

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PAINTERS AND ALLIED TRADES LOCAL UNION 197 OF TERRE HAUTE, INDIANA MONEY PURCHASE PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>BD OF TRUSTEES PAINTERS & ALLD TR</u></p>	<p>1c Effective date of plan <u>06/01/1982</u></p>
<p><u>19 SOUTH 6TH STREET, SUITE 505</u> <u>TERRE HAUTE, IN 47807</u></p>	<p>2b Employer Identification Number (EIN) <u>62-1569820</u></p>
<p><u>19 S. 6TH STREET, SUITE 505</u> <u>TERRE HAUTE, IN 47807</u></p>	<p>2c Plan Sponsor's telephone number <u>812-274-5600</u></p>
	<p>2d Business code (see instructions) <u>238300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/14/2025	CLIFFORD COX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/14/2025	SCOTT FEUQUAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BD OF TRUSTEES PAINTERS & ALLD TR 19 S. 6TH STREET, SUITE 505 TERRE HAUTE, IN 47807-3539	3b Administrator's EIN 62-1569820																				
	3c Administrator's telephone number 812-274-5600																				
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	5 131																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td>6a(1)</td><td>131</td></tr> <tr><td>6a(2)</td><td>128</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td>128</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td>128</td></tr> <tr><td>6g(1)</td><td>131</td></tr> <tr><td>6g(2)</td><td>128</td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	131	6a(2)	128	6b		6c		6d	128	6e		6f	128	6g(1)	131	6g(2)	128	6h	
6a(1)	131																				
6a(2)	128																				
6b																					
6c																					
6d	128																				
6e																					
6f	128																				
6g(1)	131																				
6g(2)	128																				
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 8																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan PAINTERS AND ALLIED TRADES LOCAL UNION 197 OF TERRE HAUTE, INDIANA MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES PAINTERS & ALLD TR	D Employer Identification Number (EIN) 62-1569820	

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)

SANDRA K. REECE

19 S. 6TH STREET, SUITE 505
TERRE HAUTE, IN 47807

62-1569820

(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?
30	EMPLOYEE	56164	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)

FIRST FINANCIAL BANK

P.O. BOX 540
TERRE HAUTE, IN 47808

35-0704860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	20343	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)

SACKRIDER & COMPANY, INC.

1925 WABASH AVENUE
TERRE HAUTE, IN 47807

35-1327464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17389	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)

UNITED ACTUARIAL SERVICES, INC.

11590 N. MERIDIAN ST., SUITE 610
CARMEL, IN 46032

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	10813	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan PAINTERS AND ALLIED TRADES LOCAL UNION 197 OF TERRE HAUTE, INDIANA MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES PAINTERS & ALLD TR	D Employer Identification Number (EIN) 62-1569820

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	62938	58826
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28939	40777
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	247678	535628
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2355929	2653492
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	327796	344652
(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)	3229445	3455141
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	749	786

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	1982	847
f Total assets (add all amounts in lines 1a through 1e).....	1f	6255456	7090149
Liabilities			
g Benefit claims payable.....	1g	81	81
h Operating payables.....	1h	6861	7012
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1242	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8184	7093
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6247272	7083056

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)	588879	
(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)		588879
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16866	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	127926	
(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)		144792
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	5354	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	128823	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		134177
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1577676	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1555829	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		21847
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	64227	
(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)		120342
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1074264

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	101719	
(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)		101719
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)	60550	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15900	
(5) Investment advisory and investment management fees	2i(5)	20343	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3798	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	36170	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		136761
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		238480

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		835784
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: **SACKRIDER & COMPANY, INC.**

(2) EIN: **35-1327464**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

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 **06/01/2024** and ending **05/31/2025**

A Name of plan PAINTERS AND ALLIED TRADES LOCAL UNION 197 OF TERRE HAUTE, INDIANA MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES PAINTERS & ALLD TR	D Employer Identification Number (EIN) 62-1569820	

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	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	12

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	588879
b Enter the amount contributed by the employer to the plan for this plan year	6b	588879
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	0

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 _____.

