49 years to an ultimate rate of 3.70%. If the assumed rates increased by one percentage point in each year, it would increase the postretirement obligation as of December 31, 2024 and 2023, by \$3,569,084 and \$4,894,863, respectively.

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

Discount Rates:	5.25% for 2024, 4.75% for 2023.
Mortality Rates:	Actives: Pri-2012 Blue Collar Employee Mortality Table, male and female rates, projected generationally using scale MP-2020 for both 2024 and 2023 Healthy retirees: Pri-2012 Blue Collar Healthy Annuitant Mortality Table, male and female rates, projected generationally using scale MP-2020 for both 2024 and 2023. Disabled retirees: Pri-2012 Disabled Tables, male and female rates for both 2024 and 2023.
Assumed Retirement Age:	Age 65
Expenses:	Claims costs were loaded 7.0% for 2024 and 6.5% for 2023 expenses.

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

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
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December 31, 2024 and 2023

4. Fair Value Measurements

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

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets. |
| Level 2 | Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The instruments' 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Level 1 investments consist of money market funds, common stocks, U.S. government and agency securities, a mutual fund, and exchange traded funds. The money market funds are valued at cost plus accrued interest which approximates fair value. Common stocks and exchange traded funds are valued at the closing price reported on the active market on which the individual securities are traded. The mutual fund is recorded at the closing price recorded by the Fund. This is an open ended mutual fund as is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value ("NAV") and to transact at that price. The mutual fund held by the Plan in the prior year was deemed to be actively traded.

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

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Notes to Financial Statements
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The fair value of investments is measured as of December 31, as follows:

	2024			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 4,187,786	\$ 4,187,786	\$ -	\$ -
U.S. government & agency securities	8,150,535	8,150,535	-	-
Corporate bonds	5,873,869	-	5,873,869	-
Common stocks	2,265,443	2,265,443	-	-
Exchange traded funds	5,694,254	5,694,254	-	-
Total assets in fair value hierarchy	<u>\$ 26,171,887</u>	<u>\$ 20,298,018</u>	<u>\$ 5,873,869</u>	<u>\$ -</u>
	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 3,366,337	\$ 3,366,337	\$ -	\$ -
U.S. government and agency securities	9,387,176	9,387,176	-	-
Corporate bonds	2,875,383	-	2,875,383	-
Common stocks	7,228,040	7,228,040	-	-
Mutual funds	1,074,114	1,074,114	-	-
Total assets in fair value hierarchy	<u>\$ 23,931,050</u>	<u>\$ 21,055,667</u>	<u>\$ 2,875,383</u>	<u>\$ -</u>

5. Transactions with Parties in Interest

The Plan paid Trustees in 2024 and 2023 for their services rendered as members of the board of Trustees. These payments totaled \$19,200 for both years ended December 31, 2024 and 2023.

6. Plan Amendments

Effective January 1, 2024, the Plan was amended for a change in retiree benefits.

Effective January 1, 2024, the Plan was amended for changes in medical benefits.

Effective April 1, 2023, the Plan was amended for conditions and limits on specialty prescription drugs.

7. Plan Termination

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to modify the benefits provided to eligible active employees. The Plan may be terminated only by joint agreement between the Employers and the Union, subject to the provisions set forth in ERISA.

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

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

8. Tax Status of Plan

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

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

9. Risks and Uncertainties

Investments

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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions

The majority of receivables are from Employers primarily located in or working in St. Louis, Missouri. The Plan generally does not require collateral, but in some cases can require a performance bond.

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

Actuarial Present Value

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

10. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 28,042,150	\$ 26,097,615
Less: claims payable at year end	(2,308,310)	(2,146,778)
Net assets available for benefits per the Form 5500	\$ 25,733,840	\$ 23,950,837

The following is a reconciliation of benefits paid per the financial statements for the years ended December 31, to Form 5500:

	2024	2023
Benefits paid per the financial statements	\$ 14,326,321	\$ 13,886,666
Plus: claims payable current year	2,308,310	2,146,778
Less: claims payable prior year	(2,146,778)	(2,774,868)
Benefits paid per Form 5500	\$ 14,487,853	\$ 13,258,576

11. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued.

Effective January 1, 2025, the Plan revised the Summary Plan Description.

