

<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: x-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: 24pt; font-weight: bold;">2023</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 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

**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>ST. LOUIS LABOR HEALTHCARE NETWORK</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>ST. LOUIS LABOR HEALTHCARE NETWORK</u></p> <p><u>4239 WOODSON ROAD, SUITE 300</u> <u>ST. LOUIS, MO 63134</u></p>	<p><b>1c</b> Effective date of plan <u>01/23/2009</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>81-0346232</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>314-513-5871</u></p> <p><b>2d</b> Business code (see instructions) <u>525100</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.	04/02/2025	RODNEY KALINA
	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 checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	896
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	896
	<b>6a(2)</b>	843
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	843
	<b>6e</b>	
	<b>6f</b>	
	<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>	21

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

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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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<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>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p><b>A</b> Name of plan <b>ST. LOUIS LABOR HEALTHCARE NETWORK</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>ST. LOUIS LABOR HEALTHCARE NETWORK</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>81-0346232</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  
**THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00414797	917	06/01/2023	05/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>7172</b></p>	<p><b>(b)</b> Total amount of fees paid <b>810</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7172	810		

**(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<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>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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. .... Specify nature of costs ▶	<b>6d</b>	

**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>	0
<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: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	<b>7e(2)</b>		
	<b>7e(3)</b>		
	<b>7e(4)</b>		
	(5) Total deductions .....		
<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>	

**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) ▶ AD&D

**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>	71720
<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. ▶

**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>ST. LOUIS LABOR HEALTHCARE NETWORK</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>ST. LOUIS LABOR HEALTHCARE NETWORK</b>		<b>D</b> Employer Identification Number (EIN) <b>81-0346232</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

**AETNA**

<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>06-6033492</b>	<b>95094</b>	<b>0285498</b>	<b>979</b>	<b>07/01/2023</b>	<b>06/30/2024</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>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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
	(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<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>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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. .... Specify nature of costs ▶	<b>6d</b>	

**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>	0
<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: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	<b>7e(2)</b>		
	<b>7e(3)</b>		
	<b>7e(4)</b>		
	(5) Total deductions .....		
<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>	

**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>	376716
<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 (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>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>ST. LOUIS LABOR HEALTHCARE NETWORK</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>ST. LOUIS LABOR HEALTHCARE NETWORK</b>	<b>D</b> Employer Identification Number (EIN) <b>81-0346232</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)

MERITAIN HEALTH

16-1264154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 23	NONE	624940	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)

INTERFACE CONSTRUCTION CORPORATION

8401 WABASH AVE  
ST. LOUIS, MO 63134

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	76830	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LISA BOYER

4239 WOODSON RD STE 300  
ST. LOUIS, MO 63134

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67672	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BURR OAK CONSULTING LLC

2115 BARRETT STATION RD  
ST. LOUIS, MO 63131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	66129	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COMMERCE BANK

6863 CLAYTON RD  
ST. LOUIS, MO 63117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	38712	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCY MANAGED BEHAVIORAL HEALTH

43-1664148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	37294	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	33800	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DA-COM CORPORATION

5317 KNIGHTS OF COLUMBUS DR  
ST. LOUIS, MO 63119

(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	NONE	20337	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SPECTOR WOLFE MCLAUGHLIN OMARA HALL

43-1718339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	18647	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

INVESTMENT CONSULTING SERVICES, LLC

32-0016703

(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?
27	NONE	16000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VSP VISION CARE

36-3560825

(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?
13 23	NONE	13876	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>ST. LOUIS LABOR HEALTHCARE NETWORK</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>ST. LOUIS LABOR HEALTHCARE NETWORK</b>	<b>D</b> Employer Identification Number (EIN) <b>81-0346232</b>

**Part I Asset and Liability Statement**

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 1037468	385596
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 1135236	1052432
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 575135	850869
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 401747	259718
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 4432127	5204217
<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> 8135005	8185912
<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> 28360729	31682238
<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> 3281251	3334691

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		81625
f Total assets (add all amounts in lines 1a through 1e) .....	1f	47358698	51037298
<b>Liabilities</b>			
g Benefit claims payable .....	1g	1686999	1658069
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	1686999	1658069
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	45671699	49379229

