

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">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 01/01/2024 and ending 12/31/2024

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

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><b>1a</b> Name of plan <u>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</u></p> <p><u>625 ENTERPRISE DRIVE</u> <u>OAK BROOK, IL 60523</u></p>	<p><b>1c</b> Effective date of plan <u>04/15/1983</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>31-1063422</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>630-481-1561</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/16/2026	DANA CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  BENEFITS MANAGEMENT GROUP INC. CURT PISANI, PLAN MANAGER  625 ENTERPRISE DRIVE OAK BROOK, IL 60523	<b>3b</b> Administrator's EIN 34-1787882																				
	<b>3c</b> Administrator's telephone number 630-481-1561																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 1075																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td><b>6a(1)</b></td><td>912</td></tr> <tr><td><b>6a(2)</b></td><td>693</td></tr> <tr><td><b>6b</b></td><td>142</td></tr> <tr><td><b>6c</b></td><td>0</td></tr> <tr><td><b>6d</b></td><td>835</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td>835</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	912	<b>6a(2)</b>	693	<b>6b</b>	142	<b>6c</b>	0	<b>6d</b>	835	<b>6e</b>		<b>6f</b>	835	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	912																				
<b>6a(2)</b>	693																				
<b>6b</b>	142																				
<b>6c</b>	0																				
<b>6d</b>	835																				
<b>6e</b>																					
<b>6f</b>	835																				
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b> 101																				

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>31-1063422</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**EYEMED VISION CARE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>31-1656473</b>	<b>95522</b>	<b>97433451001</b>	<b>1655</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	34890
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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



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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	322351
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>31-1063422</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**CIGNA HEALTH AND LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3346146	630	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	380299
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>31-1063422</b>	

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

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

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

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

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

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

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

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

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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)

WARREN T. SMITH

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	ASSISTANT ADMINISTRATOR	21846	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)

DGPERRY

3711 STARRS CENTRE DR  
CANFIELD, OH 44406

83-3033790

(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?
50 10	NONE	26200	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)

UNITED ACTUARIAL SERVICES INC

11590 N MERIDAN ST 610  
CARMEL, IN 46032-4529

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?
50 11	NONE	12200	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)

FIFTH THIRD BANK RETIREMENT SERVICE

1 SOUTH MAIN STREET  
DAYTON, OH 45403

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 19	NONE	15390	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)

THE UNION LABOR LIFE INSURANCE

1625 EYE STREET N.W.  
WASHINGTON, DC 20006

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	14775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENESYS, INC.

3660 STUTZ DR, LL 101  
CANFIELD, OH 44406

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 14 36	NONE	78952	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)

AETNA 151 FARMINGTON AVE  
HARTFORD, CT 06156

06-6033492

(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?
50 12	NONE	262951	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)

POTTS-DUPRE, HAWKINS, AND KRAMER 900 7TH ST NW 1020  
WASHINGTON, DC 20001

52-1660807

(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?
50 29	NONE	111234	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)

PART D ADVISORS 17199 N. LAUREL PARK DR  
LIVONIA, MI 48152

(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?
50 16	NONE	14678	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)

BENEFITS MANAGEMENT GROUP, INC.

625 ENTERPRISE DRIVE  
OAK BROOK, IL 60523

36-2125291

(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?
50 14	NONE	6578	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)

AT&T

208 S. AKARD STREET  
DALLAS, TX 75202

42-1301883

(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?
50 49	NONE	5541	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)

CITY PRINTING CO

2204 LINE AVE  
SHREVEPORT, LA 71104

(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?
50 36	NONE	8163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
-----------------	---

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>31-1063422</b>

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

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	737730
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	380047
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3073570
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1488348
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	3773920
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	962570
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	852223

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	10416185	8967260
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	911000	1055000
<b>h</b> Operating payables.....	<b>1h</b>	228019	403796
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1139019	1458796
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9277166	7508464

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	8442171	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	578508	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		9020679
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	106399	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	55379	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	158847	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		320625
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	19534	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		19534
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	14466453	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	14492252	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-25799
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	193092	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		605308
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		10133439

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	10559361	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	737540	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		11296901
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	20400	
(2) Contract administrator fees .....	<b>2i(2)</b>	339284	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	26200	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	15390	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	8546	
(7) Actuarial fees .....	<b>2i(7)</b>	12200	
(8) Legal fees .....	<b>2i(8)</b>	111514	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	3886	
(11) Other expenses.....	<b>2i(11)</b>	67820	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		605240
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		11902141

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1768702
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DGPERRY, PLLC**

(2) EIN: **83-3033790**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**Southern Ohio Painters  
Health and Welfare Fund**

Financial Statements

For the Years Ended  
December 31, 2024 and 2023



**DGPerry**  
CPAs + Advisors

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## Independent Auditors' Report

Board of Trustees and Management  
Southern Ohio Painters Health and Welfare Fund  
Dayton, Ohio

### Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and the plan's benefit obligations of Southern Ohio Painters Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in plan benefit obligations for the years ended December 31, 2024 and 2023, 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Southern Ohio Painters Health and Welfare 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 Southern Ohio Painters Health and Welfare 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.

