

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: CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION TRUST
2b Employer Identification Number (EIN): 43-1927832
2c Plan Sponsor's telephone number
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for Michael E. Murphy on 10/09/2025.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4807
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1803
	<b>6a(2)</b>	2065
	<b>6b</b>	472
	<b>6c</b>	2448
	<b>6d</b>	4985
	<b>6e</b>	69
	<b>6f</b>	5054
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		549
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	19

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

---

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

---

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

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

---

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

---

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

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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

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

<b>A</b> Name of plan <u>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>43-1927832</u>

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 01 Day 01 Year 2024

<b>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>19656192</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>20787117</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>19832325</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b> <u>19018832</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>28931950</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>376470</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>1434350</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>1434350</u>

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

<b>SIGN HERE</b>  <u>MICHAEL A. SUDDUTH, FSA</u> Type or print name of actuary  <u>MILLIMAN, INC.</u> Firm name  <u>500 NORTH BROADWAY, SUITE 1750</u> <u>ST. LOUIS, MO 63102</u> Address of the firm	Date <u>23-06248</u> Most recent enrollment number <u>314-446-5607</u> Telephone number (including area code)
---	---

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	19656192
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	562	7053641
<b>(2)</b> For terminated vested participants .....	2442	16874053
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		541278
<b>(b)</b> Vested benefits .....		4462978
<b>(c)</b> Total active .....	1803	5004256
<b>(4)</b> Total .....	4807	28931950
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	67.94 %

**3** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/01/2024	905888					
			<b>Totals ▶</b>	<b>3(b)</b>	905888	
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(c)</b>	
					<b>3(d)</b>	0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	109.3 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a**  Attained age normal
- b**  Entry age normal
- c**  Accrued benefit (unit credit)
- d**  Aggregate
- e**  Frozen initial liability
- f**  Individual level premium
- g**  Individual aggregate
- h**  Shortfall
- i**  Other (specify):

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
	Pre-retirement	Post-retirement
<b>b</b> Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	7P+1
<b>(2)</b> Females .....	<b>6c(2)</b>	7FP+1
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	5.00 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	4.7 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	19.4 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	150000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	643829	65177

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	224633

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	7229932	1055895
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>		
<b>(3)</b> Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		86436
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		1366964
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		3442376
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		905888
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	3787556	685997
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		308907
<b>j</b> Full funding limitation (FFL) and credits:			
<b>(1)</b> ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	3942429	
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	5225143	
<b>(3)</b> FFL credit .....	<b>9j(3)</b>		
<b>k (1)</b> Waived funding deficiency .....	<b>9k(1)</b>		
<b>(2)</b> Other credits .....	<b>9k(2)</b>		
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		5343168
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		3976204
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		
<b>(3)</b> Total as of valuation date.....	<b>9o(3)</b>		
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>A</b> Name of plan <b>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>43-1927832</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

STIFEL NICOLAUS & CO

43-0538770

(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?
33 19 27	NONE	141918	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)

BENESYS

13801 RIVERPORT, SUITE 501  
MARYLAND HEIGHTS, MO 63043

(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 50	ADMINISTRATOR	136128	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

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	42733	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)

MILLIMAN INC.

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 50	NONE	32825	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)

SCHUCHAT, COOK & WERNER

555 WASHINGTON AVE SUITE 520  
ST. LOUIS, MO 63101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10816	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)

UNION INSURANCE GROUP

717 MULBERRY ST  
DES MOINES, IA 50309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	9525	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)

ADP

1 ADP BOULEVARD  
ROSELAND, NJ 07068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50		6996	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"/>

(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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>43-1927832</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	34749	73499
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	101241	254045
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4374	1447459
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2434519	2825988
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	17161046	18131909
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	47761	46633
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	19783690	22779533
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	123282	40758
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	123282	40758
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	19660408	22738775

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	905888	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		905888
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	527476	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	8756823	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	7304093	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1680129	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4566223

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	901862	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		901862
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	136128	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	35995	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	141918	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	7064	
(7) Actuarial fees .....	<b>2i(7)</b>	48825	
(8) Legal fees .....	<b>2i(8)</b>	10816	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	205248	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		585994
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1487856

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3078367
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 549921.

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

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

<b>A</b> Name of plan <b>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>43-1927832</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

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

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3** **22**

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

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

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer **CLEAN TECH COMPANY**

**b** EIN **43-0912455**

**c** Dollar amount contributed by employer **110980**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.25**

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

**a** Name of contributing employer **4M BUILDING SOLUTIONS**

**b** EIN **43-1147598**

**c** Dollar amount contributed by employer **242342**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.28**

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

**a** Name of contributing employer **SCHNUCKS MARKETS**

**b** EIN **43-0726776**

**c** Dollar amount contributed by employer **52365**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **21** Year **2024**

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

(1) Contribution rate (in dollars and cents) **0.28**

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

**a** Name of contributing employer **ABBCO CORP**

**b** EIN **43-0890854**

**c** Dollar amount contributed by employer **135358**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.28**

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

**a** Name of contributing employer **WFF FACILITY SERVICES**

**b** EIN **43-1044093**

**c** Dollar amount contributed by employer **144221**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.28**

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

**a** Name of contributing employer **SBM MANAGEMENT SERVICES**

**b** EIN **26-1375586**

**c** Dollar amount contributed by employer **77194**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.28**

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	591
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	612
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	625

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	96.57
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	97.92

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 100.0 %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION PLAN**  
**FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION**  
**AND ADDITIONAL INFORMATION**  
**AND**  
**INDEPENDENT AUDITORS' REPORT**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

# Contents

---

	<u>Page</u>
<b>Independent Auditors' Report</b>	1 - 3
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Accumulated Plan Benefits	6
Statements of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8 - 19
<b>Supplementary Information</b>	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	20
Schedule H, Line 4j - Schedule of Reportable Transactions	21
<b>Additional Information</b>	
Schedules of Administrative Expenses	22



## Independent Auditors' Report

Board of Trustees  
Contract Cleaners Service Employees' Pension Plan  
St. Louis, Missouri

### ***Opinion***

We have audited the accompanying financial statements of Contract Cleaners Service Employees' Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

### ***Report on Additional Information***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules 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.



St. Louis, Missouri  
October 9, 2025

**Contract Cleaners Service Employees' Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

	<b>Assets</b>	
	2024	2023
Cash	\$ 73,499	\$ 34,749
Investments, at Fair Value	22,405,356	19,599,939
Receivables		
Employers' contributions	173,334	101,241
Due From Related Plan	80,711	-
Total Receivables	254,045	101,241
Prepaid Expenses	46,633	47,761
Total Assets	22,779,533	19,783,690
	<b>Liabilities</b>	
Accounts Payable	40,758	62,154
Due to Related Plan	-	61,128
Total Liabilities	40,758	123,282
Net Assets Available for Benefits	\$ 22,738,775	\$ 19,660,408

**Contract Cleaners Service Employees' Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions To Net Assets:		
Investment Income		
Dividends	\$ 527,476	\$ 450,559
Net appreciation in fair value of investments	<u>3,132,859</u>	<u>2,904,628</u>
Total Investment Income	3,660,335	3,355,187
Less investment expenses	<u>141,918</u>	<u>119,203</u>
Net Investment Income	3,518,417	3,235,984
Employers' Contributions	<u>905,888</u>	<u>858,933</u>
Total Additions	<u>4,424,305</u>	<u>4,094,917</u>
Deductions From Net Assets:		
Benefits Paid Directly to Participants	901,862	982,036
Administrative Expenses	<u>444,076</u>	<u>469,067</u>
Total Deductions	<u>1,345,938</u>	<u>1,451,103</u>
Net Increase	3,078,367	2,643,814
Net Assets Available for Benefits, Beginning of Year	<u>19,660,408</u>	<u>17,016,594</u>
Net Assets Available for Benefits, End of Year	<u>\$ 22,738,775</u>	<u>\$ 19,660,408</u>

**Contract Cleaners Service Employees' Pension Plan**  
**Statements of Accumulated Plan Benefits**  
**December 31, 2024 and 2023**

	2024	2023
<b>Actuarial Present Value of Accumulated Plan Benefits</b>		
Vested benefits		
Participants currently receiving payments	\$ 5,424,680	\$ 5,422,176
Other participants	<u>13,864,847</u>	<u>13,324,114</u>
	19,289,527	18,746,290
Non-vested benefits	<u>228,872</u>	<u>272,542</u>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<u>\$ 19,518,399</u>	<u>\$ 19,018,832</u>