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	MONEY MARKET FUND	\$ 693,453	\$ 693,453
	FIRST AMERICAN GOVERNMENT OBLIGATIONS SWEEP	<u>3,494,333</u>	<u>3,494,333</u>
	TOTAL MONEY MARKET FUNDS	<u>4,187,786</u>	<u>4,187,786</u>
COMMON STOCKS:			
	AIR PRODS & CHEMS INC	\$ 42,235	\$ 45,536
	AMERICAN WTR WKS CO INC	41,410	38,841
	AMPHENOL CORP NEW	32,743	47,643
	ANALOG DEVICES INC	41,214	46,954
	BECTON DICKINSON & CO	41,867	39,702
	BERKLEY W R CORP	41,876	50,444
	BROWN & BROWN INC	41,054	58,764
	BROWN FORMAN CORP	48,154	40,335
	CHEVRON CORP NEW	42,160	41,279
	CHUBB LTD	41,736	50,839
	CLOROX CO	48,612	56,031
	COLGATE PALMOLIVE CO	41,358	46,637
	DONALDSON INC	41,824	44,720
	ECOLAB INC	41,473	49,442
	EOG RES INC	42,569	44,129
	EXPEDITORS INTL WASH INC	42,183	37,219
	GENERAL DYNAMICS CORP	42,119	43,476
	GRAGO INC	41,514	41,892
	HERSHEY CO	41,790	36,749
	HOME DEPOT INC	37,172	45,901
	ILLINOIS TOOL W KS INC	47,584	47,162
	LINDE PLC	42,002	43,123
	LOCKHEED MARTIN CORP	41,412	43,735
	MASCO CORP	40,587	44,485
	MASTERCARD INC	23,941	51,604
	MCDONALDS CORP	50,975	51,311
	MEDTRONIC PLC	48,794	46,251

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCKS (CONTINUED):			
	MICROSOFT CORP	\$ 35,227	\$ 45,944
	NEW JERSEY RES CORP	42,158	43,991
	NIKE INC	55,420	43,586
	NORDSON CORP	47,300	39,546
	NORTHERN TR CORP	41,269	50,738
	ORACLE CORP	41,408	66,823
	PAYCHEX INC	41,467	49,217
	PEPSICO INC	42,050	37,711
	POLARIS INC	49,361	31,979
	PRICE T ROWE GROUP INC	41,391	43,653
	PROCTER & GAMBLE CO	41,353	46,439
	RESMED INC	42,799	56,258
	S&P GLOBAL INC	41,439	47,811
	SHERWIN-WILLIAMS CO	41,625	47,590
	SMITH AO CORP	43,413	35,469
	SNAP ON INC	46,595	56,014
	SOUTHERN CO	41,673	47,581
	STARBUCKS CORP	54,710	56,484
	STRYKER CORP	40,825	48,607
	TJX COS INC NEW	41,303	53,398
	TORO CO	41,438	36,606
	WEC ENERGY GROUP INC	41,905	45,797
	TOTAL COMMON STOCKS	<u>2,086,483</u>	<u>2,265,443</u>
EXCHANGE TRADED FUNDS			
	DIMENSIONAL EMERG MARK	\$ 435,994	\$ 483,860
	DIMENSIONAL INTERN CORE	234,004	245,967
	DIMENSIONAL US SMALL CAP	441,470	496,204
	DIMENSIONAL US TARGETED	390,466	440,660
	DIMENSIONL GLOBAL REAL	255,913	263,241
	DIMENSIONL US LARGE CAP	1,334,081	1,514,023
	ISHARES 0 TO 3 MNTH	60,125	59,991
	VANGUARD GROWTH ETF	838,808	1,096,696
	VANGUARD SMALL CAP	263,180	318,148