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Southern Ohio Painters Health and Welfare 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 Southern Ohio Painters Health and Welfare 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 assets (held at end of year) as of December 31, 2024 and reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but is 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, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script, appearing to read "D. G. Perry".

Canfield, Ohio  
October 15, 2025

# Southern Ohio Painters Health and Welfare Fund

Statements of Net Assets Available for Benefits  
As of December 31, 2024 and 2023

<b>Assets</b>	<b>2024</b>	<b>2023</b>
<b>Investments at Fair Value</b>		
Money market fund	\$ 24,795	\$ 30,332
United States treasury bill	-	616,281
Certificates of deposit	709,150	2,043,684
U.S. government and federal obligations	3,352,393	593,312
U.S. government agencies obligations	-	278,755
Corporate and foreign bonds	2,358,417	3,773,920
Exchange traded funds	852,223	962,570
Total Investments at Fair Value	7,296,978	8,298,854
<b>Receivables</b>		
Employer contributions	986,744	626,821
Prescription drug rebates	164,929	160,013
Employer notes receivable	151,187	151,187
Accrued investment income	56,826	61,187
Reciprocal contributions	58,301	110,909
Total Receivables	1,417,987	1,110,117
<b>Interest-bearing cash</b>	244,635	999,554
<b>Prepaid assets</b>	7,660	7,660
<b>Total Assets</b>	8,967,260	10,416,185
<b>Liabilities</b>		
Payable to claims administrator	157,282	27,919
Dues payable to Southern Ohio Painters	123,902	143,739
Accounts payable and accrued administrative expenses	116,516	36,319
Reciprocity payable	5,342	17,387
Withheld payroll taxes	754	2,655
Total Liabilities	403,796	228,019
<b>Net Assets Available for Plan Benefits</b>	<b>\$ 8,563,464</b>	<b>\$ 10,188,166</b>

See Independent Auditors' Report and Notes to Financial Statements.

# Southern Ohio Painters Health and Welfare Fund

## Statements of Changes in Net Assets Available For Benefits For the Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions to Net Assets</b>		
Contributions:		
Participating employers, net of reciprocity	\$ 8,442,171	\$ 7,989,734
Self-pay contributions	578,508	620,868
Total Contributions	9,020,679	8,610,602
Investment Income:		
Interest and dividends	340,159	288,497
Net appreciation in fair value of investments	167,293	345,765
Total Investment Income	507,452	634,262
Less: Investment expenses	(15,390)	(21,409)
Investment income, net	492,062	612,853
Other Income:		
Stop loss reimbursements	439,944	-
Other income	967	3,787
Medicare Part D subsidy	164,397	117,216
Total Other Income	605,308	121,003
<b>Total Additions</b>	10,118,049	9,344,458
<b>Deductions from Net Assets</b>		
Benefits paid:		
Benefit claims, net	10,770,660	9,547,686
Vision care premiums	34,890	31,038
Death benefits	25,000	35,000
Stop-loss premiums	322,351	307,997
Total benefits paid	11,152,901	9,921,721
Administrative expenses:		
Claims processing	262,951	267,529
Legal	111,514	111,194
Plan administration	76,333	74,540
Audit and payroll compliance	26,200	28,754
Salaries	20,400	20,400
Insurance	18,432	12,642
Printing and postage	17,066	15,361
Retiree drug subsidy advisors	14,678	43,867
Actuarial	12,200	10,500
Bank charges	8,546	4,674
Office expenses	6,426	5,500
Patient-Centered Outcome Research Institute (PCORI) fee	4,559	4,186
Trustee meetings	3,886	1,982
Rent	3,600	3,600
Dues	1,825	1,685
Payroll taxes	1,234	4,452
Total administrative expenses	589,850	610,866
<b>Total Deductions</b>	11,742,751	10,532,587
<b>Net Change in Net Assets Available for Benefits</b>	(1,624,702)	(1,188,129)
<b>Net Assets Available for Benefits:</b>		
Beginning of Year	10,188,166	11,376,295
End of Year	\$ 8,563,464	\$ 10,188,166

See Independent Auditors' Report and Notes to Financial Statements.

