

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

- 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 CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 02/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT BOARD OF TRUSTEES OF CERAMIC TILE & MARBLE MASONS UNION 18 OF MO 1670 FENPARK DRIVE FENTON, MO 63026
2b Employer Identification Number (EIN) 43-0913672
2c Plan Sponsor's telephone number 314-621-5560
2d Business code (see instructions) 238300

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 526 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 190 |
| | 6a(2) | 181 |
| | 6b | 20 |
| | 6c | 328 |
| | 6d | 529 |
| | 6e | 5 |
| | 6f | 534 |
| | 6g(1) | 526 |
| 6g(2) | 534 | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 22 |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

| | | |
|--|--|------------|
| A Name of plan CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF CERAMIC TILE & MARBLE MASONS UNION 18 OF MO | D Employer Identification Number (EIN) 43-0913672 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MONETARY MANAGEMENT GROUP

BARRETT WOODS CORPORATE CENTER II
13537 BARRETT PARKWAY DR, SUITE 325
ST LOUIS, MO 63021

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 50 | NONE | 73410 | 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)

EKON BENEFITS

4940 WASHINGTON BLVD
ST. LOUIS, MO 63108

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 50 | NONE | 41010 | 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

1221 LOCUST STREET
ST. LOUIS, MO 63103

| (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 | 18691 | 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)

US BANK

505 NORTH 7TH STREET
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? |
|------------------------|---|--|--|--|---|--|
| 18 19 52 62 | NONE | 14138 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

GRABEL, SCHNEIDERS HOLLMAN & CO

6 W ARGONNE DR, #200
KIRKWOOD, MO 63122

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50 | NONE | 7829 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025 | |
| A Name of plan CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF CERAMIC TILE & MARBLE MASONS UNION 18 OF MO | D Employer Identification Number (EIN) 43-0913672 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 77840 | 92814 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 49266 | 57250 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 273283 | 834670 |
| (2) U.S. Government securities | 1c(2) | 5647069 | 5451899 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 1373122 | 912883 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 6623406 | 6851214 |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 6386798 | 8859294 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 20430784 | 23060024 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | 0 |
| h Operating payables..... | 1h | 29327 | 22914 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 29327 | 22914 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 20401457 | 23037110 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 932188 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 932188 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 20094 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 173269 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 21920 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 215283 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 69569 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 169493 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 239062 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 3950194 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 3115606 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 834588 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1605594 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 3826715 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 1030997 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1030997 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 41010 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 7829 | |
| (5) Investment advisory and investment management fees | 2i(5) | 73410 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 14138 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 18691 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | 1275 | |
| (11) Other expenses..... | 2i(11) | 3712 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 160065 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1191062 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 2635653 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: 43-1171178

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

| | | |
|--|--|------------|
| A Name of plan <u>CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES OF CERAMIC TILE & MARBLE MASONS UNION 18 OF MO</u> | D Employer Identification Number (EIN) <u>43-0913672</u> | |

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

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

| | | |
|---|---|---|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 43-0913672

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 | 23 |
|--|---|----|

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

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

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

| | | |
|---|----|--------|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | 932188 |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | 0 |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | 932188 |

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
FINANCIAL STATEMENTS
FOR THE YEARS ENDED
JANUARY 31, 2025 AND 2024

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

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN

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

MICHAEL A. HOLLMAN, C.P.A.

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Ceramic Tile & Marble Masons
Union No. 18 of Missouri Pension Plan

Opinion

We have audited the accompanying financial statements of Ceramic Tile & Marble Masons Union No. 18 of Missouri Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of January 31, 2025 and 2024, and the related statements of changes in net assets available for 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 of Ceramic Tile & Marble Masons Union No. 18 of Missouri Pension Plan as of January 31, 2025 and 2024, and the changes in its net assets available for 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Ceramic Tile & Marble Masons Union No. 18 of Missouri Pension 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 Ceramic Tile & Marble Masons Union No. 18 of Missouri Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ceramic Tile & Mable Masons Union No. 18 of Missouri Pension 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 Ceramic Tile & Mable Masons Union No. 18 of Missouri Pension 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 administrative expenses, and assets held at the end of year, 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 the management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Grabel Schnieders Hollman + Co P.C.

Grabel, Schnieders, Hollman & Co., P.C.

Kirkwood, Missouri

October 10, 2025

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 AS OF JANUARY 31,

| | 2025 | 2024 |
|---------------------------------------|------------------|------------------|
| <u>ASSETS</u> | | |
| Investments, at fair value | | |
| U.S. Government and Agencies | \$ 5,451,899 | \$ 5,647,069 |
| Corporate Bonds | 912,883 | 1,373,122 |
| Common Stock | 6,851,214 | 6,623,406 |
| Registered Investment Companies | 8,859,294 | 6,386,798 |
| Interest Bearing Cash and Equivalents | 834,670 | 273,283 |
| Total Investments | 22,909,960 | 20,303,678 |
| Receivables | | |
| Employer Contributions | 84,544 | 63,488 |
| Reciprocity | 8,270 | 14,352 |
| Accrued Interest and Dividends | 57,250 | 49,266 |
| Total Receivable | 150,064 | 127,106 |
| TOTAL ASSETS | 23,060,024 | 20,430,784 |
| <u>LIABILITIES</u> | | |
| Accounts Payable | 22,914 | 29,327 |
| TOTAL LIABILITIES | 22,914 | 29,327 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$23,037,110 | \$20,401,457 |