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
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December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
EXCHANGE TRADED FUNDS (CONTINUED):			
	XTRACKERS MSCI EAFE HDGD	690,228	775,463
	TOTAL EXCHANGE TRADED FUNDS	<u>4,944,269</u>	<u>5,694,254</u>
CORPORATE BONDS:			
	ADOBE INC. 2.3% 02/01 /30	\$ 92,352	\$ 88,796
	AEP TEXAS INC. 2.1% 07/01/30	24,739	25,748
	AMGEN INC. 5.25% 03/02/33	101,671	98,705
	AON CORP 2.6% 12/02/31	10,115	8,487
	AT&T INC. 4.35% 03/01/29	98,779	97,815
	BANK OF 5.266% 12/11/26	85,723	85,995
	BANK OF AMERICA C 09/15/34	296,334	293,347
	BERKSHIRE HATHA 3.125% 03/15/26	96,967	98,461
	BRISTOL-MYERS SQ 1.45% 11 /13/30	92,598	90,847
	CATERPILLAR FINL 3.4% 05/13/25	255,981	258,901
	CITIGROUP INC. VAR 05/24/33	70,071	67,566
	CITIGROUP INC. VAR 06/03/31	72,266	60,976
	COMCAST CORP 3. 3.375% 08/15/25	205,687	208,417
	CVS HEALTH CORP 3.75% 04/01/30	46,422	45,796
	CVS HEALTH CORP 3.875% 07/20/25	127,954	129,031
	DUKE ENERGY CORP 2.65% 09/01 /26	161,257	164,545
	ENBRIDGE INC. 5.7% 5.7% 03/08/33	106,024	100,981
	EXELON CORP 4. 05% 04/15/30	95,269	95,501
	GEORGIA POWER CO 2.65% 09/15/29	43,416	45,434
	GILEAD SCIENCES, 2.95% 03/01/27	95,890	96,580
	HONEYWELL INTERNT 4.5% 01/15/34	50,110	47,654
	JOHN DEERE CAPIT 4.95% 07/14/28	20,203	20,170
	JOHN DEERE CAPIT 5. 15% 09/08/33	92,449	90,398
	JPMORGAN CHASE & 07/25/33	228,544	224,089
	LOWE'S COMPANIES 5.15% 07/01/33	91,449	89,583
	MARATHON PETROLEU 4.7% 05/01/25	168,792	169,854
	MERCK & CO , INC 0 75% 02/24/26	93,106	95,869
	MERCK & CO , INC 2.15% 12/10/31	42,462	41,636
	METLIFE, INC. 3.0% 03/01 /25	84,514	84,749

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	MICROSOFT CORP 3.3% 02/06/27	\$ 116,139	\$ 117,449
	MORGAN STANLEY 01/22/31	63,653	53,336
	MORGAN STANLEY 01/24/29	142,945	144,569
	MPLX LP 4.875% 06/01/25	25,353	24,987
	NEXTERA ENERGY C 2.25% 06/01 /30	136,527	138,014
	NEXTERA ENERGY, 5 05% 04/01 /28	55,708	55,572
	NEXTERA ENERGY, I 4.8% 05/15/33	14,972	14,553
	NORTHROP GRUMMAN 3.25% 01/15/28	15,288	14,315
	O'REILLY AUTOMOT 1.75% 03/15/31	24,190	24,572
	PEPSICO, INC. 2.625% 07/29/29	198,907	188,010
	PFIZER INVT ENT4.45% 4.45% 05/19/28	34,448	34,676
	PFIZER INVT ENT4.75% 4.75% 05/19/33	74,742	72,563
	PHILLIPS 66 CO 5.3% 06/30/33	25,067	24,691
	ROYAL BANK OF CA 2.3% 2.3% 11/03/31	162,539	163,500
	RTX CORP 2.25% 07/01 /30	67,468	65,213
	STATE STREET COR 3.55% 08/18/25	147,466	148,916
	THE 4.456% 06/08/32	48,018	47,365
	THE BANK OF NEW YOR 3 0% 02/24/25	95,308	94,748
	THE GOLDMAN SACHS 10/21 /27	75,000	70,952
	THE GOLDMAN SACHS 10/21 /32	55,000	46,216
	THE HOME DEPOT, INC 3.0% 04/01 /26	145,537	147,275
	THE PNC FINL SER 3.15% 05/19/27	49,146	48,093
	THE PROCTER & GAMBL 3 0% 03/25/30	130,183	128,946
	T-MOBILE USA, I 2.625% 04/15/26	95,461	97,516
	T-MOBILE USA, IN 5.15% 04/15/34	50,001	49,113
	TORONTO 1.25% 09/10/26	23,040	23,558
	TOYOTA MOTOR CR 4.625% 01/12/28	129,736	129,604
	TRUIST FINL CORP VAR 03/02/27	73,628	76,662
	TWDC ENTERPRISES 18 2 0% 09/01/29	104,714	106,453
	UNITEDHEALTH GRO 3.85% 06/15/28	126,892	126,157
	VERIZON COMMUNI 4.125% 03/16/27	59,371	59,233
	VERIZON COMMUNIC 1.75% 01/20/31	68,025	57,627
	VISA INC. 3.15% 12/14/25	116,783	118,567