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

**Financial Statements and
Independent Auditors' Report**

May 31, 2025

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Painters and Allied Trades Local Union 197
of Terre Haute, Indiana Pension Fund
Terre Haute, Indiana

Opinion

We have audited the accompanying financial statements of Painters and Allied Trades Local Union 197 of Terre Haute, Indiana Pension Fund, 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 May 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 Painters and Allied Trades Local Union 197 of Terre Haute, Indiana Pension Fund as of May 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 Painters and Allied Trades Local Union 197 of Terre Haute, Indiana Pension Fund 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 Painters and Allied Trades Local Union 197 of Terre Haute, Indiana Pension Fund'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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Painters and Allied Trades Local Union 197 of Terre Haute, Indiana Pension Fund'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 Painters and Allied Trades Local Union 197 of

Terre Haute, Indiana Pension Fund'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 Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Sackrider + Company, Inc.

Terre Haute, Indiana

November 14, 2025

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

Statements of Net Assets Available for Benefits

May 31,

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments		
Cash equivalents	\$ 525,469	\$ 242,500
Corporate bonds	2,653,492	2,355,929
Mutual funds	3,455,141	3,229,445
Corporate stocks	<u>344,652</u>	<u>327,796</u>
	6,978,754	6,155,670
Receivables		
Employer contributions less allowance for credit losses (\$0 and \$0 in 2025 and 2024)	58,826	62,938
Accrued interest and dividends receivable	<u>40,777</u>	<u>28,939</u>
	99,603	91,877
Cash	10,159	5,178
Prepaid expenses	786	749
Office equipment , net of accumulated depreciation of \$12,419 and \$11,284 in 2025 and 2024	<u>847</u>	<u>1,982</u>
Total assets	<u>7,090,149</u>	<u>6,255,456</u>
LIABILITIES		
Accounts payable	5,443	5,448
Reciprocity payable	-	1,242
Accrued payroll liabilities	1,569	1,413
Benefits payable	<u>81</u>	<u>81</u>
Total liabilities	<u>7,093</u>	<u>8,184</u>
Net assets available for benefits	<u>\$ 7,083,056</u>	<u>\$ 6,247,272</u>

The accompanying notes are an integral part of these statements.

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

Statements of Changes in Net Assets Available for Benefits

For the Years Ended May 31,

	<u>2025</u>	<u>2024</u>
Investment income		
Net appreciation in fair value of investments	\$ 206,415	\$ 329,387
Interest	144,793	101,121
Dividends	134,177	84,421
	<u>485,385</u>	<u>514,929</u>
Less investment expenses	20,343	17,267
	<u>465,042</u>	<u>497,662</u>
Employer contributions	588,879	661,335
Total additions	<u>1,053,921</u>	<u>1,158,997</u>
Participant benefit payments	101,719	315,643
Administrative expenses	116,418	120,939
Total deductions	<u>218,137</u>	<u>436,582</u>
NET INCREASE	835,784	722,415
Net assets available for benefits at beginning of year	<u>6,247,272</u>	<u>5,524,857</u>
Net assets available for benefits at end of year	<u>\$ 7,083,056</u>	<u>\$ 6,247,272</u>

The accompanying notes are an integral part of these statements.

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

Notes to Financial Statements

May 31, 2025 and 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Painters and Allied Trades Local Union 197 of Terre Haute, Indiana Pension Fund (Plan) provides only general information. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined contribution plan covering employees and former employees of an employer who is a party to the Trust agreement establishing this pension plan as a result of being signatory to a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participating employers contribute \$7.00 an hour for each hour worked by an employee covered under the collective bargaining agreement. Employer contributions are required to be made on a monthly basis. The Plan is subject to the minimum funding requirements of ERISA, and those requirements have been met.

Participants' accounts

Each participant's account is credited with the participant's allocation of employer contributions and an allocation of the Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

The value of a participant's account shall at all times be one hundred percent vested.

Payment of benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account or a qualified joint-survivor annuity to be provided by a non-transferable annuity contract purchased by the Plan with the lump-sum value of his or her account.

Forfeitures

Prior to July 13, 2021, forfeitures occur when all or any portion of a distribution payable to a participant or beneficiary remains unpaid because the Plan Administrator has been unable to locate the whereabouts of the participant or beneficiary for a period of two years or more. If a participant subsequently files a claim for the forfeited amount, their benefit will be reinstated. There were forfeitures of \$0 and \$0 during the years ended May 31, 2025 and 2024, respectively. On or after July 13, 2021, participants or beneficiaries who have not been able to be located will no longer be forfeited, but the amount distributable shall remain in the Participant's name indefinitely.