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

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 FOR THE YEARS ENDED JANUARY 31,

| | 2025 | 2024 |
|--|---------------------|---------------------|
| <u>ADDITIONS</u> | | |
| Investment Income: | | |
| Net Appreciation (Depreciation) in Fair Value of Investments | \$ 2,440,182 | \$ 1,766,403 |
| Interest | 215,283 | 187,932 |
| Dividends | <u>239,062</u> | <u>209,405</u> |
| Total Investment Income (Loss) | <u>2,894,527</u> | <u>2,163,740</u> |
| Less: Investment Expenses | <u>(73,410)</u> | <u>(65,365)</u> |
| Net Investment Income (Loss) | 2,821,117 | 2,098,375 |
| Employer Contributions | 827,281 | 784,657 |
| Reciprocity | <u>104,907</u> | <u>119,579</u> |
| Total Additions | <u>3,753,305</u> | <u>3,002,611</u> |
| <u>DEDUCTIONS</u> | | |
| Benefits Paid to Participants | 1,030,997 | 1,442,877 |
| Administrative Expenses | <u>86,655</u> | <u>90,156</u> |
| Total Deductions | <u>1,117,652</u> | <u>1,533,033</u> |
| Net Increase (Decrease) | <u>2,635,653</u> | <u>1,469,578</u> |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| BEGINNING OF YEAR | <u>20,401,457</u> | <u>18,931,879</u> |
| END OF YEAR | <u>\$23,037,110</u> | <u>\$20,401,457</u> |

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

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

1. SUMMARY OF PLAN PROVISIONS

Ceramic Tile & Marble Masons Union No 18 of Missouri Pension Plan also known as Tile Setters Local 18 (Mo) Pension Plan ("the Plan") covers a person employed by a Contributing Employer under a collective bargaining agreement requiring contributions to this Plan or, if provided by a participation agreement, any person employed by the Union or the Trust.

The following is a summary of the Plan provisions. The Plan is dated April 30, 2001 and has been amended and restated since then several times. The most recent restatement was made on November 1, 2020. Participants should refer to the Plan agreement and summary Plan description for a more complete description of the Plan's provisions.

Amendments to the Plan during the years ended January 31, 2025 and 2024:

The seventh amendment amends the Plan to comply with IRC Section 401(a)(9) regarding 5% owners and the applicable age for required minimum distributions, effective January 1, 2025.

Plan Amendment No. 8, effective July 1, 2025, changes the name of the Pension Fund to Local 18 Tile, Marble, and Terrazzo Defined Contribution Pension Plan.

Participant accounts and vesting - A person will become a Participant when contributions are first made to the Plan on his behalf. An individual Account ("Account") will be established for each Participant. Each participant's account is immediately and fully vested. A person remains a Participant until the earlier of payment of the amount of his Account or his death. Each Participant Account is valued quarterly by the third party administrator of the Plan taking into account investment income, contributions, and expenses of the Plan.

Contributions - Contributions are made to the Plan by employers. The amount of the contribution is specified by the collective bargaining agreement in effect at the time the contribution is made. Participants are not required to or permitted to make contributions to the Plan. Management conducts payroll audits of employers on a periodic basis. Employers who are delinquent are referred to legal counsel for collection. An allowance for bad debts has not been recorded because it is believed to be immaterial.

Allocation of Contributions to Participant's Account - When received by the Plan, one-half of one percent $\frac{1}{2}\%$ of the Employer Contributions may be allocated first to a Special Reserve which shall be used to credit Participant Accounts for any amounts due under the Uniformed Services Re-Employment Rights Act (USERRA) and for payment of Administrative Expenses of the Plan or may add excess amounts in the Special Reserve to the assets of the Plan for allocation to the Participants. Also, forfeitures may be allocated to the Special Reserve. The remaining Employer Contributions for each quarter of the Plan Year will be credited to Participant Accounts in the proportion that the amount contributed for that Participant bears to the aggregate amount contributed for all Participants.

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

1. SUMMARY OF PLAN PROVISIONS (continued)

Benefits - A Participant is eligible for a Normal Retirement Benefit at any time after he attains age 65. Retirement is not required at age 65; a Participant may continue to work and continue to earn additional benefits. A Participant who retires from employment with an Employer on or after his Early Retirement Date (age 60) is entitled to an Early Retirement Benefit, provided that he is no longer working in the tile trades or performing the work of a Tiles setter for either an Employer who is a signatory to a Collective Bargaining Agreement (CBA) with the Union or a non-signatory Employer. Payments must begin Benefit payments to a Participant must start at the later of April 1 after the calendar year in which (a) the Participant attains age 70 ½; or (b) during which the Participant retires from work under a CBA requiring contributions to this Plan For participants with less than \$ 2,000 in their accounts and for whom employer contributions have not been received the past 18 months may elect to pay a lump sum distribution or remain in the Plan.