**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: (A) Employers .....	2a(1)(A)	13461227	
(B) Participants .....	2a(1)(B)	7270	
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		13468497
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	14882	
(B) U.S. Government securities .....	2b(1)(B)	153714	
(C) Corporate debt instruments .....	2b(1)(C)	367755	
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)	38380	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		574731
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	655385	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		655385
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	1442917	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	1404690	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		38227
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	63265	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<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>		2746126
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		17546231

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	12125673	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	376491	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		12502164
<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>	130792	
(2) Contract administrator fees.....	<b>2i(2)</b>	752066	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	33800	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	38712	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	18647	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	362520	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1336537
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		13838701

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3707530
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**ST. LOUIS LABOR HEALTHCARE NETWORK**

**FINANCIAL STATEMENTS WITH  
SUPPLEMENTARY INFORMATION AND  
ADDITIONAL INFORMATION  
AND  
INDEPENDENT AUDITORS' REPORT  
YEARS ENDED JUNE 30, 2024 AND 2023**

# Contents

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## Independent Auditors' Report

Board of Trustees  
St. Louis Labor Healthcare Network  
St. Louis, MO

### Opinion

We have audited the accompanying financial statements of St. Louis Labor Healthcare Network (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and statements of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's 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 GAAS.

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

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

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

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

 Anders Munkeler Heber & Helms LLP

March 31, 2025

**St. Louis Labor Healthcare Network**  
**Statements of Net Assets Available for Benefits**  
**June 30, 2024 and 2023**

	<b>Assets</b>	
	2024	2023
Investments, at Fair Value	<u>\$ 48,666,776</u>	<u>\$ 44,610,859</u>
Receivables		
Employer contributions	1,052,432	1,135,236
Accrued interest and dividends	158,921	137,104
Due from related parties	31,354	28,840
Rebates	<u>660,594</u>	<u>409,191</u>
Total Receivables	<u>1,903,301</u>	<u>1,710,371</u>
Property and Equipment, net	81,625	-
Cash - Non-interest Bearing	<u>385,596</u>	<u>1,037,468</u>
Total Assets	<u>51,037,298</u>	<u>47,358,698</u>
Net Assets Available for Benefits	<u>\$ 51,037,298</u>	<u>\$ 47,358,698</u>

**St. Louis Labor Healthcare Network**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended June 30, 2024 and 2023**

	2024	2023
Additions to Net Assets:		
Investment Income		
Net appreciation in fair value of investments	\$ 2,847,618	\$ 796,887
Interest and dividends	1,230,116	1,130,199
	4,077,734	1,927,086
Less: investment expense	(38,712)	(47,726)
Net Investment Income	4,039,022	1,879,360
Contribution Income		
Employer	13,461,227	14,214,771
Participant	7,270	8,005
Total Contribution Income	13,468,497	14,222,776
Other Income		
Total Additions	-	35,141
	17,507,519	16,137,277
Deductions from Net Assets:		
Benefits Paid Directly to/for Participants		
Medical benefits	9,241,291	10,167,469
Dental benefits	560,587	541,093
Vision benefits	84,030	78,708
Prescription drugs	2,187,773	1,776,649
Premium payments	80,922	84,100
Total Benefits Paid	12,154,603	12,648,019
Insurance - stop-loss	376,491	376,158
Administrative service fees	752,066	783,494
ACA fees	5,653	-
General and administrative expenses	540,106	562,340
Total Deductions	13,828,919	14,370,011
Net Increase	3,678,600	1,767,266
Net Assets Available for Benefits, Beginning of Year	47,358,698	45,591,432
Net Assets Available for Benefits, End of Year	\$ 51,037,298	\$ 47,358,698

**St. Louis Labor Healthcare Network  
Statements of Benefit Obligations  
June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries and dependents:		
Health claims payable and claims incurred but not reported	\$ <u>1,658,069</u>	\$ <u>1,686,999</u>
Total Benefit Obligations, End of Year	\$ <u><u>1,658,069</u></u>	\$ <u><u>1,686,999</u></u>