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

Notes to Financial Statements - Continued

May 31, 2025 and 2024

NOTE 1 - DESCRIPTION OF PLAN - continued

Plan termination

The Plan can be terminated only with the consent of the Local Union and the participating employers.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

A summary of the Fund's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Valuation of Investments

Investments are stated at fair value.

If available, quoted market prices are used to value investments. The amounts shown for securities that have no quoted market price represent estimated fair value. Many factors are considered in arriving at fair value. In general, corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Office Equipment

Office equipment is recorded at cost. Depreciation is provided for in an amount sufficient to relate the cost of depreciable assets to operations over their estimated service lives, principally on a straight-line basis.

Use of Estimates

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

Subsequent Events

Management has evaluated subsequent events through November 14, 2025, the date the financial statements were available to be issued, and determined no events occurred requiring adjustment to or disclosure in the financial statements.

NOTE 3 - FAIR VALUE MEASUREMENT

The Fund classifies its assets and liabilities into three levels based on the method used to value the assets or liabilities. Level 1 values are based on quoted prices in active markets for identical securities. Level 2 values are based on significant observable market inputs, such as quoted prices for similar securities and quoted prices in inactive markets. Level 3 values are based on significant unobservable inputs that reflect the fund's determination of assumptions

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

Notes to Financial Statements - Continued

May 31, 2025 and 2024

NOTE 3 - FAIR VALUE MEASUREMENT - continued

that market participants might reasonably use in valuing the securities. The valuation levels are not necessarily an indication of the risk or liquidity associated with the underlying investment.

Assets measured at fair value on a recurring basis at May 31, 2025 and 2024 are as follows:

	Level 1 - Quoted Prices in Active Markets	Level 2 - Other Observable Inputs	Level 3 - Unobservable Inputs
<u>May 31, 2025</u>			
Cash equivalents	\$ 525,469	\$ -	\$ -
Corporate bonds	-	2,653,492	-
Mutual funds	3,455,141	-	-
Corporate stocks	<u>344,652</u>	<u>-</u>	<u>-</u>
	\$ <u>4,325,262</u>	\$ <u>2,653,492</u>	\$ <u>-</u>
<u>May 31, 2024</u>			
Cash equivalents	\$ 242,500	\$ -	\$ -
Corporate bonds	-	2,355,929	-
Mutual funds	3,229,445	-	-
Corporate stocks	<u>327,796</u>	<u>-</u>	<u>-</u>
	\$ <u>3,799,741</u>	\$ <u>2,355,929</u>	\$ <u>-</u>

Unrealized gains of \$163,112 and \$282,559 are included in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits for 2025 and 2024, respectively.

For all *cash equivalents*, *corporate stocks*, and *mutual funds*, fair value is determined by reference to quoted market prices.

Corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

NOTE 4 - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan sponsor by a letter dated November 12, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

Notes to Financial Statements - Continued

May 31, 2025 and 2024

NOTE 4 - INCOME TAX STATUS - continued

The Plan's policy is to evaluate the likelihood that its uncertain tax positions will prevail upon examination based on the extent to which those positions have substantial support within the Internal Revenue Code and Regulations, Revenue Rulings, court decisions, and other evidence. It is the opinion of the plan administrator that the plan has no uncertain tax positions.

The plan's information returns are subject to examination by the appropriate taxing jurisdictions. As of May 31, 2025, the plan's federal tax returns for the last three years are open for examination as each year's return remains open for examination for three years.

NOTE 5 - RESTITUTION RECEIVED

In previous years, employer contributions were initially sent by participating employers to the International Brotherhood of Painters and Allied Trades Local Union No. 197, who then transferred them to the Fund. Prior to May 31, 1991 an embezzlement occurred at the Local Union that resulted in \$104,469 not being transferred to the Fund for employer contributions the Local Union had received. During 2025 and 2024, \$1,100 and \$1,200, respectively, was received from the local union as partial restitution for the embezzled funds. At May 31, 2025 and 2024, the amount still included in employer contributions receivable and as an allowance for uncollectible amounts is \$0 and \$0, respectively.

NOTE 6 - PARTIES-IN-INTEREST TRANSACTIONS

Fees paid during the year for administrative, legal, accounting, actuarial and other services by parties-in-interest were based upon customary and reasonable rates for such services.