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	CORPORATE BONDS (CONTINUED):		
	WALMART INC. 1.05% 09/17/26	\$ 24,953	\$ 23,652
	WALMART INC. 1.5% 09/22/28	89,881	80,889
	WELLS FARGO BANK 5.45% 08/07/26	30,085	30,377
	TOTAL CORPORATE BONDS	<u>5,947,315</u>	<u>5,873,869</u>
	U.S. GOVERNMENT & AGENCY SECURITIES:		
	US TREASURY NT 1.875% 02/15/32	\$ 55,206	\$ 50,494
	US TREASURY NT 1.625% 02/15/26	164,739	165,139
	US TREASURY NT 2.875% 05/15/32	33,024	31,456
	US TREASURY NT 3.875% 08/15/34	434,714	425,813
	US TREASURY NT 3.375% 05/15/33	363,605	349,363
	US TREASURY NT 3.875% 08/15/33	562,760	561,791
	US TREASURY NT 4.125% 01/31/25	399,344	399,875
	US TREASURY NT 4.125% 07/31/28	887,459	893,953
	US TREASURY NT 4.125% 08/31/30	72,894	73,875
	US TREASURY NT 4.125% 11/15/32	127,177	121,973
	US TREASURY NT 4.625% 06/30/25	124,414	125,293
	US TREASURY NT 4.625% 09/15/26	851,602	860,077
	US TREASURY NT 4.625% 09/30/30	608,618	615,909
	US TREASURY NT 1.5% 01/31/27	215,034	222,222
	US TREASURY NT 2.25% 11/15/25	175,481	171,992
	US TREASURY NT 2.5% 02/28/26	141,723	137,222
	US TREASURY NT 2.75% 02/15/28	325,429	324,700
	US TREASURY NT 3.75% 06/30/30	123,228	120,957
	US TREASURY NT 3.5% 02/15/33	404,047	376,903
	US TREASURY NT 4.0% 02/15/26	983,377	992,357
	US TREASURY NT 5.0% 09/30/25	975,287	980,027
	US TREASURY NT 0.0% 02/20/25	146,767	149,146
	TOTAL U.S. GOVERNMENT & AGENCY SECURITIES	<u>8,175,930</u>	<u>8,150,535</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u>25,341,784</u>	<u>26,171,887</u>

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023

	2024	2023
Consolidated Appropriations Act submission fee	\$ -	\$ 2,375
Dues and subscription	1,275	1,195
Fiduciary insurance	23,633	18,684
Lock box fees	19,001	18,239
Printing & postage	39,478	39,276
Professional fees - auditing and accounting	43,343	27,882
Professional fees - actuarial	9,500	8,500
Professional fees - consulting	70,965	91,515
Professional fees - investment consulting	48,054	25,000
Professional fees - legal	24,282	29,100
Professional fees - meritain	423,479	483,695
Professional fees - payroll audit	58,533	27,580
Taxes	7,479	5,581
Third-party administration	257,836	254,028
Transitional reinsurance program	-	163
Trustee fee	19,200	19,200
Total Administrative Expenses	\$ 1,046,058	\$ 1,052,013

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	MONEY MARKET FUND	\$ 693,453	\$ 693,453
	FIRST AMERICAN GOVERNMENT OBLIGATIONS SWEEP	<u>3,494,333</u>	<u>3,494,333</u>
	TOTAL MONEY MARKET FUNDS	<u>4,187,786</u>	<u>4,187,786</u>
COMMON STOCKS:			
	AIR PRODS & CHEMS INC	\$ 42,235	\$ 45,536
	AMERICAN WTR WKS CO INC	41,410	38,841
	AMPHENOL CORP NEW	32,743	47,643
	ANALOG DEVICES INC	41,214	46,954
	BECTON DICKINSON & CO	41,867	39,702
	BERKLEY W R CORP	41,876	50,444
	BROWN & BROWN INC	41,054	58,764
	BROWN FORMAN CORP	48,154	40,335
	CHEVRON CORP NEW	42,160	41,279
	CHUBB LTD	41,736	50,839
	CLOROX CO	48,612	56,031
	COLGATE PALMOLIVE CO	41,358	46,637
	DONALDSON INC	41,824	44,720
	ECOLAB INC	41,473	49,442
	EOG RES INC	42,569	44,129
	EXPEDITORS INTL WASH INC	42,183	37,219
	GENERAL DYNAMICS CORP	42,119	43,476
	GRAGO INC	41,514	41,892
	HERSHEY CO	41,790	36,749
	HOME DEPOT INC	37,172	45,901
	ILLINOIS TOOL W KS INC	47,584	47,162
	LINDE PLC	42,002	43,123
	LOCKHEED MARTIN CORP	41,412	43,735
	MASCO CORP	40,587	44,485
	MASTERCARD INC	23,941	51,604
	MCDONALDS CORP	50,975	51,311
	MEDTRONIC PLC	48,794	46,251