**St. Louis Labor Healthcare Network  
Statements of Changes in Benefit Obligations  
Years Ended June 30, 2024 and 2023**

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents:		
Balance at beginning of year	\$ 1,686,999	\$ 1,572,177
Claims reported and approved for payment	12,125,673	12,762,841
Payment for benefits	(12,154,603)	(12,648,019)
<b>Total Benefit Obligations, End of Year</b>	<b>\$ 1,658,069</b>	<b>\$ 1,686,999</b>

**St. Louis Labor Healthcare Network  
Notes to Financial Statements  
June 30, 2024 and 2023**

**1. Plan Description**

The following description of the St. Louis Labor Healthcare Network (the "Plan") is provided for financial reporting purposes only. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

**General**

The Plan is a multiemployer defined benefit health and welfare benefit plan. The Plan was established and maintained pursuant to collective bargaining agreement ("CBA") between Teamsters Local 688 (the "Union") and various contributing employers (the "Employers") to provide medical, dental, prescription drug, vision, life insurance, accidental death and dismemberment, and, short term disability benefits to participants and eligible beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

**Eligibility**

Eligibility of participants is determined under the various contracts between the Union's membership and the Employers.

**Contributions**

The Employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA, or such other agreements as approved by the Trustees. Participant contributions are allowed to provide Consolidated Omnibus Budget Reconciliation Act ("COBRA") benefits and participants pay the full cost of such benefits.

**St. Louis Labor Healthcare Network**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

**Benefits**

The Plan provides medical, dental, prescription drug, vision, life insurance, accidental death and dismemberment, and short term disability benefits for participants and eligible beneficiaries, as specified in the plan document. All of these benefits are self-insured by the Plan with the exception of life insurance, accidental death and dismemberment and short-term disability benefits. Those benefits are provided under group insurance contracts. The premiums for all insured benefits are paid from the assets of the Plan. The claims for all self-insured benefits are processed by the Plan's third-party claims processor under an administrative-services-only arrangement. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

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

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

**St. Louis Labor Healthcare Network**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

**Fair Value Measurements**

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

**Employer Contributions Receivable**

Employer contributions receivable represent Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not received by year end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimated the allowance for credit losses by regularly evaluating individual Employer contributions receivables and considers the Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible. Management is of the opinion that no allowance is necessary as of June 30, 2024 and 2023.

**Rebates**

Rebates due from the Plan's PBM are recorded when earned. Rebates due as of June 30, 2024 and 2023, have been reported as receivables, with the offset being netted against prescription drugs. For the years ended June 30, 2024 and 2023, pharmacy rebates totaling \$1,166,340 and \$784,796, respectively, have been netted with prescription drugs in the accompanying statements of changes in net assets available for benefits.

**Property and Equipment**

Property and equipment is stated at cost. Major additions and improvements are capitalized, while maintenance and repairs are expensed as incurred. When assets are sold or otherwise disposed of, the related cost and accumulated depreciation or amortization are removed from the accounts. Any gain or loss arising from such disposition is included as income or expense in the year of disposition.

Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets. Leasehold improvements are amortized over the shorter of the life of the related asset or the term of the lease.

**St. Louis Labor Healthcare Network  
Notes to Financial Statements  
June 30, 2024 and 2023**

The estimated lives for computing depreciation and amortization on property and equipment are:

<u>Classification</u>	<u>Years</u>
Computer software	3-5
Office equipment	5-10
Leasehold improvements	15

**Payment of Benefits**

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

**Plan Benefit Obligations**

Plan obligations at year-end for health claims incurred by active participants but not reported at that date are calculated by the Plan. Such estimated amounts are reported in the accompanying statements of plan's benefit obligations at present value.

**Administrative Expenses**

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

**Reclassifications**

Certain amounts in the 2023 financial statements have been reclassified to conform to the current year presentation.

**Subsequent Events**

The Trust has evaluated subsequent events through March 31, 2025, the date on which the financial statements were available to be issued.