The Plan has other provisions regarding disability, divorces, and death benefits

The payments may be in the form of a Lump Sum monthly payment or other payment requested by the Participant.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting -The Plan uses the accrual method of accounting except for benefits which are recorded when paid.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments - Investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price). See Note 3 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and Dividends are recorded as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Forfeiture - A Participant's Account is 100% vested from the time he becomes a Participant. Benefits can be lost if a Participant or Beneficiary does not apply for them. If the Trustees determine that a Participant or Beneficiary is lost, his Individual Account, will be forfeited and no benefit will be payable. A Participant or Beneficiary will be considered as lost if (a) he is eligible to apply for a benefit (b) for a period of three years thereafter has not filed an application for benefits or otherwise communicated in writing with the Plan Office; (c) and thereafter, the Plan has addressed a letter, certified mail, return receipt requested to his last known address according to records of the Plan notifying the Participant that his Account will be forfeited one year thereafter; and, (d) he fails to communicate in writing with the Plan Administrator within that year furnishing a current mailing address.

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

A benefit payable upon the death of a Participant to a Beneficiary may be forfeited, under a similar procedure, if the Beneficiary fails to claim the benefit within a year after the Participant's death.

In the event that a person whose Individual Account has been forfeited files an application for benefits, the Individual Account of such person will be restored as if such forfeiture had not occurred; the amount of such restoration will be an administration expense of the Fund.

Employer Contributions Receivable Employer Contributions receivable represent contributions due to the Plan. The Plan has a collection policy regarding delinquent contributions. In addition, the Plan conducts payroll audits to ensure the accuracy of participant data. The receivables do not include amounts due from payroll audits, however, these are not material to the Plan. An allowance for doubtful accounts is immaterial, so no allowance has been recorded.

Subsequent events: Management has reviewed subsequent events through the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820 establishes a framework for fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

In determining fair value, the Plan uses various valuation approaches. Generally accepted accounting principles establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The hierarchy is broken down into three levels based on the observability of inputs as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments and block discounts are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

Level 2 - Valuations based on one or more quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

3. FAIR VALUE MEASUREMENTS (continued)

The availability of observable inputs can vary from product to product and is affected by a wide variety of factors, including, for example, the type of product, whether the product is new and not yet established in the marketplace, the liquidity of markets and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Accordingly, the degree of judgment exercised by the Plan in determining fair value is greatest for instruments categorized in Level 3.

The Plan uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation the observability of prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or Level 2 to Level 3. In addition, a continued downturn in market conditions could lead to further declines in the valuation of many instruments.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

U.S. government securities:

Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds:

Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Common stocks:

Common stocks are valued at the closing price reported in the active market in which the individual securities are traded.

Registered investment companies:

Valued at the net asset value of shares held by the Plan at year end. The registered investment companies except of the investment in the AFL- CIO Housing Trust are publicly traded on exchanges.

Cash:

Cash in interest bearing and non-interest bearing accounts are valued at book value adjusted for outstanding deposits and checks.

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

3. FAIR VALUE MEASUREMENTS (continued)

Investments Valued at Net Asset Value:

The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) Housing Investment Trust (HIT) is a common-law trust created under the laws of the District of Columbia and is registered under the Investment Company Act of 1940, as amended (the Investment Company Act), as a no-load, open-end investment company. The HIT has obtained certain exemptions from the requirements of the Investment Company Act that are described in the HIT's Prospectus and Statement of Additional Information. Participation in the HIT is limited to eligible pension plans and labor organizations, including health and welfare, general, and other funds that have beneficiaries who are represented by labor organizations. Since the trust is not traded on public exchanges it the trustees as a practical have elected to value the investment at net asset value reported to it by the trust rather than obtain an independent valuation. The net asset value of the HIT investments was \$297,113 and \$288,735 as of January 31, 2025 and 2024, respectively.

Unfunded

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

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

The following tables set forth by level within the fair value hierarchy in the Plan trust account the investment assets at fair value, as of January 31, 2025 and 2024:

| | ASSETS AT FAIR VALUE AS OF JANUARY 31, 2025 | | | |
|---------------------------------------|---|--------------------|---------------|---------------------|
| | LEVEL 1 | LEVEL 2 | LEVEL 3 | TOTAL |
| U.S. Government and Agencies | \$ -0- | \$5,451,899 | \$ -0- | \$ 5,451,899 |
| Corporate Bonds | -0- | 912,883 | -0- | 912,883 |
| Common Stock | 6,851,214 | -0- | -0- | 6,851,214 |
| Registered Investment Companies | <u>8,562,181</u> | <u>-0-</u> | <u>-0-</u> | <u>8,562,181</u> |
| Total Assets at Fair Value | <u>\$15,413,395</u> | <u>\$6,364,782</u> | <u>\$ -0-</u> | 21,778,177 |
| Interest bearing cash and Equivalents | | | | 834,670 |
| Investments valued at net asset value | | | | <u>297,113</u> |
| Total Investments | | | | <u>\$22,909,960</u> |