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8 - ADMINISTRATIVE EXPENSES

Administrative expenses for the years ended May 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Payroll and related expenses	\$ 60,550	\$ 58,791
Professional fees	31,999	35,484
Office expenses	10,025	11,248
Education and travel expenses	-	-

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

Notes to Financial Statements - Continued

May 31, 2025 and 2024

NOTE 8 - ADMINISTRATIVE EXPENSES - continued

	<u>2025</u>	<u>2024</u>
Insurance	\$ 4,672	\$ 6,446
Penalties	-	-
Depreciation	1,135	1,456
Restitution received	(1,100)	(1,200)
Rents	<u>9,137</u>	<u>8,714</u>
	\$ <u>116,418</u>	\$ <u>120,939</u>

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

May 31, 2025

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Cash Equivalents			
First Financial Bank	Cash	\$ 2,400	\$ 2,400
American Honda Finance	Certificate of Deposit	100,304	100,406
Federated Govt Obligation Premier Shares	Money Market Fund	422,663	422,663
		<u>\$ 525,367</u>	<u>\$ 525,469</u>
Total Cash Equivalents			
Mutual Funds			
Dodge & Cox 147 Income Fund	80,853.617 Shares	\$ 1,100,102	\$ 1,014,713
Driehaus Emerging Mkts Grw - Inst	2,757.299 Shares	96,519	107,617
Hood River Small-Cap Growth Fund-Inst	1,543.444 Shares	95,823	103,982
Janus Henderson Enterprise Fund - I	2,179.88 Shares	281,389	310,437
Janus Hndrsn Gbl Rl Est I	8,709.139 Shares	106,925	103,726
T Rowe Price Blue Chip Grwth	757.991 Shares	109,377	143,215
Thornburg Ltd Trm Inc - I	52,469.007 Shares	709,681	683,146
Vanguard Consumer Discretionary	115 Shares	25,848	40,922
Vanguard Consumer Staple ETF Fund	34 Shares	5,690	7,635
Vanguard Developed Markets Index - ADM	9,346.807 Shares	147,058	166,934
Vanguard Energy ETF	75 Shares	6,539	8,566
Vanguard Financial ETF	348 Shares	24,963	42,762
Vanguard Health Care ETF	114 Shares	17,373	27,788
Vanguard Index 500 ADM FD 540	253.929 Shares	104,195	138,785
Vanguard Industrials ETF	126 Shares	23,068	33,943
Vanguard Information Technology Index	316 Shares	93,218	191,613
Vanguard Intl Growth - ADM	1,434.202 Shares	155,631	162,466

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued
May 31, 2025

(a) Identity of issue, borrower, lessor or similar party	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Mutual Funds - continued				
Vanguard Materials ETF		35 Shares	\$ 4,445	\$ 6,671
Vanguard Real Estate ETF		80 Shares	6,419	7,146
Vanguard Small Cap Index - ADM		931.535 Shares	90,133	101,854
Vanguard Telecommunication Services ETF		257 Shares	24,084	40,956
Vanguard Utilities ETF		58 Shares	7,007	10,264
Total Mutual Funds			\$ 3,235,487	\$ 3,455,141
Corporate Bonds				
Truist Banking		3.625% Due 09/16/25	\$ 99,297	\$ 99,669
Dupont De Nemours Inc		4.493% Due 11/15/25	98,127	100,090
Gilead Sciences Inc		3.650% Due 03/01/26	99,970	99,557
Citigroup Inc		4.600% Due 03/09/26	99,919	99,831
JP Morgan Chase & Co		3.200% Due 06/15/26	95,358	98,822
General Mills Inc		3.200% Due 02/10/27	100,000	98,107
NextEra Energy Capital		3.550% Due 05/01/27	98,176	98,197
Sysco Corporation		3.250% Due 07/15/27	99,389	97,595
Southern Co		4.850% Due 06/15/28	99,318	101,208
Royal Bank of Canada		5.200% Due 08/01/28	98,814	102,370
Dow Chemical Co		4.800% Due 11/30/28	95,321	100,611
Public Storage		5.125% Due 01/15/29	99,581	102,178
Anheuser-Busch Inbev Wor		4.750% Due 01/23/29	96,496	101,394
Altria Group Inc		4.800% Due 02/14/29	99,449	100,381
Canadian Imperial Bank		5.260% Due 04/08/29	99,802	102,331