**St. Louis Labor Healthcare Network**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

**3. Change in Accounting Principle**

Effective July 1, 2023, the Plan adopted ASU 2016-13, Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments, as amended. FASB ASC 326 replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss ("CECL") methodology. CECL Requires and estimate of future credit losses for the remaining estimated lives of financial assets based on relevant information about historical experience, current conditions, and reasonable and supportable financial forecasts that affect the collectibility of the reported amounts. The measurement of expected credit losses under CECL is applicable to financial assets measured at amortized cost. Such assets are presented at the net amount expected to be collected over their remaining contractual lives using an allowance for credit losses. The adoption of FASB ASC 326 resulted in no change in the allowance from credit losses.

**4. Fair Value Measurements**

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

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

The instruments' fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

**St. Louis Labor Healthcare Network**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

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

Level 2 investments consist of corporate bonds, U.S. government and agency securities, and municipal bonds. Corporate bonds, U.S. government and agency securities, and municipal bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Investments also include a common collective trust fund. The common collective trust is valued at the NAV of shares of the bank collective trusts held by the Plan at year-end. The NAV is based on the fair value of the underlying investments held by the trusts. The NAV is used as a practical expedient to estimate fair value.

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.



**St. Louis Labor Healthcare Network**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

Investments measured at fair value based on NAV per share as a practical expedient as of June 30, are as follows:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>2024</u>				
Common Collective Trust Fund (A)	\$ 2,164,836	N/A	Monthly	N/A
<u>2023</u>				
Common Collective Trust Fund (A)	\$ 2,047,991	N/A	Monthly	N/A

(A) This investment seeks a favorable long-term rate of return and seek to track the return and risk characteristics of the FTSE NARETT US All Equity Index.

**5. Property and Equipment**

Property and equipment consist of the following as of June 30:

	<u>2024</u>	<u>2023</u>
Computer software	\$ 91,306	\$ 134,982
Office equipment	10,545	43,276
Leasehold improvements	<u>76,830</u>	<u>37,556</u>
	178,681	215,814
Less: accumulated depreciation	<u>97,056</u>	<u>215,814</u>
	<u>\$ 81,625</u>	<u>\$ -</u>

Depreciation expense for the years ended June 30, 2024 and 2023 totaled \$5,751 and \$35,780, respectively.

**6. Related Party Transactions**

The Plan leases office facilities from Teamsters Local 688 Real Estate Company pursuant to a lease agreement that expires on February 28, 2026. Rent expense paid to the Teamsters Local 688 was \$19,569 and \$22,912 for the years ended June 30, 2024 and 2023, respectively.

Future minimum lease commitments for the Plan are as follows:

<u>Years Ending December 31,</u>	
2025	21,544
2026	<u>14,453</u>
Total	<u>\$ 35,997</u>

**St. Louis Labor Healthcare Network  
Notes to Financial Statements  
June 30, 2024 and 2023**

Amounts due from related parties at June 30 are as follows:

	2024	2023
Teamsters Local 688 Insurance and Welfare Fund	\$ 7,139	\$ 5,362
Teamsters Local 688	24,215	23,478
Total Due From Related Parties	\$ 31,354	\$ 28,840

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

**7. Employee Benefit Plans**

The Plan established a defined contribution 401(k) retirement plan (the "retirement plan") for the benefit of the nonunion administrative employee of the Plan. The retirement plan is funded by Plan contributions and allows for employee elective wage deferrals. The Plan's contributions for the years ended June 30, 2024 and 2023 were \$11,034 and \$10,814.

The Plan contributes to a related-party multiemployer benefit plan created for its employees to provide certain benefits upon retirement. Contributions to this plan totaled \$1,193 and \$1,170 for the years ended June 30, 2024 and 2023, respectively.

**8. Plan Amendments**

Effective October 11, 2022, the Plan was amended to cover habilitative services.

Effective January 1, 2023, the Plan was amended to update the colon cancer screening age to 45 in accordance with the American College of Gastroenterology and American Cancer Society Guidelines.

Effective January 1, 2024, transplants not specifically listed in the medical benefits is limited to a maximum coverage amount of \$100,000.