## Southern Ohio Painters Health and Welfare Fund

Statements of Benefit Obligations  
As of December 31, 2024 and 2023

	2024	2023
<b>Amounts Currently Payable</b>		
Claims payable and claims incurred but not reported	\$ 1,055,000	\$ 911,000
<b>Accumulated Eligibility Credits</b>		
Accumulated eligibility credits	2,301,976	2,090,322
Dollar bank	2,756,111	2,626,603
Total Accumulated Eligibility Credits	5,058,087	4,716,925
<b>Postretirement Benefit Obligations, Net of Amounts Currently Payable</b>		
Retired participants	18,499,400	19,936,787
Other participants fully eligible for benefits	37,222,051	38,628,260
Participants not yet fully eligible for benefits	35,425,472	32,711,071
	91,146,923	91,276,118
<b>Plan's Total Benefit Obligations</b>	<b>\$ 97,260,010</b>	<b>\$ 96,904,043</b>

See Independent Auditors' Report and Notes to Financial Statements.

## Southern Ohio Painters Health and Welfare Fund

Statements of Changes in Benefit Obligations  
For the Years Ended December 31, 2024 and 2023

	2024	2023
<b>Amounts Currently Payable</b>		
Balance at beginning of year	\$ 911,000	\$ 643,100
Claims reported and approved for payment, including benefits reclassified from benefit obligations	11,296,901	10,189,621
Claims paid	(11,152,901)	(9,921,721)
Balance at end of year	1,055,000	911,000
 <b>Accumulated Eligibility Credits</b>		
Balance at beginning of year	4,716,925	4,358,873
Net change during the year attributed to:		
Accumulated eligibility credits	211,654	266,514
Dollar bank	129,508	91,538
Balance at end of year	5,058,087	4,716,925
 <b>Postretirement Benefit Obligations, Net of Amounts Currently Payable</b>		
Balance at beginning of year	91,276,118	72,451,583
Increase (decrease) in postretirement benefits:		
Benefits earned	5,531,392	11,447,356
Changes in actuarial assumptions	(8,390,431)	5,277,897
Net estimated benefits paid	(1,833,962)	(1,704,426)
Interest	4,563,806	3,803,708
Balance at end of year	91,146,923	91,276,118
 <b>Plan's Total Benefit Obligations at End of Year</b>	<b>\$ 97,260,010</b>	<b>\$ 96,904,043</b>

See Independent Auditors' Report and Notes to Financial Statements.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note A - Description of Plan

The following brief description of the Southern Ohio Painters Health and Welfare Fund (the "Plan") is for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan became effective April 15, 1983 under the Collective Bargaining Agreement ("CBA") between numerous Painters and Other Allied Trades Locals ("Locals") and representatives of the participating employers in Dayton, Portsmouth, Columbus, and Cincinnati areas. The Plan provides health, death, and other benefits to members of the Locals employed by participating employers ("Employers"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Eligibility and Benefits

The Plan provides various health benefits (medical, hospital, surgical, major medical, dental (through July 31, 2022 and then re-instated in January 2024), vision, and prescription drugs, and death benefits to eligible active, retired and disable participants and their eligible dependents. Retired employees are entitled to similar benefits (in excess of Medicare coverage) provided they meet the requirements listed below for either normal or early retired employees. Participants may also continue to remain eligible for benefits through the use of Accumulated Eligibility Credits as described in Note C, or self-contributions for times of unemployment (less than full time) and upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

An employee who is a member in good standing with a participating Local is eligible to participate in the Plan on the fifteenth day of the calendar month following: 1) the date on which contributions are paid on behalf of the employee by a participating employer pursuant to the rate established by the current CBA, and 2) the accumulation of a dollar amount established by the Trustees for the eligible employees' local with one or more participating employers during a twelve consecutive month period.

An employee employed by a contributing employer may be granted up to two work months credit towards eligibility in the Plan if the contributing employer has not paid its contributions to the fund; if the employer is delinquent for three work months, consecutive or non-consecutive, the employee will no longer receive credit allowing the employee to maintain eligibility. If an employee is no longer granted credit to the Plan, the employee may continue eligibility by using the Accumulated Eligibility Credits or by making self-payments for a period not exceeding eighteen months.

Retired employees eligible for Medicare are those who, 1) are at least 65 years of age and eligible for Medicare, 2) are no longer actively working, 3) were a participant under the Plan for a period of one year prior to the date of retirement or the retiree must have been continuously eligible for retiree benefits under the Plan on the date they became eligible for Medicare after they retired, 4) must elect retiree benefit coverage under the Medicare Supplement Program and enroll in Medicare Part A and B, and 5) must maintain membership in the International Union of Painters. Retirees may continue benefits by paying the current premium set by the Trustees.