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
 NOTES TO FINANCIAL STATEMENTS
 JANUARY 31, 2025 AND 2024

3. FAIR VALUE MEASUREMENTS (continued)

| | ASSETS AT FAIR VALUE AS OF JANUARY 31, 2024 | | | |
|---------------------------------------|---|--------------------|---------------|---------------------|
| | LEVEL 1 | LEVEL 2 | LEVEL 3 | TOTAL |
| U.S. Government and Agencies | \$ -0- | \$5,647,069 | \$ -0- | \$5,647,069 |
| Corporate Bonds | -0- | 1,373,122 | -0- | 1,373,122 |
| Common Stock | 6,623,406 | -0- | -0- | 6,623,406 |
| Registered Investment Companies | <u>6,098,063</u> | <u>-0-</u> | <u>-0-</u> | <u>6,098,063</u> |
| Total Assets at Fair Value | <u>\$12,721,469</u> | <u>\$7,020,191</u> | <u>\$ -0-</u> | 19,741,660 |
| Interest bearing cash and Equivalents | | | | 273,283 |
| Investments valued at net asset value | | | | <u>288,735</u> |
| Total Investments | | | | <u>\$20,303,678</u> |

4. PLAN TERMINATION

Although there is presently no intent to terminate the Plan, the Plan shall terminate when there is no longer in force a collective bargaining agreement requiring Employer payments for the purpose of providing pensions or annuities. In addition, this Plan shall be terminated at any time provided each of the following conditions has been complied with: (a) By the concurring vote of 4 of the Trustees then in office at a special meeting duly called for that purpose; (b) by the concurring vote of a majority of all members of the Union present at a special membership meeting duly called for that purpose; and (c) by a concurring vote of a majority of all members of the Association present at a special membership meeting duly called for that purpose. Within a reasonable period after such termination, the Trustees shall dispose of the Trust Fund in accordance with the provisions of this Plan. Notwithstanding anything to the contrary hereinabove contained, in the event of such termination, partial termination or complete discontinuance of contributions by the Employer to the Trust, each affected Employee shall thereupon acquire a non-forfeitable interest in his entire Accrued Benefit.

5. TAX STATUS

The Internal Revenue Service has determined and informed the Trustees in a letter dated June 12, 2015 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or the Department of Labor. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of January 31, 2025, uncertain positions are taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements other than the matters disclosed in note 11. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is subject to routine audits by the Internal Revenue Service or the Department of Labor; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations prior to years ended January 31, 2022.

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

6. PARTICIPANTS ACCOUNTS

Account balances of participants who have had no contributions during the years ended January 31, 2025 and 2024 are estimated to be \$11,482,240 and \$9,627,565, respectively.

7. PARTY- IN- INTEREST TRANSACTIONS

The Plan has various agreements with other parties-in-interest who are service providers to the Plan. All the transactions are believed to be exempt.

8. RISKS AND UNCERTAINTIES

The Plan is exposed to various risks including risks associated with investments 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Money held in investment accounts is generally uninsured. Funds held in banks are insured by the FDIC based on each participant. Therefore all funds held in bank deposit accounts are insured.

In addition, the Plan is subject to the risk that employers may not remit contributions due to the Plan.

9. CONCENTRATIONS

Four employers accounted for 72% and 73% of the contributions for the year ended January 31, 2025 and 2024, respectively.

The Plan investments in iShare funds were 17% and 16% of total investments as of January 31, 2025 and 2024, respectively.

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
SCHEDULE OF ADMINISTRATIVE EXPENSES
FOR THE YEAR ENDED JANUARY 31,

| | <u>2025</u> | <u>2024</u> |
|------------------------|------------------|------------------|
| Attorney | \$ 18,691 | \$ 20,772 |
| Audit | 7,829 | 7,600 |
| Contract Administrator | 41,010 | 38,826 |
| Insurance | 3,712 | 4,212 |
| Dues & Subscriptions | 1,275 | 1,195 |
| Collection Fee | -0- | 300 |
| Custodian Fees | <u>14,138</u> | <u>17,251</u> |
| | <u>\$ 86,655</u> | <u>\$ 90,156</u> |

See Auditor's Report Regarding This Information

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 43-0913672 PLAN No. 001
JANUARY 31, 2025