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCKS (CONTINUED):			
	MICROSOFT CORP	\$ 35,227	\$ 45,944
	NEW JERSEY RES CORP	42,158	43,991
	NIKE INC	55,420	43,586
	NORDSON CORP	47,300	39,546
	NORTHERN TR CORP	41,269	50,738
	ORACLE CORP	41,408	66,823
	PAYCHEX INC	41,467	49,217
	PEPSICO INC	42,050	37,711
	POLARIS INC	49,361	31,979
	PRICE T ROWE GROUP INC	41,391	43,653
	PROCTER & GAMBLE CO	41,353	46,439
	RESMED INC	42,799	56,258
	S&P GLOBAL INC	41,439	47,811
	SHERWIN-WILLIAMS CO	41,625	47,590
	SMITH AO CORP	43,413	35,469
	SNAP ON INC	46,595	56,014
	SOUTHERN CO	41,673	47,581
	STARBUCKS CORP	54,710	56,484
	STRYKER CORP	40,825	48,607
	TJX COS INC NEW	41,303	53,398
	TORO CO	41,438	36,606
	WEC ENERGY GROUP INC	41,905	45,797
	TOTAL COMMON STOCKS	<u>2,086,483</u>	<u>2,265,443</u>
EXCHANGE TRADED FUNDS			
	DIMENSIONAL EMERG MARK	\$ 435,994	\$ 483,860
	DIMENSIONAL INTERN CORE	234,004	245,967
	DIMENSIONAL US SMALL CAP	441,470	496,204
	DIMENSIONAL US TARGETED	390,466	440,660
	DIMENSIONL GLOBAL REAL	255,913	263,241
	DIMENSIONL US LARGE CAP	1,334,081	1,514,023
	ISHARES 0 TO 3 MNTH	60,125	59,991
	VANGUARD GROWTH ETF	838,808	1,096,696
	VANGUARD SMALL CAP	263,180	318,148

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
EXCHANGE TRADED FUNDS (CONTINUED):			
	XTRACKERS MSCI EAFE HDGD	690,228	775,463
	TOTAL EXCHANGE TRADED FUNDS	4,944,269	5,694,254
CORPORATE BONDS:			
	ADOBE INC. 2.3% 02/01 /30	\$ 92,352	\$ 88,796
	AEP TEXAS INC. 2.1% 07/01/30	24,739	25,748
	AMGEN INC. 5.25% 03/02/33	101,671	98,705
	AON CORP 2.6% 12/02/31	10,115	8,487
	AT&T INC. 4.35% 03/01/29	98,779	97,815
	BANK OF 5.266% 12/11/26	85,723	85,995
	BANK OF AMERICA C 09/15/34	296,334	293,347
	BERKSHIRE HATHA 3.125% 03/15/26	96,967	98,461
	BRISTOL-MYERS SQ 1.45% 11 /13/30	92,598	90,847
	CATERPILLAR FINL 3.4% 05/13/25	255,981	258,901
	CITIGROUP INC. VAR 05/24/33	70,071	67,566
	CITIGROUP INC. VAR 06/03/31	72,266	60,976
	COMCAST CORP 3. 3.375% 08/15/25	205,687	208,417
	CVS HEALTH CORP 3.75% 04/01/30	46,422	45,796
	CVS HEALTH CORP 3.875% 07/20/25	127,954	129,031
	DUKE ENERGY CORP 2.65% 09/01 /26	161,257	164,545
	ENBRIDGE INC. 5.7% 5.7% 03/08/33	106,024	100,981
	EXELON CORP 4. 05% 04/15/30	95,269	95,501
	GEORGIA POWER CO 2.65% 09/15/29	43,416	45,434
	GILEAD SCIENCES, 2.95% 03/01/27	95,890	96,580
	HONEYWELL INTERNT 4.5% 01/15/34	50,110	47,654
	JOHN DEERE CAPIT 4.95% 07/14/28	20,203	20,170
	JOHN DEERE CAPIT 5. 15% 09/08/33	92,449	90,398
	JPMORGAN CHASE & 07/25/33	228,544	224,089
	LOWE'S COMPANIES 5.15% 07/01/33	91,449	89,583
	MARATHON PETROLEU 4.7% 05/01/25	168,792	169,854
	MERCK & CO , INC 0 75% 02/24/26	93,106	95,869
	MERCK & CO , INC 2.15% 12/10/31	42,462	41,636
	METLIFE, INC. 3.0% 03/01 /25	84,514	84,749