**9. Plan Termination**

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

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

**St. Louis Labor Healthcare Network**  
**Notes to Financial Statements**  
**June 30, 2024 and 2023**

**10. Tax Status of Trust**

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

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2024 and 2023, there were no uncertain positions taken, or expected to be taken, that would require the recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations prior to 2020. The Plan is also subject to routine audits by the DOL generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

**11. Risks and Uncertainties**

**Concentrations of Credit Risk**

Financial instruments that subject the Plan to concentrations of credit and market risk consist of cash, investments, and receivables. The Plan maintains its cash primarily with one financial institution. Deposits at this bank are insured by the Federal Deposit Insurance Corporation up to \$250,000. At June 30, 2024, there were cash balances of \$185,564 in excess of FDIC limits at the bank.

**Investments**

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

**Contributions**

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

**St. Louis Labor Healthcare Network  
Notes to Financial Statements  
June 30, 2024 and 2023**

**12. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 51,037,298	\$ 47,358,698
Less: claims payable at year end	(1,658,069)	(1,686,999)
Net assets available for benefits per the Form 5500	\$ 49,379,229	\$ 45,671,699

The following is a reconciliation of benefits paid per the financial statements for the years ended June 30, to Form 5500:

	2024
Benefits paid per the financial statements	\$ 12,154,603
Plus: claims payable current year	1,658,069
Less: claims payable prior year	(1,686,999)
Benefits paid per Form 5500	\$ 12,125,673

**St. Louis Labor Healthcare Network**  
**EIN: 81-0346232 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
<b>Money Market Fund:</b>			
	First Am Govt Ob Fd Cl Z	\$ 259,718	\$ 259,718
<b>U.S. Government and Agency Securities:</b>			
	F F C B Deb 3.670% 5/16/28	240,000	231,146
	F H L M C #840432 2.868% 11/01/46	24,914	22,733
	F H L M C #Sc0002 5.000% 5/01/39	52,955	49,150
	F H L M C #Sd8106 2.000% 10/01/50	146,609	111,775
	F H L M C #Sd2732 5.000% 10/01/52	132,240	130,065
	F H L M C Gd G08717 4.000% 7/01/46	28,747	25,087
	F H L M C Gd G60923 4.000% 4/01/47	22,776	20,168
	F H L M C Gd Q50109 3.500% 8/01/47	25,256	22,079
	F H L M C Gd T65302 3.000% 6/01/45	30,778	26,152
	F H L M C Gd U90490 4.000% 6/01/42	55,066	50,455
	F H L M C Mltcl Mtg 1.500% 10/15/42	2,950	2,926
	F H L M C Mltcl Mtg 3.000% 4/15/43	5,806	5,435
	F H L M C Mltcl Mtg 3.000% 5/25/57	75,105	69,932
	F H L M C Mltcl Mtg 3.500% 11/25/28	97,621	92,972
	F H L M C Mltcl Mtg 3.500% 6/25/28	244,990	230,975
	F H L M C Mltcl Mtg 4.000% 3/15/33	560	521
	F N M A #Al6326 2.500% 8/01/28	12,745	11,884
	F N M A #Az2331 3.500% 7/01/45	43,748	37,793
	F N M A #Bp1352 3.000% 3/01/50	69,811	58,712
	F N M A #Bs6088 4.040% 8/01/30	137,093	138,765
	F N M A #Ca8079 2.000% 12/01/50	168,229	126,060
	F N M A #Fm8118 2.000% 8/01/51	182,408	141,711
	F N M A #Ma1491 3.000% 6/01/43	39,272	34,072
	F N M A #Ma5020 5.000% 5/01/43	150,217	149,740
	F N M A 0.420% 11/18/24	210,000	205,748
	F N M A Gtd Remic 1.500% 12/25/49	161,737	120,946
	F N M A Gtd Remic 2.000% 8/25/51	180,924	142,699
	F N M A Gtd Remic 2.500% 12/25/41	158,789	125,975
	F N M A Gtd Remic 3.000% 12/25/44	15,140	14,202
	F N M A Gtd Remic 3.000% 2/25/47	40,303	36,704
	F N M A Gtd Remic 3.000% 6/25/48	165,251	143,788
	G N M A Gtd Remic 2.350% 9/16/61	183,204	143,051
	G N M A Gtd Remic 2.500% 8/20/47	8,705	7,268
	G N M A Gtd Remic 3.500% 3/20/48	77,458	69,557