Early retired employees are those who, 1) are at least age 55 but under age 65 and are no longer actively working, 2) were a participant under the Plan for a period of one year prior to the date of retirement, 3) is not entitled to Medicare benefits, has no other coverage, or is disabled and collecting social security benefits, and 4) are a member in good standing with the Union. Retirees may continue benefits by paying the current premium set by the Trustees. Once a retiree becomes eligible for other coverage (i.e. Medicare or a private plan) coverage under the Plan will terminate unless the retiree qualifies for the supplemental retirement benefit.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note A - Description of Plan (continued)

### Eligibility and Benefits (continued)

Disabled employees can elect coverage under the Plan if the employee 1) is disabled, eligible for Medicare and is no longer working in the trade, 2) was eligible for active employee coverage on the date they were disabled and eligible for coverage for one year prior to becoming disabled or employee was eligible for retiree benefits on the date disabled, and 3) must elect retiree benefit coverage under the Medicare Supplement Program and enroll in Medicare Part A and B. Disabled employees may continue benefits by paying the current premium set by the Trustees.

The Plan's Board of Trustees, as Plan Sponsor, has the right under the Plan to modify the benefits provided to members.

### Contributions

Employers contribute a certain amount per hour worked pursuant to the current collective bargaining agreement between the Employers and the Locals. Participants who have not met required hours as described in Eligibility and Benefits, who have previously qualified, are permitted to self-pay their premiums for a certain length of time as determined by the Plan Trustees. Retired participants are eligible to make self-payments and receive a reduced schedule of benefits. Participant contributions are allowed to provide COBRA benefits, and participants pay the full cost of such benefits.

### Self-Insured Benefits

The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager (PBM), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

### Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits for individual claims over \$275,000. The insurance plan's limit of expense per individual is unlimited.

### Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform to the current financial statement presentation.

## Note B - Summary of Significant Accounting Policies

### Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared under the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note B - Summary of Significant Accounting Policies (continued)

### Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note E for discussion of fair value measurements.

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

### Employer Contributions and Receivable

Employer contributions are generally received by the Plan in the month following the month in which the members work the hours. Contributions receivable represent employer contributions related to employee's paid hours worked on or prior to December 31. The balance is based on actual collections subsequent to year end. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

### Payment of Benefits

Premiums paid are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Medical and prescription drug claims are recorded when they are paid by the third-party processors. Death benefits are recorded when paid by the Plan. All claims are recorded as benefits claims paid in the accompanying statement of changes in net assets available for benefits. Claims paid by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

### Prescription Drug Refunds and Rebates

Prescription refunds due from the Plan's Pharmacy Benefit Manager (PBM) are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits.

### Stop Loss

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included as deductions on the statements of changes in net assets available for benefits. Stop-loss refunds are included as additions in the accompanying statements of changes in net assets available for benefits.

### Medicare Subsidy

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (the Act) applies to postretirement health care plans and provides prescription drug benefits. The Act provides for a Plan to receive a subsidy under Medicare (Medicare Part D) if it provides a benefit that is at least actuarially equivalent to Medicare Part D. The Plan received Federal subsidies for the years ended December 31, 2024 and 2023 which are included as additions on the Plan's statements of changes in net assets available for benefits. The Plan's postretirement benefit obligation reflects an amount associated with the Medicare subsidy allowed under the Act because the Plan is directly entitled to the Medicare subsidy.

### Reciprocity Agreements

The Plan has signed reciprocity agreements with other locals providing that substantially all employer contributions due from or due to other locals are recorded as reciprocal contributions receivable or payable.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note B - Summary of Significant Accounting Policies (continued)

### Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the trustee, and professional service providers. These expenses are reported in administrative expenses on the statements of changes in net assets available for benefits. Certain investment related expenses are included in net (depreciation) appreciation in fair value of investments.

### Short-Term Leases

The Plan leases certain office space on a demand basis. The Plan has elected the practical expedient for short-term leases as the lease term is less than 12 months. Total short-term lease expense included in operating expense for each of the years ended December 31, 2024 and 2023 was \$3,600.

## Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits

### Postretirement Benefit Obligations

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to members' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for 1) currently retired or terminated members and their beneficiaries and dependents and 2) active members and their beneficiaries and dependents after retirement from service with participating employers. Postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers, retiree premiums and from existing plan assets.

Prior to an active member's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that member's service in the industry rendered to the valuation date. A portion of the Plan's postretirement benefit obligation could be assumed by retiree premiums.

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

For measurement purposes, a 7.9% and 9.0% annual rate of increase in the per capita cost of covered medical benefits and prescription drug benefits, respectively, was assumed for the year ending December 31, 2024. In the case of covered medical and prescription drug benefits, the rate was assumed to decrease gradually to 5.7% and 5.8%, respectively, for the year ending December 31, 2033 and to decrease an additional 0.2%-0.3% each year thereafter. These assumptions are consistent with those used to measure the benefit obligation at December 31, 2024.