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
EIN: 43-1107932 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	MICROSOFT CORP 3.3% 02/06/27	\$ 116,139	\$ 117,449
	MORGAN STANLEY 01/22/31	63,653	53,336
	MORGAN STANLEY 01/24/29	142,945	144,569
	MPLX LP 4.875% 06/01/25	25,353	24,987
	NEXTERA ENERGY C 2.25% 06/01 /30	136,527	138,014
	NEXTERA ENERGY, 5 05% 04/01 /28	55,708	55,572
	NEXTERA ENERGY, I 4.8% 05/15/33	14,972	14,553
	NORTHROP GRUMMAN 3.25% 01/15/28	15,288	14,315
	O'REILLY AUTOMOT 1.75% 03/15/31	24,190	24,572
	PEPSICO, INC. 2.625% 07/29/29	198,907	188,010
	PFIZER INVT ENT4.45% 4.45% 05/19/28	34,448	34,676
	PFIZER INVT ENT4.75% 4.75% 05/19/33	74,742	72,563
	PHILLIPS 66 CO 5.3% 06/30/33	25,067	24,691
	ROYAL BANK OF CA 2.3% 2.3% 11/03/31	162,539	163,500
	RTX CORP 2.25% 07/01 /30	67,468	65,213
	STATE STREET COR 3.55% 08/18/25	147,466	148,916
	THE 4.456% 06/08/32	48,018	47,365
	THE BANK OF NEW YOR 3 0% 02/24/25	95,308	94,748
	THE GOLDMAN SACHS 10/21 /27	75,000	70,952
	THE GOLDMAN SACHS 10/21 /32	55,000	46,216
	THE HOME DEPOT, INC 3.0% 04/01 /26	145,537	147,275
	THE PNC FINL SER 3.15% 05/19/27	49,146	48,093
	THE PROCTER & GAMBL 3 0% 03/25/30	130,183	128,946
	T-MOBILE USA, I 2.625% 04/15/26	95,461	97,516
	T-MOBILE USA, IN 5.15% 04/15/34	50,001	49,113
	TORONTO 1.25% 09/10/26	23,040	23,558
	TOYOTA MOTOR CR 4.625% 01/12/28	129,736	129,604
	TRUIST FINL CORP VAR 03/02/27	73,628	76,662
	TWDC ENTERPRISES 18 2 0% 09/01/29	104,714	106,453
	UNITEDHEALTH GRO 3.85% 06/15/28	126,892	126,157
	VERIZON COMMUNI 4.125% 03/16/27	59,371	59,233
	VERIZON COMMUNIC 1.75% 01/20/31	68,025	57,627
	VISA INC. 3.15% 12/14/25	116,783	118,567

Automotive, Petroleum, and Allied Industries Employees' Welfare Fund
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	TOTAL ASSETS HELD AT END OF YEAR	<u><u>25,341,784</u></u>	<u><u>26,171,887</u></u>

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>			
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is:	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
		<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	▶ <input checked="" type="checkbox"/>	
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
		<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information			
1a	Name of plan AUTOMOTIVE, PETROLEUM & ALLIED INDUSTRIES EMPLOYEE WELFARE FUND	1b	Three-digit plan number (PN) ▶ 501
		1c	Effective date of plan 01/30/1951
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AUTOMOTIVE PETROLEUM & ALLIED INDUSTRIES EMPLOYEES 502 EARTH CITY EXPRESSWAY, SUITE 203 EARTH CITY MO 63045	2b	Employer Identification Number (EIN) 43-1107932
		2c	Plan Sponsor's telephone number 314-344-8899
		2d	Business code (see instructions) 488990

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

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

SIGN HERE		10-14-25	DEREK KROPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1,147
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)	1,063
a (2) Total number of active participants at the end of the plan year	6a(2)	824
b Retired or separated participants receiving benefits	6b	49
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	873
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	70

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 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)

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