**Contract Cleaners Service Employees' Pension Plan**  
**Statements of Changes in Accumulated Plan Benefits**  
**Years Ended December 31, 2024 and 2023**

	2024	2023
<b>Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year</b>	<u>\$ 19,018,832</u>	<u>\$ 18,778,439</u>
Increase during the year attributable to		
Benefits accumulated	198,706	217,113
Reduction in discount period	1,253,830	1,234,768
Change in assumptions	907,721	-
Actuarial gain	(958,828)	(224,207)
Benefits paid	<u>(901,862)</u>	<u>(987,281)</u>
Net Increase	<u>499,567</u>	<u>240,393</u>
<b>Actuarial Present Value of Accumulated Plan Benefits at End of Year</b>	<u>\$ 19,518,399</u>	<u>\$ 19,018,832</u>

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**1. Description of the Plan**

The following description of the Plan provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

**General**

The Plan is a multiemployer defined benefit pension plan. The Plan was established pursuant to collective bargaining agreements ("CBAs") between the Service Employees' International Union ("SEIU"), Local 1-Missouri Division (the "Union") and participating employers (the "Employers") to provide retirement benefits to eligible participants and 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 Union and Employers.

**Eligibility**

To be eligible to participate in the Plan, an employee must be working for an Employer who is subject to a CBA or for an Employer subject to a Trustee approved participation agreement.

**Funding Policy**

The Employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA or such other agreements and is subject to minimum funding requirements of ERISA and maximum deductibility of contributions by Employers under the Internal Revenue Code ("IRC"). Hourly contribution rates vary by CBAs from \$.25 and \$.72. Contributions by the Employers are made on a monthly basis throughout the year. Contributions by participants are not permitted under the Plan. The Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of December 31, 2024 and 2023.

**Pension Protection Act Funding Status**

As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Plan's actuary has completed the Plan's actuarial funding certifications as of January 1, 2024 and 2023, in accordance with generally accepted actuarial principles and practices. The certifications were based on projections using the actuarial present value of accumulated benefit obligations as of December 31, 2023 and 2022 and audited financial information as of December 31, 2023 and 2022, as well as other information, including estimated cash flows for the years ended December 31, 2023 and 2022, and the rate of market value return as reported by investment consultants. The funded (zone) status provides an indication of the financial health of the Plan.

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

Based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary has certified that the Plan was in neither critical nor endangered status (green zone) as defined in the Pension Protection Act of 2006 for both the years ended December 31, 2024 and 2023.

**Vesting**

For participants in covered employment on or after August 1, 2007, years and partial years of service after January 1, 1976 are credited according to the following schedule:

<u>Covered Employment in any Calendar Year</u>	<u>Vesting Service</u>
870 or more hours	1.00
650 to 869 hours	0.75
435 to 649 hours	0.50
215 to 434 hours	0.25
Less than 215 hours	0.00

A different table applies for participants who left covered employment before August 1, 2007. A participant becomes 100 percent vested after 5 years of vesting service without a permanent break in service. Collectively bargained participants who did not earn an Hour of Service on or after January 1, 1989, had to earn at least ten years of vesting service in order to be fully vested.

**Credited Service**

(A) **Credited Past Service:** Past service for work in covered employment prior to January 1, 1972. A full year is credited for 1,800 or more hours worked. Fractional years of credited past service will be credited proportionately.

(B) **Credited Future Service:** Years and partial years of service are credited according to the following schedule:

<u>Covered Employment in any Calendar Year</u>	<u>Credited Service</u> Number of hours/2000
2,000 or more hours	1.00
1,800 to 1,999 hours	0.90
1,350 to 1,799 hours	0.65
900 to 1,349 hours	0.45
450 to 899 hours	0.00
Less than 450 hours	0.00

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Benefit Payments:**

**Normal Retirement**

**Eligibility:** The normal retirement date will be the later of the participant's 65th birthday or the date that coincides with the fifth anniversary of the date of participation. If the participant retires on their normal retirement date, the retirement income will begin on the first day of the month following this date.

**Benefit:** Effective January 1, 2013, the monthly benefit is equal to 1% of Employer contributions made on behalf of the participant. For Plan years before 2013, the monthly benefit is determined according to the following formulas:

Effective through December 31, 2007:

For those who worked at least one hour on or after January 1, 1999, the benefit rate is \$7.50 per month per year of credited service.

Effective for 2008 and 2009:

If an Employer's hourly contribution is \$0.14 or less, the benefit rate is equal to \$7.50 times the Employer's contribution rate, divided by \$0.15.

If an Employer's hourly contribution is \$0.15 or more, the benefit rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's hourly contribution rate exceeds \$0.15.

Effective for 2010:

If an Employer's hourly contribution (ignoring the special assessment of \$0.02) is \$0.19 or less, the benefit rate is equal to \$7.50 times the Employer's contribution rate minus \$0.05, divided by \$0.15.

If an Employer's hourly contribution (ignoring the special assessment of \$0.02) is \$0.20 or more, the benefit rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's hourly contribution rate exceeds \$0.20.

Effective for 2011 and 2012:

If an Employer's hourly contribution is \$0.19 or less, the benefit rate is equal to \$7.50 times the Employer's contribution rate minus \$0.05, divided by \$0.15.

If an Employer's hourly contribution is \$0.20 or more, the benefit rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's hourly contribution rate exceeds \$0.20.

For 2012 only, no Credited Service will be earned after March 31, 2012.

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Early Retirement**

Eligibility: Age 60 and ten years of vesting service.

Benefit: Benefits may begin on the first day of any month on or after the participant's early retirement date, but not later than their normal retirement date. A monthly amount will be determined in the same manner as the normal retirement benefit but will be reduced by  $\frac{1}{2}$  of 1% for each month that benefits begin before the normal retirement date.

**Deferred Retirement**

Eligibility: Continued employment beyond normal retirement date.

Benefit: A monthly benefit equal to the greater of the deferred retirement benefit based on Credited Service at the Deferred Retirement Date or the normal retirement benefit based on Credited Service at the Normal Retirement Date, actuarially increased to the Deferred Retirement Date. Benefits commence on the first day of the month following actual retirement.

**Disability Retirement**

Eligibility: A participant will be eligible to receive a disability pension if they become totally and permanently disabled, attained age 55 and have completed at least 10 years of vesting service with at least 5 years of future vesting service.

Benefit: A monthly benefit computed using the normal retirement benefit formula as if the date of total and permanent disability was the participant's normal retirement date. Benefits commence on the first day of the seventh month following the month in which total and permanent disability began.

**Pre-Retirement Death Benefit**

Eligibility: Death of a vested participant prior to retirement.

Benefit: For married participants, a benefit equal to the monthly benefit which would be payable to a joint annuitant under the qualified joint and survivor annuity. Benefits commence on the 1st of the month following the later of the participant's death or the date the participant would have reached age 60.

If there is no surviving spouse and the participant had been eligible for early retirement at the time of death, the dependent children will share 100% of the normal pension until they reach the age of 19 (age 23 for a full-time student).

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Vested Termination Benefit**

Eligibility: A break in service (a 12-month period in which the participant works less than 50 hours) after completing 5 or more years of vesting service.

Benefit: A monthly benefit determined in the same manner as the normal retirement benefit using credited service as of the date of break in service, with payment commencing at normal retirement age.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. 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. 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.

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**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 when 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. Employer contributions are due the month following the month hours are worked.

**Assessed Withdrawal Liability Receivable**

The Plan is a multiemployer collectively bargained plan subject to the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (the "Act"). Under the Act, an Employer that withdraws from the Plan after April 28, 1980, in either a complete or partial withdrawal, shall owe and pay a withdrawal liability to the Plan, determined by a formula adopted by the Trustees in accordance with the Act. The actuary has determined there may be a withdrawal liability assessed against any Employer that would terminate its participation in the Plan after December 31, 2024 and 2023. The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectibility, once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**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. In October 2019, the Board of Trustees approved and executed an agreement to assign the administrative services of the Plan to a third party organization. The third party began administering the Plan in January 2020 at a monthly payment of \$10,080, with annual increases. During the Plan years 2024 and 2023 the monthly payment was \$11,344 and \$11,014, respectively. The monthly agreement amount will increase to \$11,685 for the year 2025.