For measurement purposes, a 7.9% and 9.0% annual rate of increase in the per capita cost of covered medical benefits and prescription drug benefits, respectively, was assumed for the year ending December 31, 2023. In the case of covered medical and prescription drug benefits, the rate was assumed to decrease gradually to 5.7% and 5.8%, respectively, for the year ending December 31, 2032 and to decrease an additional 0.2%-0.3% each year thereafter. These assumptions are consistent with those used to measure the benefit obligation at December 31, 2023.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits (continued)

### Postretirement Benefit Obligations (continued)

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023, by \$16,530,937 and \$16,790,930, respectively.

For the year ended December 31, 2024 the following actuarial assumptions were changed: the discount rate, per-capita costs, and healthcare cost trends were updated:

The following were significant assumptions used in the valuation as of December 31, 2024:

Weighted-average Discount Rate	5.75%
Average Retirement Age	61.30
Mortality	The PRI-2012 Blue Collar Mortality Tables projected forward using the MP-2021 projection scale. For males, a 105% multiplier was used and 110% for females.
Administrative expenses	5% addition to claim costs

The following were significant assumptions used in the valuation as of December 31, 2023:

Weighted-average Discount Rate	5.00%
Average Retirement Age	61.30
Mortality	The PRI-2012 Blue Collar Mortality Tables projected forward using the MP-2021 projection scale. For males, a 105% multiplier was used and 110% for females.
Administrative expenses	5% addition to claim costs

The actuarial assumptions used in this valuation differ from those used in the prior valuation in the following respects:

- The discount rate was changed from 5.00% used last year to 5.75% used this year.
- Medical, drug and self-payment trend rates were changed to reflect our best projection for future medical inflation.

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

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## **Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits (continued)**

### **Accumulated Eligibility Credits**

The estimated liability for future payment of benefits and group insurance based on accumulated eligibility arises from hours accumulated by eligible participants sufficient to grant them benefit coverage in periods subsequent to the financial statement dates. Such estimated amounts are reported in the accompanying statements of benefit obligations. Actual results could differ from those estimates.

The Dollar Bank program may be used in order to supply a Participant with the additional dollars needed in any one or more successive periods in order to remain eligible. Contributions that an Employer makes on a Participant's behalf are based on the number of hours worked each month and the hours more than the required minimum are credited to a Dollar Bank. As of January 1, 2020, a maximum dollar amount was established for the Dollar Bank, and contributions in excess of the required minimum are credited to the Dollar Bank up to the maximum dollar amount.

The Dollar Bank also includes a reserve bank that was established in prior years when the maximum monthly coverage was reduced to six months and can only be used when the participant's dollar bank is exhausted. If contributions made on behalf of the Participant in a work month are less than the monthly cost of coverage for that corresponding benefit month, the additional amount needed will be deducted from the Participant's Dollar Bank, if available. If the amount credited to the Participant's Dollar Bank does not cover the monthly cost of coverage, the Participant may be eligible to make self-payment contributions for the difference. The Dollar Bank is not a vested or an accrued benefit and may be lost under certain conditions determined by the Trustees. See Eligibility and Benefits in Note A for details on participant's coverage in the Dollar Bank. The value of the Dollar Bank is included on the statements of benefit obligations.

The Plan's excess of benefit obligations over net assets at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBAs. However, the Plan empowers the board of trustees to establish self-payments by eligible retired participants and modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the board of trustees.

## **Note D - Claims Incurred but not Reported**

Benefit obligations other than postretirement and postemployment benefit obligations include health claims currently payable, health claims incurred but not yet reported, and premiums payable. Claims paid by the claims processor prior to the year-end that are not reimbursed by the Plan as of year-end are recorded as claims payable and included in claims payable and claims incurred but not reported on the statements of benefit obligations. Premiums not yet paid by the Plan related to coverage at or before year-end are included in premiums due to insurers in the statements of benefit obligations.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note E - Fair Value Measurements

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

- Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2            Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Money market funds: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded and as reported as level 1.

U.S. treasury bills: Valued at a discount from mature value through date of maturity and backed by the U.S government. Reported as level 1.

Certificates of deposit: Valued at original cost, plus accumulated interest earned, which approximates fair value. The remaining certificates of deposit are valued applying quoted market prices for identical or similar investment in inactive markets. Reported as level 2.

U.S government and federal obligations: Valued using pricing models maximizing the use of observable inputs for similar securities and are reported as level 2.

U.S government agencies obligations: Valued at the closing price reported on an actively traded exchange and are reported as level 1.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note E - Fair Value Measurements (continued)

Corporate and foreign bonds: Valued using the 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 and are reported as level 2.

Exchange traded funds: Valued at the daily closing price as report on the active market on which they are traded and are valued as level 1.