| (a) (b) Identity of Issue, Borrower, Invoicer Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | | | (d) Cost | (e) Current Market Value |
|--|---|------------|----------------------|--------------|-----------------------------|
| | RATE | DATED | PRINCIPLE/ SHARES | | |
| INTEREST-BEARING CASH & EQUIVALENTS | | | | | |
| Money Markets | | | | | |
| First Am Govt Ob Fd Cl Y | | | 834,670.13 | 834,670.13 | 834,670.13 |
| US GOVERNMENT ISSUES | | | | | |
| US Treasury Note | 1.125% | 2/29/2028 | 200,000.00 | 198,658.00 | 182,260.00 |
| US Treasury Note | 1.250% | 5/31/2028 | 150,000.00 | 145,855.50 | 136,134.00 |
| US Treasury Note | 1.125% | 10/31/2026 | 100,000.00 | 97,810.00 | 94,879.00 |
| US Treasury Note | 1.500% | 11/30/2028 | 200,000.00 | 191,542.91 | 180,458.00 |
| US Treasury Note | 3.250% | 6/30/2029 | 300,000.00 | 294,329.19 | 287,109.00 |
| US Treasury Note | 4.000% | 10/31/2029 | 300,000.00 | 297,936.31 | 295,680.00 |
| US Treasury Note | 4.125% | 11/15/2032 | 300,000.00 | 298,079.03 | 293,439.00 |
| US Treasury Note | 4.000% | 12/15/2025 | 250,000.00 | 250,051.13 | 249,475.00 |
| US Treasury Note | 4.125% | 6/15/2026 | 200,000.00 | 199,165.57 | 199,758.00 |
| US Treasury Note | 3.750% | 6/30/2030 | 250,000.00 | 248,832.55 | 242,570.00 |
| US Treasury Note | 4.000% | 6/30/2028 | 200,000.00 | 199,009.94 | 198,328.00 |
| US Treasury Note | 4.625% | 6/30/2025 | 200,000.00 | 198,942.33 | 200,242.00 |
| US Treasury Note | 5.000% | 8/31/2025 | 300,000.00 | 299,761.51 | 301,077.00 |
| US Treasury Note | 4.000% | 2/15/2034 | 300,000.00 | 296,632.27 | 288,324.00 |
| US Treasury Note | 4.125% | 3/31/2031 | 300,000.00 | 298,716.39 | 295,266.00 |
| US Treasury Note | 3.750% | 8/31/2031 | 250,000.00 | 246,603.78 | 240,255.00 |
| US Treasury Note | 2.000% | 2/15/2025 | 100,000.00 | 99,212.30 | 99,982.00 |
| US Treasury Note | 2.250% | 2/15/2027 | 300,000.00 | 298,635.00 | 288,681.00 |
| US Treasury Note | 1.625% | 8/15/2029 | 200,000.00 | 198,652.00 | 178,314.00 |
| US Treasury Note | 1.500% | 2/15/2030 | 200,000.00 | 175,417.43 | 174,532.00 |
| US Treasury Note | 1.500% | 8/15/2026 | 200,000.00 | 194,850.00 | 192,036.00 |
| US Treasury Note | 2.250% | 11/15/2027 | 300,000.00 | 309,740.00 | 284,508.00 |
| US Treasury Note | 2.625% | 3/31/2025 | 550,000.00 | 546,965.61 | 548,592.00 |
| TOTAL US GOVERNMENT ISSUES | | | | 5,585,398.75 | 5,451,899.00 |
| CORPORATE ISSUES | | | | | |
| ALPHABET INC | 1.998% | 8/15/2026 | 150,000.00 | 149,853.00 | 144,904.50 |
| ARTHUR J GALLAGHER | 2.400% | 11/9/2031 | 100,000.00 | 99,673.00 | 84,121.00 |
| BANK OF AMERICA | 1.000% | 11/25/2025 | 200,000.00 | 199,350.00 | 194,054.00 |
| BRISTOL MYERS | 0.750% | 11/13/2025 | 100,000.00 | 98,344.00 | 97,201.00 |
| WALT DISNEY | 1.850% | 7/30/2026 | 100,000.00 | 102,974.00 | 96,221.00 |
| MASTERCARD INC | 2.000% | 3/3/2025 | 100,000.00 | 99,995.00 | 99,799.00 |
| TRUIST FINL CORP | 1.200% | 8/5/2025 | 200,000.00 | 205,000.00 | 196,582.00 |
| TOTAL CORPORATE ISSUES | | | | 955,189.00 | 912,882.50 |
| COMMON STOCK | | | | | |
| ABBOTT LABORATORIES | | | 500.00 | 42,778.00 | 63,965.00 |
| ABBVIE INC | | | 500.00 | 34,540.00 | 91,950.00 |
| ALPHABET INC CL A | | | 2,400.00 | 60,974.63 | 489,648.00 |
| AMAZON.COM INC | | | 2,300.00 | 168,685.72 | 546,664.00 |
| APPLE INC | | | 3,000.00 | 86,297.69 | 708,000.00 |
| BERKSHIRE HATHAWAY INC CL B | | | 700.00 | 157,902.42 | 328,069.00 |
| CADENCE DESIGN SYSTEMS | | | 200.00 | 58,019.00 | 59,524.00 |
| CHENIERE ENERGY INC | | | 300.00 | 46,353.00 | 67,095.00 |
| CHEVRON CORPORATION | | | 500.00 | 49,246.76 | 74,595.00 |

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 43-0913672 PLAN No. 001
JANUARY 31, 2025