**Subsequent Events**

The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were available to be issued.

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**3. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that 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 that the Plan has the ability to access.
  
- Level 2        Inputs to the valuation method to include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the 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 levels within the fair value hierarchy are based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for investments measured at fair value:

Level 1 investments consist of a money market fund, government obligations and registered investment companies ("mutual funds"). The money market funds are valued at cost plus accrued interest which approximates fair value. Mutual funds are recorded at the closing price recorded by the fund. These are open ended mutual funds and are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The government obligation are valued based upon the quoted market prices in active markets of identical assets.

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 fund	\$ 1,447,459	\$ 1,447,459	\$ -	\$ -
Government obligations	2,825,988	2,825,988	-	-
Mutual funds	18,131,909	18,131,909	-	-
Total assets in fair value hierarchy	<u>\$ 22,405,356</u>	<u>\$ 22,405,356</u>	<u>\$ -</u>	<u>\$ -</u>

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market fund	\$ 4,374	\$ 4,374	\$ -	\$ -
Government obligations	2,434,519	2,434,519	-	-
Mutual funds	17,161,046	17,161,046	-	-
Total assets in fair value hierarchy	\$ 19,599,939	\$ 19,599,939	\$ -	\$ -

**4. Related Party Transactions**

At December 31, 2024, the Plan was owed from SEIU Local 1 Missouri Benefit Services Trust \$80,711 for a deposit made in error to that fund. At December 31, 2023, the Plan owed SEIU Local 1 Missouri Benefit Services Trust \$61,128 for a transaction related to allocated expenses paid on the Plan's behalf associated with a withdraw liability assessment that was shared among three plans.

**5 Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' credited service. The accumulated plan benefits for active employees are based on their credited service ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary, as of December 31, 2024 and 2023 and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations as of December 31, 2024 and 2023 are:

Interest

Funding and FASB ASC Topic 960: 6.25% and 6.75% per annum for December 31, 2024 and 2023, respectively

Current liability: 4.01% and 3.29% for December 31, 2024 and 2023, respectively

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

Mortality

RP-2014 Mortality Table with Blue Collar Adjustments, male and female rates set forward one year, with generational projection from 2006 based on the MP-2017 mortality improvement scale, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement for December 31, 2024 and 2023.

Disabled Lives: RP-2014 Disabled Mortality Table, male and female rates for December 31, 2024 and 2023.

Mortality for current liability: Statutory current liability tables for 2024 and 2023, with separate rates for non-annuitants and annuitants, as required by statutes, for December 31, 2024 and 2023, respectively.

Assumed Retirement Age

Age 65 for participants aged 64 and under on the valuation date, immediate retirement for all others.

Actuarial Funding Method

Entry Age Normal Cost Method, with entry age determined at the date each employee would have entered the Plan, had the Plan always been in existence.

Asset Value

Assets are valued at a five-year smoothed market value.

Withdrawal

Incidence of employment turnover in the selected period is:

<u>Years of Credited Service</u>	<u>Rate</u>
1	0.90
2	0.60
3	0.30

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

Sample turnover rates after the first three years of employment are:

<u>Age</u>	<u>Rate</u>
25	.290
30	.271
35	.235
40	.193
45	.149
50	.096
55	.035
60	.003
65	.000

Disability

The rates of disability of active participants are based upon .5 times the rates from the 1952 Society of Actuaries' Disability Study, Benefit 2, Period 5. Sample rates are:

<u>Age</u>	<u>%</u>
25	0.105
40	0.206
50	0.464
55	0.801

Future Service and Accruals

Active participants included in the valuation are assumed to work the same number of hours in each future year as they did in the prior year. Participants are included as actives if they worked 450 hours or more in the prior year.

Marriage

90% of participants are assumed to be married, and males are assumed to be three years older than females.

Expenses

For the years ended December 31, 2024 and 2023, a \$225,000 and \$150,000 flat load is added to the beginning of year normal cost, respectively.

**6. Plan Amendments**

The Plan and the summary plan document was amended to adhere to final regulations released July 19, 2024 by the IRS for the changes in the SECURE Act and SECURE 2.0 for required minimum distributions and the required applicable age rules.

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**7. Termination of the Plan**

Although it has not expressed any intent to do so, the Trustees have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event the Plan is terminated, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) First, there shall be allocated an amount necessary to provide pensions for participants and other individuals who, three years prior to the Plan's termination date, were either receiving pensions, or would have been eligible to receive pensions had they then retired.

(For this purpose, "pension" means retirement income determined for the participant or other individual in accordance with provisions of the Plan in effect five years prior to the Plan's termination date.)

- (b) Second, there shall be allocated an amount necessary to provide all other pensions guaranteed under Title IV of ERISA, as determined in accordance with Section 4044 thereof.
- (c) Third, there shall be allocated an amount necessary to provide all other pensions not guaranteed by ERISA which vests in each participant in accordance with Article 6 of the Plan, assuming that the Plan termination date coincides with the date on which a break in service occurs for the participant.
- (d) Fourth, there shall be allocated an amount necessary to provide for all other pensions accrued by participants as of the Plan termination date but not then vested in accordance with Article 6 of the Plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

**Contract Cleaners Service Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**8. Tax Status**

The Internal Revenue Service has determined and informed the Trustees by a letter dated June 17, 2015, that the Plan and related trust are designed in compliance with the applicable section of the 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 believe 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 have concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the Department of Labor ("DOL"), generally for six years after the statutory due date of the annual information return.

**9. Risks and Uncertainties**

Financial instruments that subject the Plan to concentrations of credit and market risk consist primarily of investments and receivables.

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

The majority of receivables are from Employers concentrated in the cleaning industries in the St. Louis region. The Plan generally does not require collateral, but in some cases can require a performance bond. The Plan maintains adequate reserves for potential credit losses and such losses have been minimal and within management's estimates.

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

**Contract Cleaners Service Employees' Pension Plan**  
**EIN: 43-1927832 Plan Number: 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(b) Identity of Issuer	(c) Description of Asset		(d) Cost	(e) Fair Value
<u>Money Market Fund</u>				
Stifel FDIC Insured	1,447,459.37	shares	\$ 1,447,459	\$ 1,447,459
<u>Government Obligations</u>				
U S Treasury Bills	1,036,000.00	face value	1,037,398	1,038,497
Federated Hermes U.S. Treasury Cash Reserves	1,787,491.00	shares	1,787,491	1,787,491
Total Government Obligations			<u>2,824,889</u>	<u>2,825,988</u>
<u>Mutual Funds</u>				
Invesco QQQ EFT	1,809.000	shares	335,156	924,936
Ishares Russell Top 200 Growth ETF	5,075.000	shares	764,528	1,193,918
Spdr Portfolio S&P 500 Growth ETF	13,763.000	shares	550,920	1,188,995
Spdr Portfolio S&P 500 Value ETF	45,309.000	shares	1,695,394	2,317,084
Vaneck Investment Grade Fltg Rate ETF	41,226.347	shares	1,049,598	1,049,211
American Balanced Fund CL F2	15,351.607	shares	477,748	526,714
American Growth & Income CL F2	111,072.087	shares	1,664,483	2,120,366
Columbia Dividend Income Instl CL	28,294.186	shares	643,377	933,708
Vanguard 500 Index Admiral CL	12,206.780	shares	2,341,302	6,625,352
Vanguard Total Stock Market ETF	4,318.778	shares	963,589	1,251,625
Total Mutual Funds			<u>10,486,095</u>	<u>18,131,909</u>
Total Assets Held at End of Year			<u>\$14,758,443</u>	<u>\$22,405,356</u>