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

	Fair Value Measurements as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 24,795	\$ -	\$ -	\$ 24,795
Certificates of deposit	-	709,150	-	709,150
U.S. government and federal obligations	-	3,352,393	-	3,352,393
Corporate and foreign bonds	-	2,358,417	-	2,358,417
Exchange traded funds	852,223	-	-	852,223
Total assets at fair value	\$ 877,018	\$ 6,419,960	\$ -	\$ 7,296,978

The certificates of deposit listed above as Level 2 have maturities ranging from 36 up to 60 months and interest rates ranging from 3.50% to 5.15%.

	Fair Value Measurements as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 30,332	\$ -	\$ -	\$ 30,332
U.S. Treasury bills	616,281	-	-	616,281
Certificates of deposit	-	2,043,684	-	2,043,684
U.S. government and federal obligations	-	593,312	-	593,312
U.S. government agencies obligations	278,755	-	-	278,755
Corporate and foreign bonds	-	3,773,920	-	3,773,920
Exchange traded funds	962,570	-	-	962,570
Total assets at fair value	\$ 1,887,938	\$ 6,410,916	\$ -	\$ 8,298,854

The certificates of deposit listed above as Level 2 have maturities ranging from 11 up to 72 months and interest rates ranging from 0.55% to 5.40%.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note F - Employer Notes Receivable

Notes receivable were from contractors who are delinquent in their contributions to the fund. Notes receivable at December 31 consisted of the following:

	2024	2023
Note receivable - Loft Painting, defaulted 4/1/09, 10%, judgment on Cognovit Note, secured by real property.	\$ 106,313	\$ 106,313
Note receivable - Ooten, 2 year term, 6% interest, filed judgment on Cognovit Note, secured by real property.	44,874	44,874
Total Notes Receivable	\$ 151,187	\$ 151,187

## Note G - Plan Amendment and Termination

The Trustees reserve the right to amend or terminate the Plan at any time and for any reason. If the Plan is amended or terminated, active and retired members may not receive benefits as described in the Summary Plan Description. Members may be entitled to receive different benefits or benefits under different conditions. However, it is possible that members will lose all benefit coverage. This may happen at any time, even after retirement, if the Trustees decide to terminate the Plan coverage under the Plan. In no event will members become entitled to any vested rights under this Plan. These provisions cannot be modified in any manner except by resolution of the Board of Trustees.

## Note H - Tax Status

The Plan has received an exemption letter from the IRS dated August 4, 1997, stating that the trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the IRC. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

## Note I - Risks and Uncertainties

### Investments

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rates, 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

### Concentration of Cash

Cash consists of monies held in interest-bearing checking accounts. The Plan places its cash with financial institutions deemed to be creditworthy. Deposits in accounts are collectively insured by the Federal Deposit Insurance Corporation ("FDIC") up to a coverage limit of \$250,000 at each FDIC-insured depository institution. As a result, the Plan may have balances that exceed the insured limit.

# Southern Ohio Painters Health and Welfare Fund

Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

## Note I - Risks and Uncertainties (continued)

### Significant Participating Employers

During the year ended December 31, 2024 one employer represented 16% of total employer contributions to the Plan. During the year ended December 31, 2023 two employers represented 27% of total employer contributions to the Plan. In the event that one of these employers were to suspend contributions, the Plan would retain the risk of meeting current fixed expenses until the appropriate adjustments were made.

### Actuarial Present Value of Benefit Obligations

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

## Note J - Party in Interest and Related Party Transactions

As described previously, the Plan pays fees for several arrangements with service providers. Also, at times, certain Plan assets are invested in assets managed by custodians of the Plan. These transactions are considered exempt party in interest transactions under ERISA.

## Note K - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<b>2024</b>	<b>2023</b>
Net assets available for benefits per financial statements	\$ 8,563,464	\$ 10,188,166
Less: benefit claims payable (current and incurred but not yet reported)	(1,055,000)	(911,000)
Net assets available for benefits per Form 5500	\$ 7,508,464	\$ 9,277,166

The following is a reconciliation of payments for benefit claims per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<b>2024</b>	<b>2023</b>
Payments for benefit claims per the financial statements	\$11,152,901	\$ 9,921,721
Add: benefit claims payable at current year end	1,055,000	911,000
Less: benefit claims payable at prior year end	(911,000)	(643,100)
Total payments for benefit claims per Form 5500	\$11,296,901	\$10,189,621

## Note L - Subsequent Events

Subsequent events have been evaluated through October 15, 2025, the date the financial statements are available to be issued.