| (a) (b) Identity of Issue, Borrower, Invoicer Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Market Value |
|--|---|--------------|--------------------------|
| | | PRINCIPLE/ | |
| | | RATE | DATED |
| | | SHARES | |
| COMMON STOCK (CONTINUED) | | | |
| COSTCO WHSL CORP | | 100.00 | 19,765.70 |
| DEERE CO | | 300.00 | 108,158.97 |
| META PLATFORMS INC | | 500.00 | 51,590.67 |
| HOME DEPOT INC | | 500.00 | 64,329.87 |
| HONEYWELL INTERNATIONAL INC | | 425.00 | 24,768.91 |
| JP MORGAN CHASE CO | | 700.00 | 47,975.07 |
| L3HARRIS TECHNOLOGIES INC | | 600.00 | 80,946.60 |
| LAM RESEARCH CORP | | 1,000.00 | 20,186.66 |
| ELI LILLY CO | | 200.00 | 171,412.23 |
| MASTERCARD INC | | 350.00 | 72,661.13 |
| MERCK CO INC | | 1,000.00 | 62,843.07 |
| MICROSOFT CORP | | 1,700.00 | 89,822.81 |
| NVIDIA CORP | | 5,000.00 | 135,869.61 |
| O'REILLY AUTOMOTIVE INC | | 80.00 | 74,266.39 |
| PEPSICO INC | | 800.00 | 76,248.11 |
| RTX CORPORATION | | 1,000.00 | 128,074.55 |
| SHERWIN WILLIAMS CO | | 600.00 | 78,068.40 |
| STRYKER CORP | | 400.00 | 69,450.72 |
| SYNOPLYS INC | | 200.00 | 69,187.30 |
| THERMO FISHER SCIENTIFIC INC | | 250.00 | 38,643.12 |
| UNION PACIFIC CORP | | 500.00 | 102,395.55 |
| VERALTO CORP | | 133.00 | 3,081.22 |
| VISA INC CL A | | 500.00 | 40,576.81 |
| MEDTRONIC PLC | | 1,000.00 | 75,667.90 |
| TOTAL COMMON STOCK | | 2,410,788.59 | 6,851,214.01 |
| REGISTERED INVESTMENT COMPANIES | | | |
| ISHARES MSCI EMERGING MARKETS ETF | | 3,500.00 | 151,056.83 |
| ISHARES MSCI EAFE ETF | | 2,100.00 | 127,033.00 |
| ISHARES RUSSELL MID CAP ETF | | 5,700.00 | 199,897.14 |
| ISHARES NORTH AMERICAN TECH SFTW ETF | | 2,700.00 | 207,926.83 |
| ISHARES SEMICONDUCTOR ETF | | 1,000.00 | 160,204.00 |
| ISHARES RUSSELL 1000 VALUE ETF | | 2,400.00 | 283,840.83 |
| ISHARES RUSSELL 1000 GROWTH ETF | | 1,400.00 | 255,811.36 |
| ISHARES RUSSELL 2000 ETF | | 1,450.00 | 184,018.73 |
| SPDR S&P BIOTECH ETF | | 1,000.00 | 90,419.90 |
| MATERIALS SELECT SECTOR SPDR ETF | | 800.00 | 66,197.84 |
| CONSUMER STAPLES SELECT SECTOR ETF | | 4,100.00 | 228,842.66 |
| CONSUMER DISCRETIONARY SELECT ETF | | 1,750.00 | 288,197.80 |
| ENERGY SELECT SECTOR SPDR FUND ETF | | 2,900.00 | 151,016.26 |
| FINANCIAL SELECT SECTOR SPDR ETF | | 16,300.00 | 375,427.41 |
| INDUSTRIAL SELECT SECTOR SPDR ETF | | 2,700.00 | 343,126.08 |
| TECHNOLOGY SELECT SECTOR SPDR ETF | | 2,000.00 | 342,749.57 |
| COMMUNICATION SERVICES SELECT ETF | | 3,000.00 | 206,218.60 |
| THE REAL ESTATE SELECT SECTOR ETF | | 5,243.00 | 185,219.97 |
| UTILITIES SELECT SECTOR SPDR ETF | | 3,500.00 | 196,491.31 |
| ISHARES CORE US AGGREGATE BOND ETF | | 7,700.00 | 853,904.75 |

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 43-0913672 PLAN No. 001
JANUARY 31, 2025

| (a) (b) Identity of Issue, Borrower, Invoic Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | | | (d) Cost | (e) Current Market Value |
|--|---|-------|----------------------|---------------|--------------------------|
| | RATE | DATED | PRINCIPLE/ SHARES | | |
| REGISTERED INVESTMENT COMPANIES (CONTINUED) | | | | | |
| ISHARES IBOXX INVST GRADE CRP ETF | | | 4,000.00 | 451,416.40 | 429,840.00 |
| ISHARES INTERMEDIATE GOVT CRDT ETF | | | 2,700.00 | 312,926.49 | 282,744.00 |
| ISHARES TRUST ISHARES 5 10 YEAR ETF | | | 15,000.00 | 827,749.50 | 778,050.00 |
| TOTAL REGISTERED INVESTMENT COMPANIES | | | | 6,489,693.26 | 8,562,180.56 |
| PARTNERSHIPS/JOINT VENTURES | | | | | |
| AFL-CIO HOUSING INVESTMENT TRUST | | | 308.48 | 355,121.59 | 297,113.28 |
| TOTAL INVESTMENTS | | | | 16,630,861.32 | 22,909,959.48 |

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
FORM 5500, SCHEDULE H, LINE 4i
EIN: 43-0913672 PLAN No. 001
FOR THE YEAR ENDED JANUARY 31, 2025

| <u>(a) Identity of issue, borrower, lessor, or similar party</u> | <u>(b) Description of investment</u> | <u>(c) Cost of acquisitions</u> | <u>(d) Proceeds of dispositions</u> |
|--|--------------------------------------|---------------------------------|-------------------------------------|
| SPDR Portfolio Short Term Corporate Bond ETF | 7,600 Shares | \$ (224,867.84) | \$ 228,306.77 |

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... 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 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 CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 02/01/1967 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT BOARD OF TRUSTEES OF CERAMIC TILE & MARBLE MASONS UNION 18 OF MO 1670 FENPARK DRIVE FENTON MO 63026 2b Employer Identification Number (EIN) 43-0913672 2c Plan Sponsor's telephone number 314-621-5560 2d Business code (see instructions) 238300