**Contract Cleaners Service Employees' Pension Plan**  
**EIN: 43-1927832 Plan Number: 001**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
	<u>Single Transaction in Excess of 5%</u>					
	U.S. Treasury Note	\$ 1,180,651	\$ -	\$ 1,180,651	\$ 1,180,651	\$ -
	U.S. Treasury Bill	1,045,671	-	1,045,671	1,045,671	-
	U.S. Treasury Note	1,021,467	-	1,021,467	1,021,467	-
	Vaneck	1,049,598	-	1,049,598	1,049,598	-
	U.S. Treasury Note	-	1,040,000	1,040,000	-	-
	U.S. Treasury Bill	-	1,045,671	1,045,671	-	-
	Victory Floating Rate	-	1,045,873	1,188,317	-	(142,444)
	Vanguard 500 Index	-	1,183,807	272,734	-	911,073
	U.S. Treasury Note	-	1,391,000	1,391,000	-	-
	<u>Series of Transactions in Excess of 5%</u>					
	Stifel Insured Bank Deposit Program	\$ 9,287,535	\$ -	\$ 9,287,535	\$ 9,287,535	\$ -
	Federated Hermes U.S. Treasury Cash Reserves	1,561,063	-	1,561,063	1,561,063	-
	U.S. Treasury Note	1,390,248	-	1,390,248	1,390,248	-
	U.S. Treasury Note	1,037,698	-	1,037,698	1,037,698	-
	Vanguard 500 Index	-	1,683,807	375,256	-	1,308,551
	Stifel Insured Bank Deposit Program	-	7,844,449	7,844,449	-	-
	Federated Hermes US Treasury Cash Reserves	-	995,257	995,257	-	-

**Contract Cleaners Service Employees' Pension Plan**  
**Schedules of Administrative Expenses**  
**Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Administrative fees	\$ 136,128	\$ 132,165
Actuary	48,825	47,008
Accounting	35,995	31,456
Bank fees	7,064	6,533
Bonding and professional liability insurance	9,525	8,994
Consulting/payroll audit expense	6,738	-
Dues and subscriptions	2,423	1,195
Legal	10,816	5,904
Meetings and conferences	1,862	1,833
Office supplies	143	-
Pension Benefit Guaranty Corporation	177,859	167,860
Postage	2,717	1,271
Printing	3,981	3,720
Withdrawal liability expense	-	61,128
	<u>\$ 444,076</u>	<u>\$ 469,067</u>

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Plan Provisions**

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

**Definitions**

**Plan Effective Date:** Originally effective January 1, 1972; most recently restated effective May 1, 2014. The valuation was based on the restatement, including Amendment #1.

**Plan Year:** The 12-month period beginning January 1 and ending December 31

**Credited Service:** Credited Service is the sum of (a) and (b) below:

- (a) Credited Past Service: Past Service for work in Covered Employment prior to January 1, 1972. A full year is credited for 1,800 or more hours worked. Fractional years are credited proportionately.
- (b) Credited Future Service: Years and partial years of service are credited according to the following schedule:

Hours Worked in Plan Year	Credited Service
2,000 or More	Number of Hours / 2,000
1,800 – 1,999	1.00
1,350 – 1,799	0.90
900 – 1,349	0.65
450 – 899	0.45
0 – 449	0.00

**Vesting Service:** For Participants in Covered Employment on or after August 1, 2007, years and partial years of service after January 1, 1976 are credited according to the following schedule:

Hours Worked in Plan Year	Vesting Service
870 or More	1.00
650 – 869	0.75
435 – 649	0.50
215 – 434	0.25
0 – 214	0.00

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Plan Provisions**

A different table applies for Participants who left Covered Employment before August 1, 2007.

**Eligibility for Participation**

Employment by a contributing employer

**Normal Retirement**

**Normal Retirement Date:** The first day of the month coincident with or next following the attainment of age 65 and 5 years of participation

**Normal Retirement Benefit:** Effective January 1, 2013, the monthly benefit is equal to 1% of Employer Contributions made on behalf of the Participant. For Plan Years before 2013, the monthly benefit is determined according to the following formulas:

***Effective through December 31, 2007:***

For those who worked at least one hour on or after January 1, 1999, the Benefit Rate is \$7.50 per month per year of Credited Service.

***Effective for 2008 and 2009:***

If Employer's Hourly Contribution Rate is \$0.14 or less, the Benefit Rate is equal to \$7.50 times Employer's Hourly Contribution Rate, divided by \$0.15.

If Employer's Hourly Contribution Rate is \$0.15 or more, the Benefit Rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's Hourly Contribution Rate exceeds \$0.15.

***Effective for 2010:***

If Employer's Hourly Contribution Rate, ignoring the \$0.02 special assessment, is \$0.19 or less, the Benefit Rate is equal to the Employer's Hourly Contribution Rate minus \$0.05, multiplied by \$7.50 and divided by \$0.15.

If Employer's Hourly Contribution Rate, ignoring the \$0.02 special assessment, is \$0.20 or more, the Benefit Rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's Hourly Contribution Rate exceeds \$0.20.

***Effective for 2011 and 2012:***

If Employer's Hourly Contribution Rate is \$0.19 or less, the Benefit Rate is equal to the Employer's Hourly Contribution Rate minus \$0.05, multiplied by \$7.50 and divided by \$0.15.

If Employer's Hourly Contribution Rate is \$0.20 or more, the Benefit Rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's Hourly Contribution Rate exceeds \$0.20.

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Plan Provisions**

For 2012 only, no Credited Service will be earned after March 31, 2012.

### **Early Retirement**

**Early Retirement Date:** The first day of the month coincident with or next following the attainment of age 60 and completion of 10 Years of Vesting Service.

**Early Retirement Benefit:** The monthly benefit is equal to the Normal Retirement Benefit reduced by  $\frac{1}{2}$  of 1% for each month that the Early Retirement Date precedes the Normal Retirement Date.

### **Deferred Retirement**

**Eligibility:** Continued employment beyond Normal Retirement Date

**Deferred Retirement Benefit:** The monthly benefit is equal to the greater of the deferred retirement benefit based on Credited Service at the Deferred Retirement Date or the normal retirement benefit based on Credited Service at the Normal Retirement Date, actuarially increased to the Deferred Retirement Date. Benefits commence on the first day of the month following actual retirement.

### **Disability Retirement**

**Eligibility:** Totally and Permanently Disabled, age 55 and 10 Years of Vesting Service with at least 5 Years of Future Vesting Service

**Benefit:** The monthly benefit is determined in the same manner as the Normal Retirement Benefit as if the date of Total and Permanent Disability was the Participant's Normal Retirement Date. Benefits commence on the first day of the 7<sup>th</sup> month following the month in which Total and Permanent Disability began.

### **Vested Termination Benefit**

**Eligibility:** A break in service (a 12-month period in which the Participant works less than 50 hours) after completing 5 or more years of Vesting Service

**Benefit:** The monthly benefit is determined in the same manner as the Normal Retirement Benefit using Credited Service as of the date of break in service, with payment commencing at Normal Retirement Date.

### **Pre-Retirement Death Benefit**

**Eligibility:** Death of a vested participant prior to retirement

**Benefit:** For married participants, the benefit is equal to the monthly benefit which would be payable to a joint annuitant under the qualified joint and survivor annuity. Benefits commence on the 1<sup>st</sup> of the month following the later of the Participant's death or the date the Participant would have reached age 60. If there is no surviving spouse and the Participant had been eligible for Early Retirement at the time of death, dependent children will share 100% of the normal pension until they reach age 19 (age 23 for a full-time student).

---

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Plan Provisions**

**Forms of Payment**

**Normal Form:** Life annuity with 36 months guaranteed

**Optional Forms:** Life annuity, 50% contingent annuitant option with 36 months guaranteed, 75% contingent annuitant option with 36 months guaranteed, lump sum (available only if normal retirement benefit is \$75 or less or lump sum amount is \$5,000 or less)

**NOTE:** The retirement income will be paid under the 50% contingent annuitant option with 36 months guaranteed unless the normal form or other optional form is specifically chosen. This provision applies only to married participants.

**Changes in Principal Plan Provisions Since Prior Valuation**

None

**Contract Cleaners Service Employees' Pension Plan**  
**EIN: 43-1927832 Plan Number: 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(b) Identity of Issuer	(c) Description of Asset		(d) Cost	(e) Fair Value
<u>Money Market Fund</u>				
Stifel FDIC Insured	1,447,459.37	shares	\$ 1,447,459	\$ 1,447,459
<u>Government Obligations</u>				
U S Treasury Bills	1,036,000.00	face value	1,037,398	1,038,497
Federated Hermes U.S. Treasury Cash Reserves	1,787,491.00	shares	1,787,491	1,787,491
Total Government Obligations			<u>2,824,889</u>	<u>2,825,988</u>
<u>Mutual Funds</u>				
Invesco QQQ EFT	1,809.000	shares	335,156	924,936
Ishares Russell Top 200 Growth ETF	5,075.000	shares	764,528	1,193,918
Spdr Portfolio S&P 500 Growth ETF	13,763.000	shares	550,920	1,188,995
Spdr Portfolio S&P 500 Value ETF	45,309.000	shares	1,695,394	2,317,084
Vaneck Investment Grade Fltg Rate ETF	41,226.347	shares	1,049,598	1,049,211
American Balanced Fund CL F2	15,351.607	shares	477,748	526,714
American Growth & Income CL F2	111,072.087	shares	1,664,483	2,120,366
Columbia Dividend Income Instl CL	28,294.186	shares	643,377	933,708
Vanguard 500 Index Admiral CL	12,206.780	shares	2,341,302	6,625,352
Vanguard Total Stock Market ETF	4,318.778	shares	963,589	1,251,625
Total Mutual Funds			<u>10,486,095</u>	<u>18,131,909</u>
Total Assets Held at End of Year			<u>\$14,758,443</u>	<u>\$22,405,356</u>

**Attachment to 2024 Schedule MB to Form 5500, Line 8b(2)**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Schedule of Active Participant Data**

The number of active participants summarized by attained age and years of credited service as of January 1, 2024 is shown below.