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued

May 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	Current Value
Corporate Bonds - continued				
John Deere Capital Corp	4.700% Due 06/10/30 200,000 Par Value Bond	\$ 200,368	\$	201,840
Starbucks Corp	4.900% Due 02/15/31 150,000 Par Value Bond	150,780		151,007
Thermo Fisher Scientific	4.950% Due 11/21/32 200,000 Par Value Bond	199,657		201,467
Intel Corp	5.200% Due 02/10/33 200,000 Par Value Bond	197,656		197,883
Centerpoint Energy Res	5.400% Due 03/01/33 100,000 Par Value Bond	99,994		100,859
Estee Lauder Cos Inc	5.000% Due 02/14/34 200,000 Par Value Bond	197,388		197,963
Duke Energy Indiana LLC	5.250% Due 03/01/34 100,000 Par Value Bond	99,555		100,132
Total Corporate Bonds		\$ 2,624,415	\$	2,653,492
Corporate Stocks				
Abbott Labs	109 Shares	6,295	\$	14,560
Amazon.Com	73 Shares	15,209		14,966
American Tower Corp	37 Shares	6,276		7,942
Apple Inc	64 Shares	2,758		12,854
BHP Billiton Ltd Spon ADR	76 Shares	3,393		3,723
Chipotle Mexican Grill Inc	281 Shares	15,024		14,072
Comcast Corporation	421 Shares	16,292		14,554
Exxon Mobil Corp	69 Shares	5,626		7,059
Home Depot Inc	40 Shares	9,567		14,732
Intercontinental Exchange Inc	88 Shares	15,043		15,822
JPMorgan Chase & Company	60 Shares	5,144		15,840
Johnson Controls Intl PLC	185 Shares	12,269		18,753
Lilly Eli & Co	17 Shares	1,490		12,540

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued

May 31, 2025

(a) Identity of issue, borrower, lessor or similar party	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Corporate Stocks - continued				
Linde PLC		9 Shares	\$ 1,636	\$ 4,208
Lockheed Martin Corp		33 Shares	12,802	15,919
Meta Platform Inc - Class A		24 Shares	5,155	15,540
Microsoft Corp		38 Shares	3,670	17,494
Mondelez International Inc.		171 Shares	9,010	11,541
NextEra Energy Inc		105 Shares	7,774	7,417
Nvidia Corp		129 Shares	717	17,432
Palo Alto Networks Inc		82 Shares	2,931	15,778
PayPal Holdings Inc		222 Shares	19,099	15,602
Procter & Gamble Co		64 Shares	5,342	10,873
Suncor Energy Inc.		213 Shares	6,081	7,572
Sysco Corporation		149 Shares	8,907	10,877
Thermo Fisher Scientific Inc		28 Shares	11,096	11,279
Visa Inc Class A Shares		43 Shares	7,769	15,703
Total Corporate Stocks			\$ 216,375	\$ 344,652
Grand Total			\$ 6,601,644	\$ 6,978,754

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions

May 31, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Individual transactions in excess of five percent of plan assets								
Federated Government Obligation Premier Shares Sale	Money market fund	\$ -	\$ 403,852	\$ -	\$ -	\$ 403,852	\$ 403,852	\$ -
Dodge & Cox 147 Income Fund Shares Purchase	Money market fund	\$ 361,538	\$ -	\$ -	\$ -	\$ 361,538	\$ 361,538	\$ -
Category (ii) - Series of transactions other than securities transactions - None								
Category (iii) - A series of securities transactions								
Federated Government Obligation Premier Shares Purchases	Money market fund	\$ 1,020,644	\$ -	\$ -	\$ -	\$ 1,020,644	\$ 1,020,644	\$ -
Sales		\$ -	\$ 840,376	\$ -	\$ -	\$ 840,376	\$ 840,376	\$ -
Dodge & Cox 147 Income Fund Shares Purchases	Money market fund	\$ 361,538	\$ -	\$ -	\$ -	\$ 361,538	\$ 361,538	\$ -
Sales		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