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

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

Table with 3 rows for signatures: SIGN HERE, Signature of plan administrator, Date 11/7/25, MIKE WEBER, Enter name of individual signing as plan administrator; SIGN HERE, Signature of employer/plan sponsor, Date 11/7/25, MIKE WEBER, Enter name of individual signing as employer or plan sponsor; SIGN HERE, Signature of DFE, Date, Enter name of individual signing as DFE

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

Form 5500 (2024) v. 240311

| | | |
|--|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 526 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). | | |
| a(1) Total number of active participants at the beginning of the plan year | 6a(1) | 190 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 181 |
| b Retired or separated participants receiving benefits | 6b | 20 |
| c Other retired or separated participants entitled to future benefits | 6c | 328 |
| d Subtotal. Add lines 6a(2), 6b, and 6c. | 6d | 529 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 5 |
| f Total. Add lines 6d and 6e. | 6f | 534 |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | 526 |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | 534 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 22 |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

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

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

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

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

CERAMIC TILE & MARBLE MASONS UNION NO 18 OF MISSOURI PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 43-0913672 PLAN No. 001
JANUARY 31, 2025

| (a) (b) Identity of Issue, Borrower, Invol Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | | | (d) Cost | (e) Current Market Value |
|---|---|------------|----------------------|--------------|-----------------------------|
| | RATE | DATED | PRINCIPLE/ SHARES | | |
| INTEREST-BEARING CASH & EQUIVALENTS | | | | | |
| Money Markets | | | | | |
| First Am Govt Ob Fd Cl Y | | | 834,670.13 | 834,670.13 | 834,670.13 |
| US GOVERNMENT ISSUES | | | | | |
| US Treasury Note | 1.125% | 2/29/2028 | 200,000.00 | 198,658.00 | 182,260.00 |
| US Treasury Note | 1.250% | 5/31/2028 | 150,000.00 | 145,855.50 | 136,134.00 |
| US Treasury Note | 1.125% | 10/31/2026 | 100,000.00 | 97,810.00 | 94,879.00 |
| US Treasury Note | 1.500% | 11/30/2028 | 200,000.00 | 191,542.91 | 180,458.00 |
| US Treasury Note | 3.250% | 6/30/2029 | 300,000.00 | 294,329.19 | 287,109.00 |
| US Treasury Note | 4.000% | 10/31/2029 | 300,000.00 | 297,936.31 | 295,680.00 |
| US Treasury Note | 4.125% | 11/15/2032 | 300,000.00 | 298,079.03 | 293,439.00 |
| US Treasury Note | 4.000% | 12/15/2025 | 250,000.00 | 250,051.13 | 249,475.00 |
| US Treasury Note | 4.125% | 6/15/2026 | 200,000.00 | 199,165.57 | 199,758.00 |
| US Treasury Note | 3.750% | 6/30/2030 | 250,000.00 | 248,832.55 | 242,570.00 |
| US Treasury Note | 4.000% | 6/30/2028 | 200,000.00 | 199,009.94 | 198,328.00 |
| US Treasury Note | 4.625% | 6/30/2025 | 200,000.00 | 198,942.33 | 200,242.00 |
| US Treasury Note | 5.000% | 8/31/2025 | 300,000.00 | 299,761.51 | 301,077.00 |
| US Treasury Note | 4.000% | 2/15/2034 | 300,000.00 | 296,632.27 | 288,324.00 |
| US Treasury Note | 4.125% | 3/31/2031 | 300,000.00 | 298,716.39 | 295,266.00 |
| US Treasury Note | 3.750% | 8/31/2031 | 250,000.00 | 246,603.78 | 240,255.00 |
| US Treasury Note | 2.000% | 2/15/2025 | 100,000.00 | 99,212.30 | 99,982.00 |
| US Treasury Note | 2.250% | 2/15/2027 | 300,000.00 | 298,635.00 | 288,681.00 |
| US Treasury Note | 1.625% | 8/15/2029 | 200,000.00 | 198,652.00 | 178,314.00 |
| US Treasury Note | 1.500% | 2/15/2030 | 200,000.00 | 175,417.43 | 174,532.00 |
| US Treasury Note | 1.500% | 8/15/2026 | 200,000.00 | 194,850.00 | 192,036.00 |
| US Treasury Note | 2.250% | 11/15/2027 | 300,000.00 | 309,740.00 | 284,508.00 |
| US Treasury Note | 2.625% | 3/31/2025 | 550,000.00 | 546,965.61 | 548,592.00 |
| TOTAL US GOVERNMENT ISSUES | | | | 5,585,398.75 | 5,451,899.00 |
| CORPORATE ISSUES | | | | | |
| ALPHABET INC | 1.998% | 8/15/2026 | 150,000.00 | 149,853.00 | 144,904.50 |
| ARTHUR J GALLAGHER | 2.400% | 11/9/2031 | 100,000.00 | 99,673.00 | 84,121.00 |
| BANK OF AMERICA | 1.000% | 11/25/2025 | 200,000.00 | 199,350.00 | 194,054.00 |
| BRISTOL MYERS | 0.750% | 11/13/2025 | 100,000.00 | 98,344.00 | 97,201.00 |
| WALT DISNEY | 1.850% | 7/30/2026 | 100,000.00 | 102,974.00 | 96,221.00 |
| MASTERCARD INC | 2.000% | 3/3/2025 | 100,000.00 | 99,995.00 | 99,799.00 |
| TRUIST FINL CORP | 1.200% | 8/5/2025 | 200,000.00 | 205,000.00 | 196,582.00 |
| TOTAL CORPORATE ISSUES | | | | 955,189.00 | 912,882.50 |
| COMMON STOCK | | | | | |
| ABBOTT LABORATORIES | | | 500.00 | 42,778.00 | 63,965.00 |
| ABBVIE INC | | | 500.00 | 34,540.00 | 91,950.00 |
| ALPHABET INC CL A | | | 2,400.00 | 60,974.63 | 489,648.00 |
| AMAZON.COM INC | | | 2,300.00 | 168,685.72 | 546,664.00 |
| APPLE INC | | | 3,000.00 | 86,297.69 | 708,000.00 |
| BERKSHIRE HATHAWAY INC CL B | | | 700.00 | 157,902.42 | 328,069.00 |
| CADENCE DESIGN SYSTEMS | | | 200.00 | 58,019.00 | 59,524.00 |
| CHENIERE ENERGY INC | | | 300.00 | 46,353.00 | 67,095.00 |
| CHEVRON CORPORATION | | | 500.00 | 49,246.76 | 74,595.00 |