**St. Louis Labor Healthcare Network**  
**EIN: 81-0346232 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
<b>U.S. Government and Agency Securities (Continued):</b>			
	G N M A I I #784174 2.500% 6/20/31	\$ 15,788	\$ 14,495
	G N M A I I #Ma0527 3.000% 11/20/42	28,072	23,620
	T V A 5.880% 4/01/36	97,057	76,987
	U S Treasury Bd 2.250% 8/15/46	451,911	283,305
	U S Treasury Bd 2.250% 8/15/49	203,359	122,803
	U S Treasury Bd 3.000% 11/15/44	228,155	171,816
	U S Treasury Bd 3.125% 5/15/48	390,784	357,724
	U S Treasury I P S 2.000% 1/15/26	235,181	210,609
	U S Treasury Nt 1.375% 8/31/26	102,789	93,231
	U S Treasury Nt 1.500% 8/15/26	138,928	131,009
	U S Treasury Nt 2.875% 5/15/32	292,381	279,304
	U S Treasury Nt 3.375% 5/15/33	414,287	417,042
	U S Treasury Nt 4.500% 5/15/33	224,547	222,026
	<b>Total U.S. Government and Agency Securities</b>	<b>6,014,644</b>	<b>5,204,217</b>
<b>Corporate Bonds:</b>			
	Air Lease Corp Mtn 2.300% 2/01/25	138,544	137,047
	Alleghany Corp 4.900% 9/15/44	49,657	46,372
	Ameren Ill Co 1ST 5.900% 12/01/52	124,614	128,926
	Amgen Inc 3.375% 2/21/50	100,269	70,419
	Aon Plc 4.450% 5/24/43	118,535	103,380
	Arizona Public 6.875% 8/01/36	139,094	106,881
	Arthur J Gallagher 6.500% 2/15/34	69,864	74,071
	At T Inc 5.400% 2/15/34	99,671	100,001
	Bell Tel Co 5.100% 5/11/33	104,927	102,972
	Bhp Fin USA Ltd 6.420% 3/01/26	216,395	188,275
	Bk Of America Mtn 2.972% 2/04/33	200,000	169,256
	Bristol Myers 5.200% 2/22/34	145,468	144,704
	Blackrock Inc 2.100% 2/25/32	81,947	81,409
	Canadian Pac Ry 4.950% 8/15/45	129,254	114,145
	Canadian Pacific 5.750% 1/15/42	93,125	73,390
	Carmax Auto Owner 5.340% 8/16/27	184,957	184,645
	Celgene Corp 3.900% 2/20/28	119,587	114,666
	Centerpoint Ener 4.500% 4/01/44	75,280	65,258
	Ch Robinson 4.200% 4/15/28	97,797	96,670
	Cintas Corp 4.000% 5/01/32	189,892	178,520
	Citigroup Inc 3.878% 1/24/39	120,000	100,529