May 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Cash Equivalents			
	First Financial Bank	Cash	\$ 2,400	\$ 2,400
	American Honda Finance	Certificate of Deposit	100,304	100,406
	Federated Govt Obligation Premier Shares	Money Market Fund	<u>422,663</u>	<u>422,663</u>
	Total Cash Equivalents		\$ <u>525,367</u>	\$ <u>525,469</u>
	Mutual Funds			
	Dodge & Cox 147 Income Fund	80,853.617 Shares	\$ 1,100,102	\$ 1,014,713
	Driehaus Emerging Mkts Grw - Inst	2,757.299 Shares	96,519	107,617
	Hood River Small-Cap Growth Fund-Inst	1,543.444 Shares	95,823	103,982
	Janus Henderson Enterprise Fund - I	2,179.88 Shares	281,389	310,437
	Janus Hndrsn Glbl R1 Est I	8,709.139 Shares	106,925	103,726
	T Rowe Price Blue Chip Grwth	757.991 Shares	109,377	143,215
	Thornburg Ltd Trm Inc - I	52,469.007 Shares	709,681	683,146
	Vanguard Consumer Discretionary	115 Shares	25,848	40,922
	Vanguard Consumer Staple ETF Fund	34 Shares	5,690	7,635
	Vanguard Developed Markets Index - ADM	9,346.807 Shares	147,058	166,934
	Vanguard Energy ETF	75 Shares	6,539	8,566
	Vanguard Financial ETF	348 Shares	24,963	42,762
	Vanguard Health Care ETF	114 Shares	17,373	27,788
	Vanguard Index 500 ADM FD 540	253.929 Shares	104,195	138,785
	Vanguard Industrials ETF	126 Shares	23,068	33,943
	Vanguard Information Technology Index	316 Shares	93,218	191,613
	Vanguard Intl Growth - ADM	1,434.202 Shares	155,631	162,466

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued

May 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Mutual Funds - continued				
Vanguard Materials ETF	35 Shares	\$ 4,445	\$ 6,671	
Vanguard Real Estate ETF	80 Shares	6,419	7,146	
Vanguard Small Cap Index - ADM	931.535 Shares	90,133	101,854	
Vanguard Telecommunication Services ETF	257 Shares	24,084	40,956	
Vanguard Utilities ETF	58 Shares	7,007	10,264	
		<u>\$ 3,235,487</u>	<u>\$ 3,455,141</u>	
Corporate Bonds				
Truist Banking	3.625% Due 09/16/25 100,000 Par Value Bond	\$ 99,297	\$ 99,669	
Dupont De Nemours Inc	4.493% Due 11/15/25 100,000 Par Value Bond	98,127	100,090	
Gilead Sciences Inc	3.650% Due 03/01/26 100,000 Par Value Bond	99,970	99,557	
Citigroup Inc	4.600% Due 03/09/26 100,000 Par Value Bond	99,919	99,831	
JP Morgan Chase & Co	3.200% Due 06/15/26 100,000 Par Value Bond	95,358	98,822	
General Mills Inc	3.200% Due 02/10/27 100,000 Par Value Bond	100,000	98,107	
NextEra Energy Capital	3.550% Due 05/01/27 100,000 Par Value Bond	98,176	98,197	
Sysco Corporation	3.250% Due 07/15/27 100,000 Par Value Bond	99,389	97,595	
Southern Co	4.850% Due 06/15/28 100,000 Par Value Bond	99,318	101,208	
Royal Bank of Canada	5.200% Due 08/01/28 100,000 Par Value Bond	98,814	102,370	
Dow Chemical Co	4.800% Due 11/30/28 100,000 Par Value Bond	95,321	100,611	
Public Storage	5.125% Due 01/15/29 100,000 Par Value Bond	99,581	102,178	
Anheuser-Busch Inbev Wor	4.750% Due 01/23/29 100,000 Par Value Bond	96,496	101,394	
Altria Group Inc	4.800% Due 02/14/29 100,000 Par Value Bond	99,449	100,381	
Canadian Imperial Bank	5.260% Due 04/08/29 100,000 Par Value Bond	99,802	102,331	