	Active	Terminated Vested	Retired	Beneficiary	Disabled	Total
As of 1/1/2023	1,912	2,331	478	73	2	4,796
Retired	(8)	(24)	32	0	0	0
Received lump sum distribution	(8)	(15)	0	0	0	(23)
Terminated non-vested	(607)	0	0	0	0	(607)
Terminated vested	(171)	171	0	0	0	0
Disabled	0	0	0	0	0	0
Died with beneficiary	0	0	(4)	4	0	0
Died without beneficiary	(1)	0	(25)	(2)	0	(28)
Rehired	21	(21)	0	0	0	0
New during plan year	665	0	0	0	0	665
Net data adjustments	<u>0</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>4</u>
As of 1/1/2024	1,803	2,442	483	77	2	4,807

**Attachment to 2024 Schedule MB to Form 5500, Lines 9c and 9h**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Schedule of Funding Standard Account Bases**

The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2024 are determined below.

1. Charges as of January 1, 2024

	Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	January 1, 1996	Plan amendment	\$43,964	2	\$85,148
b.	January 1, 1997	Amendment	63,008	3	177,323
c.	January 1, 1997	Change in assumptions	48,479	3	136,435
d.	January 1, 1999	Plan amendment	80,477	5	354,615
e.	January 1, 2004	Change in assumptions	123,822	10	939,201
f.	January 1, 2009	Asset loss	60,449	14	572,898
g.	January 1, 2010	Asset loss	46,458	14	440,300
h.	January 1, 2010	Actuarial loss, net of asset loss	8,082	1	8,082
i.	January 1, 2011	Asset loss	63,729	14	603,984
j.	January 1, 2012	Asset loss	59,943	14	568,102
k.	January 1, 2012	Actuarial loss, net of asset loss	22,847	3	64,299
l.	January 1, 2013	Actuarial loss	48,070	4	174,799
m.	January 1, 2014	Change in assumptions	21,469	5	94,602
n.	January 1, 2016	Actuarial loss	24,159	7	140,208
o.	January 1, 2016	Change in assumptions	66,897	7	388,240
p.	January 1, 2019	Actuarial loss	13,100	10	99,365
q.	January 1, 2020	Actuarial loss	36,880	11	298,930
r.	January 1, 2021	Change in assumptions	49,940	12	429,132
s.	January 1, 2022	Actuarial loss	51,605	13	467,005
t.	January 1, 2023	Actuarial loss	57,340	14	543,435
u.	January 1, 2024	Actuarial loss	<u>65,177</u>	15	<u>643,829</u>
v.	Total		1,055,895		7,229,932

2. Credits as of January 1, 2024

	Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	January 1, 2011	Actuarial gain, net of asset loss	\$48,913	2	\$94,733
b.	January 1, 2011	Change in assumptions	27,436	2	53,137

**Attachment to 2024 Schedule MB to Form 5500, Lines 9c and 9h**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Schedule of Funding Standard Account Bases**

c.	January 1, 2012	Plan amendment	11,807	3	33,228
d.	January 1, 2013	Plan amendment	86,459	4	314,395
e.	January 1, 2014	Actuarial gain	34,979	5	154,132
	<u>Date</u>		<u>Amortization</u>	<u>Years</u>	<u>Outstanding</u>
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
f.	January 1, 2015	Actuarial gain	29,584	6	151,700
g.	January 1, 2017	Actuarial gain	12,814	8	82,478
h.	January 1, 2018	Actuarial gain	15,628	9	109,859
i.	January 1, 2018	Change in assumptions	43,013	9	302,364
j.	January 1, 2021	Actuarial gain	34,998	12	300,736
k.	January 1, 2022	Method Change	<u>340,366</u>	8	<u>2,190,794</u>
l.	Total		685,997		3,787,556
3.	Net outstanding balance [(1v) - (2l)]				3,442,376
4.	Credit Balance as of January 1, 2024				3,442,376
5.	Waived funding deficiency				0
6.	Balance test result [(3) - (4) - (5)]				0
7.	Unfunded Actuarial Accrued Liability as of January 1, 2024, minimum \$0				0

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Actuarial Assumptions and Methods**

### **Actuarial Cost Method**

The actuarial cost method is the "Entry Age Normal" cost method, with entry age determined at the date each employee would have entered the plan, had the plan always been in existence.

On the initial valuation date, the annual cost accruals (individual normal costs for each participant) are determined, as a level dollar amount for each year from entry age until retirement or termination. The sum of these individual normal costs for all active participants whose attained ages are under the assumed retirement age is the normal cost for the initial plan year. The excess of all normal costs falling due prior to the initial valuation date, accumulated with interest, over the plan assets represents the initial unfunded accrued liability.

In subsequent years, the normal cost and unfunded accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded accrued liability which result from causes other than contributions and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded accrued liability can occur, e.g. for plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded accrued liability.

### **Asset Valuation Method**

#### Expected Return Method

Under this method, a gain or loss for a year is determined by calculating the difference between the expected return on the Market Value of Assets for the year and the actual return on the Market Value of Assets for the year. The expected return on the Market Value of Assets for the year is the Market Value of Assets at the prior valuation date brought forward with interest at the valuation interest rate to the current valuation date plus contributions minus disbursements, all adjusted with interest at the valuation rate to the current valuation date. Ultimately, the actuarial value of assets is equal to the market value less:

- (i) 4/5 of the prior year's gain/(loss)
- (ii) 3/5 of the prior year's gain/(loss)
- (iii) 2/5 of the second preceding year's gain/(loss)
- (iv) 1/5 of the third preceding year's gain/(loss)
- (v) In accordance with asset relief elected pursuant to the Pension Relief Act of 2010, the market value loss for 2008 is phased in over 10 years rather than 5.

### **Changes in Actuarial Methods Since Prior Valuation**

None

**Attachment to 2024 Schedule MB to Form 5500, Line 6  
Contract Cleaners Service Employees' Pension Plan  
EIN 43-1927832  
Plan Number 001**

**Summary of Actuarial Assumptions and Methods**

## **ECONOMIC ASSUMPTIONS**

### **Interest Rates**

**Funding and FASB ASC Topic 960:** 6.75% per year (Effective January 1, 2021)

**Current Liability:** 3.29% per year

### **Asset Returns**

**Funding:** 6.75% per year (Effective January 1, 2021)

### **Administrative Expenses**

A \$150,000 flat load is added to the beginning of year normal cost.

## **DEMOGRAPHIC ASSUMPTIONS**

### **Mortality**

**Funding and FASB ASC Topic 960:** RP-2014 Mortality Table with Blue Collar Adjustments, male and female rates set forward one year, with generational projection from 2006 based on the MP-2017 mortality improvement scale, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement (effective January 1, 2018). For disabled lives, the RP-2014 Disabled Mortality Table, male and female rates.

**Current Liability:** Statutory current liability tables for 2021, with separate rates for non-annuitants and annuitants.

### **Retirement**

Age 65 for participants aged 64 and under on the valuation date; immediate retirement for all others.

### **Termination**

Incidence of employee turnover in the select period is shown below.

<b>Years of Credited Service</b>	<b>Rate (%)</b>
1	90
2	60
3	30

**Attachment to 2024 Schedule MB to Form 5500, Line 6  
Contract Cleaners Service Employees' Pension Plan  
EIN 43-1927832  
Plan Number 001**

**Summary of Actuarial Assumptions and Methods**

Sample turnover rates after the first three years of employment are shown below.