**St. Louis Labor Healthcare Network**  
**EIN: 81-0346232 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
<b>Corporate Bonds (Continued):</b>			
	Conocophillips Sr 5.05% 9/15/33	\$ 99,807	\$ 99,120
	Daimler Trucks 5.230% 2/17/26	140,731	140,429
	Emerson Elec Co 2.000% 12/21/28	214,525	190,606
	Energy Transfer L P 5.600% 9/01/34	134,650	134,105
	Fidelity Natl 4.700% 7/15/27	109,825	108,231
	General Dynamics 2.375% 11/15/24	223,200	222,521
	General Motors Co 6.600% 4/01/36	113,558	109,871
	Goldman Sachs Group 3.850% 1/26/27	99,720	96,634
	Hollyfrontier Corp 5.875% 4/01/26	79,461	79,879
	John Deere Mtn 4.700% 6/10/30	184,835	183,180
	Jpmorgan Chase Co 5.600% 7/15/41	284,376	203,420
	Key Bank Na Mtn 4.150% 8/08/25	199,944	196,130
	Kimco Realty Corp 2.800% 10/01/26	44,626	42,554
	Loews Corp 6.000% 2/01/35	197,354	189,545
	Metlife Inc 5.300% 12/15/34	149,376	149,588
	Hartford Finl Svcs 6.100% 10/01/41	125,794	129,534
	Marathon Petroleum 6.500% 3/01/41	53,693	52,037
	Mayo Clinic 4.000% 11/15/47	90,000	74,272
	Morgan Stanley Mtn 4.431% 1/23/30	46,417	48,370
	Mountain Amer C D 4.750% 10/15/24	250,000	249,548
	Oneok Inc New 5.00% 3/01/26	79,900	79,331
	Northern State 6.200% 7/01/37	100,188	80,022
	Oklahoma Gas Elec Co 3.500% 4/01/30	188,946	180,634
	Paccar Financial Mtn 2.000% 2/04/27	159,803	148,435
	Pacificorp 5.750% 4/01/37	97,862	74,435
	Petro Canada 7.875% 6/15/26	148,374	114,496
	Pg E Wildfire 3.594% 6/01/30	164,281	157,010
	Pnc Financial 2.550% 1/22/30	226,690	188,624
	Potomac Elec Pwr 7.900% 12/15/38	129,941	107,637
	Ppl Electric 3.000% 10/01/49	250,719	168,688
	Progressive Corp 6.250% 12/01/32	89,986	74,920
	Realty Income Corp 3.650% 1/15/28	124,723	118,976
	Rogers Comm Inc 7.500% 8/15/38	57,094	46,532
	Illinois Tool Works 4.875% 9/15/41	71,606	70,856
	San Diego G&e 6.000% 6/01/39	103,144	84,330
	Sequoia Mortgage 1.87399% 2/25/43	17,024	14,723
	Sequoia Mortgage Tr 3.000% 5/25/43	23,166	20,142

**St. Louis Labor Healthcare Network**  
**EIN: 81-0346232 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
<b>Corporate Bonds (Continued):</b>			
	Simon Pty Group L P 6.250% 1/15/34	\$ 108,915	\$ 116,021
	Tennessee Gas 8.375% 6/15/32	131,935	115,292
	The Met 3.400% 7/01/45	139,188	106,273
	Toronto Dominion Mtn 5.103% 1/09/26	200,000	199,270
	Trans Canada PI 6.100% 6/01/40	149,798	121,997
	Travelers Cos Inc 4.100% 3/04/49	224,152	182,831
	Truist Financial Mtn 4.260% 7/28/26	225,000	221,310
	Tyco Electronics 7.125% 10/01/37	122,574	103,759
	Valero Energy Corp 7.500% 4/15/32	48,139	45,144
	Verizon 2.355% 3/15/32	76,372	81,748
	Wells Fargo Mtn 3.196% 6/17/27	85,000	81,366
	<b>Total Corporate Bonds</b>	<u>8,985,289</u>	<u>8,185,912</u>
<b>Municipal Bonds:</b>			
	Chesapeake Va 1.849% 8/01/27	300,000	276,243
	Dutchess Cnty Ny 5.000% 7/01/24	100,000	100,000
	Hoffman Estates Il 4.000% 12/01/24	158,389	159,072
	Montgomery Pa 2.080% 5/01/29	200,000	175,910
	Ohlone Ca Cmnty Clg 2.095% 8/01/26	295,000	278,291
	Santa Monica Ca 4.011% 8/01/32	190,000	180,339
	<b>Total Municipal Bonds</b>	<u>1,243,389</u>	<u>1,169,855</u>
<b>Registered Investment Companies:</b>			
	Johnson Institutional Core Bond	7,797,198	6,347,517
	Proshares S P 500 Dividend Etf	2,376,017	3,353,783
	Schwab S & P 500 Fund	8,484,297	10,647,702
	Schwab Small Cap Index Selct	2,683,473	3,012,886
	Schwab US Mid Cap Index	4,468,965	5,155,654
	Vanguard Short Term Govt Bd Idx	3,380,623	3,164,696
	<b>Total Registered Investment Companies</b>	<u>29,190,573</u>	<u>31,682,238</u>
<b>Common Collective Trust:</b>			
	Rhumblin Reit Indx Fd LLC	1,921,932	2,164,836
	<b>Total Assets Held At End Of Year</b>	<u>\$ 47,615,545</u>	<u>\$ 48,666,776</u>