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued

May 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Corporate Bonds - continued			
	John Deere Capital Corp	4.700% Due 06/10/30 200,000 Par Value Bond	\$ 200,368	\$ 201,840
	Starbucks Corp	4.900% Due 02/15/31 150,000 Par Value Bond	150,780	151,007
	Thermo Fisher Scientific	4.950% Due 11/21/32 200,000 Par Value Bond	199,657	201,467
	Intel Corp	5.200% Due 02/10/33 200,000 Par Value Bond	197,656	197,883
	Centerpoint Energy Res	5.400% Due 03/01/33 100,000 Par Value Bond	99,994	100,859
	Estee Lauder Cos Inc	5.000% Due 02/14/34 200,000 Par Value Bond	197,388	197,963
	Duke Energy Indiana LLC	5.250% Due 03/01/34 100,000 Par Value Bond	99,555	100,132
	Total Corporate Bonds		\$ <u>2,624,415</u>	\$ <u>2,653,492</u>
	Corporate Stocks			
	Abbott Labs	109 Shares	\$ 6,295	\$ 14,560
	Amazon.Com	73 Shares	15,209	14,966
	American Tower Corp	37 Shares	6,276	7,942
	Apple Inc	64 Shares	2,758	12,854
	BHP Billiton Ltd Spon ADR	76 Shares	3,393	3,723
	Chipotle Mexican Grill Inc	281 Shares	15,024	14,072
	Comcast Corporation	421 Shares	16,292	14,554
	Exxon Mobil Corp	69 Shares	5,626	7,059
	Home Depot Inc	40 Shares	9,567	14,732
	Intercontinental Exchange Inc	88 Shares	15,043	15,822
	JPMorgan Chase & Company	60 Shares	5,144	15,840
	Johnson Controls Intl PLC	185 Shares	12,269	18,753
	Lilly Eli & Co	17 Shares	1,490	12,540

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued

May 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Corporate Stocks - continued			
	Linde PLC	9 Shares	\$ 1,636	\$ 4,208
	Lockheed Martin Corp	33 Shares	12,802	15,919
	Meta Platform Inc - Class A	24 Shares	5,155	15,540
	Microsoft Corp	38 Shares	3,670	17,494
	Mondelez International Inc.	171 Shares	9,010	11,541
	NextEra Energy Inc	105 Shares	7,774	7,417
	Nvidia Corp	129 Shares	717	17,432
	Palo Alto Networks Inc	82 Shares	2,931	15,778
	PayPal Holdings Inc	222 Shares	19,099	15,602
	Procter & Gamble Co	64 Shares	5,342	10,873
	Suncor Energy Inc.	213 Shares	6,081	7,572
	Sysco Corporation	149 Shares	8,907	10,877
	Thermo Fisher Scientific Inc	28 Shares	11,096	11,279
	Visa Inc Class A Shares	43 Shares	7,769	15,703
	Total Corporate Stocks		\$ <u>216,375</u>	\$ <u>344,652</u>
	Grand Total		\$ <u>6,601,644</u>	\$ <u>6,978,754</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**



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

Part II Basic Plan Information - enter all requested information

1a Name of plan PAINTERS AND ALLIED TRADES LOCAL UNION 197 OF TERRE HAUTE, INDIANA MONEY PURCHASE PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 06/01/1982
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) BD OF TRUSTEES PAINTERS & ALLD TR 19 SOUTH 6TH STREET, SUITE 505 TERRE HAUTE IN 47807	2b Employer Identification Number (EIN) 62-1569820
	2c Plan Sponsor's telephone number 812-274-5600
	2d Business code (see instructions) 238300

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

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

SIGN HERE		11/14/25	CLIFFORD COX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		11.14.25	SCOTT FEUQUAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

**PAINTERS AND ALLIED TRADES LOCAL UNION 197
OF TERRE HAUTE, INDIANA PENSION FUND**

EIN 62-1569820 Plan No. 001
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions

May 31, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Category (i) - Individual transactions in excess of five percent of plan assets</u>								
Federated Government Obligation Premier Shares	Money market fund	\$ -	\$ 403,852	\$ -	\$ -	\$ 403,852	\$ 403,852	\$ -
Sale								
Dodge & Cox 147 Income Fund Shares	Money market fund	\$ 361,538	\$ -	\$ -	\$ -	\$ 361,538	\$ 361,538	\$ -
Purchase								
<u>Category (ii) - Series of transactions other than securities transactions</u> - None								
<u>Category (iii) - A series of securities transactions</u>								
Federated Government Obligation Premier Shares	Money market fund	\$ 1,020,644	\$ -	\$ -	\$ -	\$ 1,020,644	\$ 1,020,644	\$ -
Purchases								
Sales		-	840,376	-	-	840,376	840,376	-
Dodge & Cox 147 Income Fund Shares	Money market fund	\$ 361,538	\$ -	\$ -	\$ -	\$ 361,538	\$ 361,538	\$ -
Purchases								
Sales		-	-	-	-	-	-	-