Age	Rate (%)
25	29.0
30	27.1
35	23.5
40	19.3
45	14.9
50	9.6
55	3.5
60	0.3
65	0.0

### Disability

50% of the rates for the 1952 Disability Study, Benefit 2, Period 5. Annual rates of disability are based on age and are shown in the following table.

Age	Rate (%)
25	0.105
40	0.206
50	0.464
55	0.801

### Marital Characteristics

**For participants not in pay status:** 90% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

**For participants in pay status:** Actual birth dates of beneficiaries are included in the census data, where relevant.

**For beneficiaries:** Actual birth dates are included in the census data, where relevant.

### Future Service and Accruals

Each active participant included in the valuation is assumed to work the same number of hours in each future year as they did in the prior year. Participants are included as actives if they worked 450 hours or more in the prior year.

**Attachment to 2024 Schedule MB to Form 5500, Line 6  
Contract Cleaners Service Employees' Pension Plan  
EIN 43-1927832  
Plan Number 001**

**Summary of Actuarial Assumptions and Methods**

**CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION**

**Interest Rate for Current Liability:** From 2.55% per year to 3.29% per year as required by statute

**Mortality for Current Liability:** From statutory tables for 2023 to statutory tables for 2024 as required by statute

**Attachment to 2024 Schedule MB to Form 5500 Line 8b(1)**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
Current Plan Year	86,828	634,008	710,934	1,431,770
Current Plan Year +1	138,118	688,954	675,226	1,502,299
Current Plan Year +2	157,426	719,163	639,060	1,515,649
Current Plan Year +3	190,657	739,802	603,455	1,533,914
Current Plan Year +4	217,618	771,502	568,346	1,557,466
Current Plan Year +5	238,112	795,775	533,762	1,567,648
Current Plan Year +6	262,257	820,039	499,806	1,582,102
Current Plan Year +7	282,364	858,922	466,564	1,607,851
Current Plan Year +8	295,800	870,943	434,118	1,600,861
Current Plan Year +9	308,773	883,261	402,546	1,594,580
Current Plan Year +10	326,030	886,639	371,926	1,584,594
Current Plan Year +11	339,997	893,975	342,332	1,576,304
Current Plan Year +12	351,917	891,890	313,837	1,557,643
Current Plan Year +13	358,099	888,053	286,498	1,532,650
Current Plan Year +14	364,108	878,360	260,368	1,502,837
Current Plan Year +15	367,778	864,983	235,488	1,468,249
Current Plan Year +16	371,080	848,666	211,896	1,431,643
Current Plan Year +17	371,099	825,726	189,629	1,386,454
Current Plan Year +18	378,871	807,436	168,722	1,355,029
Current Plan Year +19	382,661	786,047	149,207	1,317,915
Current Plan Year +20	390,615	761,882	131,111	1,283,608
Current Plan Year +21	384,094	735,759	114,445	1,234,298
Current Plan Year +22	378,391	709,799	99,211	1,187,400
Current Plan Year +23	378,249	680,944	85,390	1,144,582
Current Plan Year +24	389,887	649,007	72,951	1,111,846
Current Plan Year +25	400,981	620,721	61,850	1,083,553
Current Plan Year +26	390,695	591,590	52,028	1,034,313
Current Plan Year +27	380,193	560,210	43,416	983,818
Current Plan Year +28	367,170	526,816	35,936	929,922
Current Plan Year +29	355,076	497,164	29,504	881,744
Current Plan Year +30	340,535	463,543	24,028	828,106
Current Plan Year +31	327,648	431,524	19,416	778,588
Current Plan Year +32	316,836	399,659	15,574	732,069
Current Plan Year +33	305,241	368,973	12,408	686,622
Current Plan Year +34	293,101	340,317	9,828	643,246
Current Plan Year +35	278,277	313,002	7,748	599,027
Current Plan Year +36	264,853	286,984	6,089	557,926
Current Plan Year +37	252,979	261,977	4,780	519,736
Current Plan Year +38	238,289	239,129	3,756	481,174
Current Plan Year +39	227,220	217,298	2,962	447,480
Current Plan Year +40	213,809	196,803	2,349	412,961
Current Plan Year +41	201,261	177,888	1,876	381,024
Current Plan Year +42	188,937	160,385	1,510	350,831
Current Plan Year +43	176,038	144,092	1,225	321,354
Current Plan Year +44	164,984	129,067	1,000	295,051
Current Plan Year +45	153,457	115,246	821	269,524
Current Plan Year +46	142,013	102,568	675	245,256
Current Plan Year +47	130,831	90,966	555	222,352
Current Plan Year +48	120,145	80,379	453	200,978
Current Plan Year +49	109,972	70,745	367	181,085

**Attachment to 2024 Schedule MB to Form 5500 Line 8b(3)**

**Contract Cleaners Service Employees' Pension Plan**

**EIN 43-1927832**

**Plan Number 001**

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
Current Plan Year	800,000	-	800,000
Current Plan Year +1	800,000	-	800,000
Current Plan Year +2	800,000	-	800,000
Current Plan Year +3	800,000	-	800,000
Current Plan Year +4	800,000	-	800,000
Current Plan Year +5	800,000	-	800,000
Current Plan Year +6	800,000	-	800,000
Current Plan Year +7	800,000	-	800,000
Current Plan Year +8	800,000	-	800,000
Current Plan Year +9	800,000	-	800,000

<b>Form 5500</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1510 - 0110 1510 - 0089 <hr/> <div style="font-size: 24pt; font-weight: bold;">2024</div> <hr/> This Form is Open to <b>Public Inspection</b>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> 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>B</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)
<b>C</b> If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

<b>Part II</b>	<b>Basic Plan Information - enter all requested information</b>	
<b>1a</b> Name of plan	<b>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION PLAN</b>	
<b>1b</b> Three-digit plan number (PN)	▶ <b>001</b>	
<b>1c</b> Effective date of plan	<b>01/01/1972</b>	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)	<b>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION TRUST</b>	
Mailing address (include room, apt., suite no. and street, or P.O. Box)	<b>C/O BENESYS</b>	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<b>13801 RIVERPORT DR, SUITE 501</b>	
	<b>MARYLAND HEIGHTS MO 63043-4822</b>	
<b>2b</b> Employer Identification Number (EIN)	<b>43-1927832</b>	
<b>2c</b> Plan Sponsor's telephone number		
<b>2d</b> Business code (see instructions)	<b>525100</b>	

**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		10/9/2025	<b>MICHAEL E. MURPHY</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4,807
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	1,803
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	2,065
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	472
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	2,448
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	4,985
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	69
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	5,054
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	549
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	19

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

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

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

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

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

**Contract Cleaners Service Employees' Pension Plan**  
**EIN: 43-1927832 Plan Number: 001**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
	<u>Single Transaction in Excess of 5%</u>					
	U.S. Treasury Note	\$ 1,180,651	\$ -	\$ 1,180,651	\$ 1,180,651	\$ -
	U.S. Treasury Bill	1,045,671	-	1,045,671	1,045,671	-
	U.S. Treasury Note	1,021,467	-	1,021,467	1,021,467	-
	Vaneck	1,049,598	-	1,049,598	1,049,598	-
	U.S. Treasury Note	-	1,040,000	1,040,000	-	-
	U.S. Treasury Bill	-	1,045,671	1,045,671	-	-
	Victory Floating Rate	-	1,045,873	1,188,317	-	(142,444)
	Vanguard 500 Index	-	1,183,807	272,734	-	911,073
	U.S. Treasury Note	-	1,391,000	1,391,000	-	-
	<u>Series of Transactions in Excess of 5%</u>					
	Stifel Insured Bank Deposit Program	\$ 9,287,535	\$ -	\$ 9,287,535	\$ 9,287,535	\$ -
	Federated Hermes U.S. Treasury Cash Reserves	1,561,063	-	1,561,063	1,561,063	-
	U.S. Treasury Note	1,390,248	-	1,390,248	1,390,248	-
	U.S. Treasury Note	1,037,698	-	1,037,698	1,037,698	-
	Vanguard 500 Index	-	1,683,807	375,256	-	1,308,551
	Stifel Insured Bank Deposit Program	-	7,844,449	7,844,449	-	-
	Federated Hermes US Treasury Cash Reserves	-	995,257	995,257	-	-