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|---|---|---------------------------------|--------------------------|
| | | PRINCIPLE/ RATE DATED SHARES | |
| COMMON STOCK (CONTINUED) | | | |
| COSTCO WHSL CORP | | 100.00 | 19,765.70 |
| DEERE CO | | 300.00 | 108,158.97 |
| META PLATFORMS INC | | 500.00 | 51,590.67 |
| HOME DEPOT INC | | 500.00 | 64,329.87 |
| HONEYWELL INTERNATIONAL INC | | 425.00 | 24,768.91 |
| JP MORGAN CHASE CO | | 700.00 | 47,975.07 |
| L3HARRIS TECHNOLOGIES INC | | 600.00 | 80,946.60 |
| LAM RESEARCH CORP | | 1,000.00 | 20,186.66 |
| ELI LILLY CO | | 200.00 | 171,412.23 |
| MASTERCARD INC | | 350.00 | 72,661.13 |
| MERCK CO INC | | 1,000.00 | 62,843.07 |
| MICROSOFT CORP | | 1,700.00 | 89,822.81 |
| NVIDIA CORP | | 5,000.00 | 135,869.61 |
| O'REILLY AUTOMOTIVE INC | | 80.00 | 74,266.39 |
| PEPSICO INC | | 800.00 | 76,248.11 |
| RTX CORPORATION | | 1,000.00 | 128,074.55 |
| SHERWIN WILLIAMS CO | | 600.00 | 78,068.40 |
| STRYKER CORP | | 400.00 | 69,450.72 |
| SYNOPLYS INC | | 200.00 | 69,187.30 |
| THERMO FISHER SCIENTIFIC INC | | 250.00 | 38,643.12 |
| UNION PACIFIC CORP | | 500.00 | 102,395.55 |
| VERALTO CORP | | 133.00 | 3,081.22 |
| VISA INC CL A | | 500.00 | 40,576.81 |
| MEDTRONIC PLC | | 1,000.00 | 75,667.90 |
| TOTAL COMMON STOCK | | | 2,410,788.59 |
| REGISTERED INVESTMENT COMPANIES | | | 6,851,214.01 |
| ISHARES MSCI EMERGING MARKETS ETF | | 3,500.00 | 151,056.83 |
| ISHARES MSCI EAFE ETF | | 2,100.00 | 127,033.00 |
| ISHARES RUSSELL MID CAP ETF | | 5,700.00 | 199,897.14 |
| ISHARES NORTH AMERICAN TECH SFTW ETF | | 2,700.00 | 207,926.83 |
| ISHARES SEMICONDUCTOR ETF | | 1,000.00 | 160,204.00 |
| ISHARES RUSSELL 1000 VALUE ETF | | 2,400.00 | 283,840.83 |
| ISHARES RUSSELL 1000 GROWTH ETF | | 1,400.00 | 255,811.36 |
| ISHARES RUSSELL 2000 ETF | | 1,450.00 | 184,018.73 |
| SPDR S&P BIOTECH ETF | | 1,000.00 | 90,419.90 |
| MATERIALS SELECT SECTOR SPDR ETF | | 800.00 | 66,197.84 |
| CONSUMER STAPLES SELECT SECTOR ETF | | 4,100.00 | 228,842.66 |
| CONSUMER DISCRETIONARY SELECT ETF | | 1,750.00 | 288,197.80 |
| ENERGY SELECT SECTOR SPDR FUND ETF | | 2,900.00 | 151,016.26 |
| FINANCIAL SELECT SECTOR SPDR ETF | | 16,300.00 | 375,427.41 |
| INDUSTRIAL SELECT SECTOR SPDR ETF | | 2,700.00 | 343,126.08 |
| TECHNOLOGY SELECT SECTOR SPDR ETF | | 2,000.00 | 342,749.57 |
| COMMUNICATION SERVICES SELECT ETF | | 3,000.00 | 206,218.60 |
| THE REAL ESTATE SELECT SECTOR ETF | | 5,243.00 | 185,219.97 |
| UTILITIES SELECT SECTOR SPDR ETF | | 3,500.00 | 196,491.31 |
| ISHARES CORE US AGGREGATE BOND ETF | | 7,700.00 | 853,904.75 |

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