**Southern Ohio Painters  
Health and Welfare Fund**  
EIN 31-1063422, PN:501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
<b>Money market funds</b>				
	Federated Government Obligations	24,795 Shares, Money Market Fund, Variable Interest Rate	\$ 24,795	\$ 24,795
<b>Certificates of deposit</b>				
	A+ Fed CR Un Austin Tex, CD	4.550%, Matures 4/28/2028	129,675	132,207
	Dort Finl CR UN Grand Blanc MI, CD	4.400%, Matures 2/10/2027	149,625	151,140
	Space Coast CR UN, CD	5.150%, Matures 12/16/2025	250,000	252,388
	US Alliance FCU Rye New York, CD	4.650%, Matures 4/28/2028	169,490	173,415
			<u>698,790</u>	<u>709,150</u>
<b>U.S. government and federal obligations</b>				
	United States Treas NTS	194,000 Bonds, 1.250%, Matures 8/15/2031	159,926	158,320
	United States Treasury Notes	150,000 Bonds, 1.875%, Matures 2/15/2032	128,941	126,164
	United States Treas NTS	100,000 Bonds, 2.875%, Matures 5/15/2032	90,633	89,810
	United States Treas NTS	25,000 Bonds, 2.750%, Matures 5/15/2032	22,378	22,171
	United States Treas NTS	75,000 Bonds, 4.125%, Matures 10/31/2027	74,637	74,704
	United States Treas NTS	75,000 Bonds, 3.875%, Matures 11/30/2029	74,267	73,316
	United States Treas NTS	155,000 Bonds, 3.875%, Matures 11/30/2027	154,023	153,250
	US Treasury Notes	140,000 Bonds, 5.000%, Matures 10/31/2025	141,537	140,808
	United States Treas NTS	315,000 Bonds, 4.875%, Matures 10/31/2030	325,845	321,952
	US Treasury Note	170,000 Bonds, 4.625%, Matures 11/15/2026	173,075	171,108
	US Treasury Note	60,000 Bonds, 4.875%, Matures 11/30/2025	60,349	60,325
	US Treasury NT	120,000 Bonds, 4.375%, Matures 11/30/2030	122,982	119,563
	US Treasury Note	90,000 Bonds, 4.375%, Matures 11/30/2028	90,877	90,037
	United States Treas NTS	45,000 Bonds, 4.250%, Matures 12/31/2025	45,033	45,011
	United States Treas NTS	61,000 Bonds, 4.000%, Matures 1/31/2029	61,176	60,164
	US Treasury NT	148,000 Bonds, 4.500%, Matures 3/31/2026	149,480	148,403
	United States Treas NTS	72,000 Bonds, 4.500% Matures 4/15/2027	73,468	72,361
	US Treasury Notes	387,000 Bonds, 4.500%, Matures 5/15/2027	394,255	388,927
	United States Treas NTS	145,000 Bonds, 4.250%, Matures 6/30/2029	148,982	144,197
	United States Treas NT	107,000 Bonds, 4.375%, Matures 7/31/2026	107,606	107,177
	United States Treas NT	119,000 Bonds, 4.000%, Matures 7/31/2029	121,287	117,114
	US Treasury Note	175,000 Bonds, 3.750%, Matures 8/31/2026	175,188	173,616
	United States Treasury NTS	85,000 Bonds, 3.625%, Matures 9/30/2031	81,401	80,772
	United States Treasury NTS	75,000 Bonds, 4.125%, Matures 10/31/2029	74,438	74,136
	United States Treasury NTS	200,000 Bonds, 4.125%, Matures 10/31/2026	199,109	199,544
	United States Treas NT	115,000 Bonds, 4.250%, Matures 11/30/2026	115,265	114,977
	United States Treas NTS	25,000 Bonds, 4.125%, Matures 11/30/2031	24,995	24,466
			<u>3,391,153</u>	<u>3,352,393</u>

See Independent Auditors' Report.