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	---

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

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

<b>A</b> Name of plan <u>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONTRACT CLEANERS SERVICE EMPLOYEES' PENSION TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>43-1927832</u>

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)


**1a** Enter the valuation date: Month 01 Day 01 Year 2024

**b** Assets

(1) Current value of assets.....	<b>1b(1)</b>	<u>19656192</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>20787117</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>19832325</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>19018832</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	<u>0</u>
(2) "RPA '94" information:		
(a) Current liability.....	<b>1d(2)(a)</b>	<u>28931950</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	<b>1d(2)(b)</b>	<u>376470</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	<b>1d(2)(c)</b>	<u>1434350</u>
(3) Expected plan disbursements for the plan year.....	<b>1d(3)</b>	<u>1434350</u>

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	 Signature of actuary	<u>09/24/2025</u> Date
	<u>MICHAEL SUDDUTH</u> Type or print name of actuary	<u>23-06248</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>314-446-5607</u> Telephone number (including area code)
	<u>500 N. BROADWAY, SUITE 1750, SAINT LOUIS, MO 63102</u> Address of the firm	

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

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

Schedule MB (Form 5500) 2024  
v. 240311



**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	7P+1
<b>(2)</b> Females .....	<b>6c(2)</b>	7FP+1
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 %
<b>e</b> Salary scale .....	<b>6e</b>	<input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	5.00%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	4.7%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	19.4%
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	150000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	643829	65177

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	224633

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	9c(1)	7229932	1055895
(2) Funding waivers .....	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	9d		86436
<b>e</b> Total charges. Add lines 9a through 9d.....	9e		1366964
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	9f		3442376
<b>g</b> Employer contributions. Total from column (b) of line 3.....	9g		905888
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	9h	3787556	685997
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	9i		308907
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3942429	
(2) "RPA '94" override (90% current liability FFL) .....	9j(2)	5225143	
(3) FFL credit .....	9j(3)		0
<b>k</b> (1) Waived funding deficiency .....	9k(1)		0
(2) Other credits .....	9k(2)		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	9l		5343168
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	9m		3976204
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Actuarial Assumptions and Methods**

### **Actuarial Cost Method**

The actuarial cost method is the "Entry Age Normal" cost method, with entry age determined at the date each employee would have entered the plan, had the plan always been in existence.

On the initial valuation date, the annual cost accruals (individual normal costs for each participant) are determined, as a level dollar amount for each year from entry age until retirement or termination. The sum of these individual normal costs for all active participants whose attained ages are under the assumed retirement age is the normal cost for the initial plan year. The excess of all normal costs falling due prior to the initial valuation date, accumulated with interest, over the plan assets represents the initial unfunded accrued liability.

In subsequent years, the normal cost and unfunded accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded accrued liability which result from causes other than contributions and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded accrued liability can occur, e.g. for plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded accrued liability.

### **Asset Valuation Method**

#### Expected Return Method

Under this method, a gain or loss for a year is determined by calculating the difference between the expected return on the Market Value of Assets for the year and the actual return on the Market Value of Assets for the year. The expected return on the Market Value of Assets for the year is the Market Value of Assets at the prior valuation date brought forward with interest at the valuation interest rate to the current valuation date plus contributions minus disbursements, all adjusted with interest at the valuation rate to the current valuation date. Ultimately, the actuarial value of assets is equal to the market value less:

- (i) 4/5 of the prior year's gain/(loss)
- (ii) 3/5 of the prior year's gain/(loss)
- (iii) 2/5 of the second preceding year's gain/(loss)
- (iv) 1/5 of the third preceding year's gain/(loss)
- (v) In accordance with asset relief elected pursuant to the Pension Relief Act of 2010, the market value loss for 2008 is phased in over 10 years rather than 5.

### **Changes in Actuarial Methods Since Prior Valuation**

None

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Actuarial Assumptions and Methods**

**ECONOMIC ASSUMPTIONS**

**Interest Rates**

**Funding and FASB ASC Topic 960:** 6.75% per year (Effective January 1, 2021)

**Current Liability:** 3.29% per year

**Asset Returns**

**Funding:** 6.75% per year (Effective January 1, 2021)

**Administrative Expenses**

A \$150,000 flat load is added to the beginning of year normal cost.

**DEMOGRAPHIC ASSUMPTIONS**

**Mortality**

**Funding and FASB ASC Topic 960:** RP-2014 Mortality Table with Blue Collar Adjustments, male and female rates set forward one year, with generational projection from 2006 based on the MP-2017 mortality improvement scale, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement (effective January 1, 2018). For disabled lives, the RP-2014 Disabled Mortality Table, male and female rates.

**Current Liability:** Statutory current liability tables for 2021, with separate rates for non-annuitants and annuitants.

**Retirement**

Age 65 for participants aged 64 and under on the valuation date; immediate retirement for all others.

**Termination**

Incidence of employee turnover in the select period is shown below.

Years of Credited Service	Rate (%)
1	90
2	60
3	30

**Attachment to 2024 Schedule MB to Form 5500, Line 6  
Contract Cleaners Service Employees' Pension Plan  
EIN 43-1927832  
Plan Number 001**

**Summary of Actuarial Assumptions and Methods**

Sample turnover rates after the first three years of employment are shown below.

Age	Rate (%)
25	29.0
30	27.1
35	23.5
40	19.3
45	14.9
50	9.6
55	3.5
60	0.3
65	0.0

### Disability

50% of the rates for the 1952 Disability Study, Benefit 2, Period 5. Annual rates of disability are based on age and are shown in the following table.

Age	Rate (%)
25	0.105
40	0.206
50	0.464
55	0.801

### Marital Characteristics

**For participants not in pay status:** 90% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

**For participants in pay status:** Actual birth dates of beneficiaries are included in the census data, where relevant.

**For beneficiaries:** Actual birth dates are included in the census data, where relevant.

### Future Service and Accruals

Each active participant included in the valuation is assumed to work the same number of hours in each future year as they did in the prior year. Participants are included as actives if they worked 450 hours or more in the prior year.

**Attachment to 2024 Schedule MB to Form 5500, Line 6  
Contract Cleaners Service Employees' Pension Plan  
EIN 43-1927832  
Plan Number 001**

**Summary of Actuarial Assumptions and Methods**

**CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION**

**Interest Rate for Current Liability:** From 2.55% per year to 3.29% per year as required by statute

**Mortality for Current Liability:** From statutory tables for 2023 to statutory tables for 2024 as required by statute

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Plan Provisions**

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

**Definitions**

**Plan Effective Date:** Originally effective January 1, 1972; most recently restated effective May 1, 2014. The valuation was based on the restatement, including Amendment #1.

**Plan Year:** The 12-month period beginning January 1 and ending December 31

**Credited Service:** Credited Service is the sum of (a) and (b) below:

- (a) Credited Past Service: Past Service for work in Covered Employment prior to January 1, 1972. A full year is credited for 1,800 or more hours worked. Fractional years are credited proportionately.
- (b) Credited Future Service: Years and partial years of service are credited according to the following schedule:

Hours Worked in Plan Year	Credited Service
2,000 or More	Number of Hours / 2,000
1,800 – 1,999	1.00
1,350 – 1,799	0.90
900 – 1,349	0.65
450 – 899	0.45
0 – 449	0.00

**Vesting Service:** For Participants in Covered Employment on or after August 1, 2007, years and partial years of service after January 1, 1976 are credited according to the following schedule:

Hours Worked in Plan Year	Vesting Service
870 or More	1.00
650 – 869	0.75
435 – 649	0.50
215 – 434	0.25
0 – 214	0.00

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Plan Provisions**

A different table applies for Participants who left Covered Employment before August 1, 2007.

**Eligibility for Participation**

Employment by a contributing employer

**Normal Retirement**

**Normal Retirement Date:** The first day of the month coincident with or next following the attainment of age 65 and 5 years of participation

**Normal Retirement Benefit:** Effective January 1, 2013, the monthly benefit is equal to 1% of Employer Contributions made on behalf of the Participant. For Plan Years before 2013, the monthly benefit is determined according to the following formulas:

***Effective through December 31, 2007:***

For those who worked at least one hour on or after January 1, 1999, the Benefit Rate is \$7.50 per month per year of Credited Service.

***Effective for 2008 and 2009:***

If Employer's Hourly Contribution Rate is \$0.14 or less, the Benefit Rate is equal to \$7.50 times Employer's Hourly Contribution Rate, divided by \$0.15.

If Employer's Hourly Contribution Rate is \$0.15 or more, the Benefit Rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's Hourly Contribution Rate exceeds \$0.15.

***Effective for 2010:***

If Employer's Hourly Contribution Rate, ignoring the \$0.02 special assessment, is \$0.19 or less, the Benefit Rate is equal to the Employer's Hourly Contribution Rate minus \$0.05, multiplied by \$7.50 and divided by \$0.15.

If Employer's Hourly Contribution Rate, ignoring the \$0.02 special assessment, is \$0.20 or more, the Benefit Rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's Hourly Contribution Rate exceeds \$0.20.

***Effective for 2011 and 2012:***

If Employer's Hourly Contribution Rate is \$0.19 or less, the Benefit Rate is equal to the Employer's Hourly Contribution Rate minus \$0.05, multiplied by \$7.50 and divided by \$0.15.

If Employer's Hourly Contribution Rate is \$0.20 or more, the Benefit Rate is equal to \$7.50, increased by \$0.50 for each \$0.01 that the Employer's Hourly Contribution Rate exceeds \$0.20.

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Plan Provisions**

For 2012 only, no Credited Service will be earned after March 31, 2012.

### **Early Retirement**

**Early Retirement Date:** The first day of the month coincident with or next following the attainment of age 60 and completion of 10 Years of Vesting Service.

**Early Retirement Benefit:** The monthly benefit is equal to the Normal Retirement Benefit reduced by  $\frac{1}{2}$  of 1% for each month that the Early Retirement Date precedes the Normal Retirement Date.

### **Deferred Retirement**

**Eligibility:** Continued employment beyond Normal Retirement Date

**Deferred Retirement Benefit:** The monthly benefit is equal to the greater of the deferred retirement benefit based on Credited Service at the Deferred Retirement Date or the normal retirement benefit based on Credited Service at the Normal Retirement Date, actuarially increased to the Deferred Retirement Date. Benefits commence on the first day of the month following actual retirement.

### **Disability Retirement**

**Eligibility:** Totally and Permanently Disabled, age 55 and 10 Years of Vesting Service with at least 5 Years of Future Vesting Service

**Benefit:** The monthly benefit is determined in the same manner as the Normal Retirement Benefit as if the date of Total and Permanent Disability was the Participant's Normal Retirement Date. Benefits commence on the first day of the 7<sup>th</sup> month following the month in which Total and Permanent Disability began.

### **Vested Termination Benefit**

**Eligibility:** A break in service (a 12-month period in which the Participant works less than 50 hours) after completing 5 or more years of Vesting Service

**Benefit:** The monthly benefit is determined in the same manner as the Normal Retirement Benefit using Credited Service as of the date of break in service, with payment commencing at Normal Retirement Date.

### **Pre-Retirement Death Benefit**

**Eligibility:** Death of a vested participant prior to retirement

**Benefit:** For married participants, the benefit is equal to the monthly benefit which would be payable to a joint annuitant under the qualified joint and survivor annuity. Benefits commence on the 1<sup>st</sup> of the month following the later of the Participant's death or the date the Participant would have reached age 60. If there is no surviving spouse and the Participant had been eligible for Early Retirement at the time of death, dependent children will share 100% of the normal pension until they reach age 19 (age 23 for a full-time student).

---

**Attachment to 2024 Schedule MB to Form 5500, Line 6**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Summary of Plan Provisions**

**Forms of Payment**

**Normal Form:** Life annuity with 36 months guaranteed

**Optional Forms:** Life annuity, 50% contingent annuitant option with 36 months guaranteed, 75% contingent annuitant option with 36 months guaranteed, lump sum (available only if normal retirement benefit is \$75 or less or lump sum amount is \$5,000 or less)

**NOTE:** The retirement income will be paid under the 50% contingent annuitant option with 36 months guaranteed unless the normal form or other optional form is specifically chosen. This provision applies only to married participants.

**Changes in Principal Plan Provisions Since Prior Valuation**

None

**Attachment to 2024 Schedule MB to Form 5500, Line 8b(2)**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Schedule of Active Participant Data**

The number of active participants summarized by attained age and years of credited service as of January 1, 2024 is shown below.

	Active	Terminated Vested	Retired	Beneficiary	Disabled	Total
As of 1/1/2023	1,912	2,331	478	73	2	4,796
Retired	(8)	(24)	32	0	0	0
Received lump sum distribution	(8)	(15)	0	0	0	(23)
Terminated non-vested	(607)	0	0	0	0	(607)
Terminated vested	(171)	171	0	0	0	0
Disabled	0	0	0	0	0	0
Died with beneficiary	0	0	(4)	4	0	0
Died without beneficiary	(1)	0	(25)	(2)	0	(28)
Rehired	21	(21)	0	0	0	0
New during plan year	665	0	0	0	0	665
Net data adjustments	<u>0</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>4</u>
As of 1/1/2024	1,803	2,442	483	77	2	4,807

**Attachment to 2024 Schedule MB to Form 5500, Lines 9c and 9h**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Schedule of Funding Standard Account Bases**

The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2024 are determined below.

1. Charges as of January 1, 2024

	Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	January 1, 1996	Plan amendment	\$43,964	2	\$85,148
b.	January 1, 1997	Amendment	63,008	3	177,323
c.	January 1, 1997	Change in assumptions	48,479	3	136,435
d.	January 1, 1999	Plan amendment	80,477	5	354,615
e.	January 1, 2004	Change in assumptions	123,822	10	939,201
f.	January 1, 2009	Asset loss	60,449	14	572,898
g.	January 1, 2010	Asset loss	46,458	14	440,300
h.	January 1, 2010	Actuarial loss, net of asset loss	8,082	1	8,082
i.	January 1, 2011	Asset loss	63,729	14	603,984
j.	January 1, 2012	Asset loss	59,943	14	568,102
k.	January 1, 2012	Actuarial loss, net of asset loss	22,847	3	64,299
l.	January 1, 2013	Actuarial loss	48,070	4	174,799
m.	January 1, 2014	Change in assumptions	21,469	5	94,602
n.	January 1, 2016	Actuarial loss	24,159	7	140,208
o.	January 1, 2016	Change in assumptions	66,897	7	388,240
p.	January 1, 2019	Actuarial loss	13,100	10	99,365
q.	January 1, 2020	Actuarial loss	36,880	11	298,930
r.	January 1, 2021	Change in assumptions	49,940	12	429,132
s.	January 1, 2022	Actuarial loss	51,605	13	467,005
t.	January 1, 2023	Actuarial loss	57,340	14	543,435
u.	January 1, 2024	Actuarial loss	<u>65,177</u>	15	<u>643,829</u>
v.	Total		1,055,895		7,229,932

2. Credits as of January 1, 2024

	Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	January 1, 2011	Actuarial gain, net of asset loss	\$48,913	2	\$94,733
b.	January 1, 2011	Change in assumptions	27,436	2	53,137

**Attachment to 2024 Schedule MB to Form 5500, Lines 9c and 9h**  
**Contract Cleaners Service Employees' Pension Plan**  
**EIN 43-1927832**  
**Plan Number 001**

**Schedule of Funding Standard Account Bases**

c.	January 1, 2012	Plan amendment	11,807	3	33,228
d.	January 1, 2013	Plan amendment	86,459	4	314,395
e.	January 1, 2014	Actuarial gain	34,979	5	154,132
	<u>Date</u>		<u>Amortization</u>	<u>Years</u>	<u>Outstanding</u>
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
f.	January 1, 2015	Actuarial gain	29,584	6	151,700
g.	January 1, 2017	Actuarial gain	12,814	8	82,478
h.	January 1, 2018	Actuarial gain	15,628	9	109,859
i.	January 1, 2018	Change in assumptions	43,013	9	302,364
j.	January 1, 2021	Actuarial gain	34,998	12	300,736
k.	January 1, 2022	Method Change	<u>340,366</u>	8	<u>2,190,794</u>
l.	Total		685,997		3,787,556
3.	Net outstanding balance [(1v) - (2l)]				3,442,376
4.	Credit Balance as of January 1, 2024				3,442,376
5.	Waived funding deficiency				0
6.	Balance test result [(3) - (4) - (5)]				0
7.	Unfunded Actuarial Accrued Liability as of January 1, 2024, minimum \$0				0