**Southern Ohio Painters  
Health and Welfare Fund**  
EIN 31-1063422, PN:501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	<b>Corporate and foreign bonds</b>			
	Air Prods & Chems Inc.	95,000 Bonds, 4.850%, Matures 2/08/2034	\$ 93,625	\$ 92,752
	Alleghany Corp MD SR Gbl NT	137,000 Bonds, 3.625%, Matures 5/15/2030	127,137	128,854
	Astrazeneca Fin LLC	150,000 Bonds, 4.875%, Matures 3/3/2028	148,766	150,882
	Caterpillar Finl Svcs Corp	72,000 Bonds, 4.850%, Matures 2/27/2029	71,902	72,382
	Coca Cola Co	100,000 Bonds, 5.000%, Matures 5/13/2034	99,697	100,024
	Cummins Inc	75,000 Bonds, 4.900%, Matures 2/20/2029	74,745	75,468
	Federal Home loan Bank	200,000 Bonds, 3.50%, Matures 3/11/2033	187,858	183,112
	Federal Home LN BKS	150,000 Bonds, 4.375%, Matures 3/11/2033	154,035	146,253
	Federal Farm Credit Bank	200,000 Bonds, 4.375%, Matures 3/3/2033	198,368	195,008
	Honda Motor Co LTD SR Gbl NT	130,000 Bonds, 2.271%, Matures 3/10/2025	129,279	129,394
	Mastercard Inc SR NT	73,000 Bonds, 4.875%, Matures 5/09/2034	71,934	71,869
	National Australia Bk LTD	149,000 Bonds, 4.900%, Matures 6/13/2028	149,338	149,772
	Precision Castparts Corp SR NT	131,000 Bonds, 3.250%, Matures 6/15/2025	130,147	130,247
	Public Storage	126,000 Bonds, 5.100%, Matures 8/1/2033	125,352	125,437
	Suntrust Bk Atlanta GA Medium	75,000 Bonds, 4.050%, Matures 11/03/2025	73,568	74,661
	Toyota MTR Cr Corp Medium Term	69,000 Bonds, 5.100%, Matures 3/21/2031	68,980	69,230
	Toyota MTR Cr Corp	106,000 Bonds, 5.050%, Matures 5/16/2029	105,773	106,764
	United Health Group Inc	128,000 Bonds, 2.300%, Matures 5/15/2031	108,883	108,840
	Toronto Dominion BK SR Medium	101,000 Bonds, 4.980%, Matures 4/05/2027	101,000	101,334
	Westpac BKG Corp	142,000 Bonds, 5.535%, Matures 11/17/2028	146,283	146,134
			<u>2,366,670</u>	<u>2,358,417</u>
	<b>Exchange traded funds</b>			
	Brown Advisory Sustainable Growth FD Inst	3,915 Shares	181,242	215,774
	Fidelity 500 Index FD Inst Premium	2,107 Shares	300,031	430,131
	Invesco Exchange-Traded Fd TR	3,078 Shares	173,230	206,318
			<u>654,503</u>	<u>852,223</u>
	<b>Total Assets Held For Investment</b>		<u><b>\$ 7,135,911</b></u>	<u><b>\$ 7,296,978</b></u>

See Independent Auditors' Report.

**Southern Ohio Painters  
Health and Welfare Fund**  
EIN 31-1063422, PN:501

Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of 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)
US Federal Government Obligations	United States Treasury Notes	\$ 6,914,942	\$ 4,080,964	\$ -	\$ -	\$ 10,971,520	\$ 10,995,906	\$ 24,386
US Federal Government Obligations	US Treasury Bills	709,533	1,317,182	-	-	2,026,715	2,026,715	-

See Independent Auditors' Report.

## 2024 Form 5500 e-file Signature Authorization

SOUTHERN OHIO PAINTERS HEALTH & WELFARE FUND  
SOUTHERN OHIO PAINTERS HEALTH & WELFARE FUND 501  
625 ENTERPRISE DRIVE  
OAK BROOK, IL 60523

Employer Identification Number: 31-1063422

Client Identification Number: 01SOHIO01

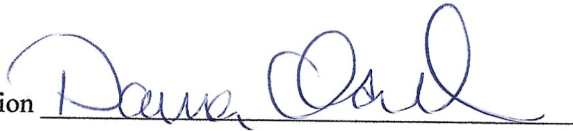
You, as plan administrator, are authorizing that DG Perry, PLLC electronically file the 2024 Form 5500 for SOUTHERN OHIO PAINTERS HEALTH & WELFARE FUND as an EFAST2 Service Provider.

### Authorization

As plan administrator for SOUTHERN OHIO PAINTERS HEALTH & WELFARE FUND, I authorize DG Perry, PLLC to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization



Date: 10/14/2025

**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 \_\_\_\_\_ and ending \_\_\_\_\_

- 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 \_\_\_\_\_ ▶  the DFVC program
- D** Check box if filing under:  Form 5558  automatic extension  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**

<b>1a</b> Name of plan <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
	<b>1c</b> Effective date of plan <b>04/15/1983</b>
<b>2a</b> 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) <b>SOUTHERN OHIO PAINTERS HEALTH &amp; WELFARE FUND</b>	<b>2b</b> Employer Identification Number (EIN) <b>31-1063422</b>
<b>625 ENTERPRISE DRIVE</b>	<b>2c</b> Plan Sponsor's telephone number <b>630-481-1561</b>
<b>OAK BROOK IL 60523</b>	<b>2d</b> Business code (see instructions) <b>238300</b>

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

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

SIGN HERE	<i>Dana Clark</i>	<i>10/14/2025</i>	<b>DANA CLARK</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)

**Federal Statements****SOUTHERN OHIO PAINTERS HEALTH & WELFARE FUND  
Plan: 501****Plan transactions in excess of 5% of plan assets**

<u>Name</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
SEE ATTACHED		\$	\$	\$	\$	\$	\$	\$

**Federal Statements**

FYE: 12/31/2025 **SOUTHERN OHIO PAINTERS HEALTH & WELFARE FUND**  
**Plan: 501**

**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		SEE ATTACHED FS	\$	\$