**St. Louis Labor Healthcare Network  
Schedules of Administrative Expenses  
Years Ended June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Computer expenses	\$ 145,852	\$ 140,996
Data processing	3,341	4,340
Depreciation	5,751	35,780
Insurance	28,398	61,657
Meetings and conventions	10,555	2,843
Miscellaneous	8,200	10,425
Printing, postage, office supplies and expenses	29,855	18,680
Professional fees - legal and accounting	52,447	58,662
Professional fees - other	82,129	79,886
Rent	19,569	22,912
Repairs and maintenance	21,884	979
Salaries and benefits	130,792	121,562
Taxes and licenses	1,333	3,618
Total Administrative Expenses	<u>\$ 540,106</u>	<u>\$ 562,340</u>

**St. Louis Labor Healthcare Network**  
**EIN: 81-0346232 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
<b>Money Market Fund:</b>			
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<b>U.S. Government and Agency Securities:</b>			
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	F H L M C #840432 2.868% 11/01/46	24,914	22,733
	F H L M C #Sc0002 5.000% 5/01/39	52,955	49,150
	F H L M C #Sd8106 2.000% 10/01/50	146,609	111,775
	F H L M C #Sd2732 5.000% 10/01/52	132,240	130,065
	F H L M C Gd G08717 4.000% 7/01/46	28,747	25,087
	F H L M C Gd G60923 4.000% 4/01/47	22,776	20,168
	F H L M C Gd Q50109 3.500% 8/01/47	25,256	22,079
	F H L M C Gd T65302 3.000% 6/01/45	30,778	26,152
	F H L M C Gd U90490 4.000% 6/01/42	55,066	50,455
	F H L M C Mltcl Mtg 1.500% 10/15/42	2,950	2,926
	F H L M C Mltcl Mtg 3.000% 4/15/43	5,806	5,435
	F H L M C Mltcl Mtg 3.000% 5/25/57	75,105	69,932
	F H L M C Mltcl Mtg 3.500% 11/25/28	97,621	92,972
	F H L M C Mltcl Mtg 3.500% 6/25/28	244,990	230,975
	F H L M C Mltcl Mtg 4.000% 3/15/33	560	521
	F N M A #Al6326 2.500% 8/01/28	12,745	11,884
	F N M A #Az2331 3.500% 7/01/45	43,748	37,793
	F N M A #Bp1352 3.000% 3/01/50	69,811	58,712
	F N M A #Bs6088 4.040% 8/01/30	137,093	138,765
	F N M A #Ca8079 2.000% 12/01/50	168,229	126,060
	F N M A #Fm8118 2.000% 8/01/51	182,408	141,711
	F N M A #Ma1491 3.000% 6/01/43	39,272	34,072
	F N M A #Ma5020 5.000% 5/01/43	150,217	149,740
	F N M A 0.420% 11/18/24	210,000	205,748
	F N M A Gtd Remic 1.500% 12/25/49	161,737	120,946
	F N M A Gtd Remic 2.000% 8/25/51	180,924	142,699
	F N M A Gtd Remic 2.500% 12/25/41	158,789	125,975
	F N M A Gtd Remic 3.000% 12/25/44	15,140	14,202
	F N M A Gtd Remic 3.000% 2/25/47	40,303	36,704
	F N M A Gtd Remic 3.000% 6/25/48	165,251	143,788
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	G N M A Gtd Remic 3.500% 3/20/48	77,458	69,557

**St. Louis Labor Healthcare Network**  
**EIN: 81-0346232 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
<b>U.S. Government and Agency Securities (Continued):</b>			
	G N M A I I #784174 2.500% 6/20/31	\$ 15,788	\$ 14,495
	G N M A I I #Ma0527 3.000% 11/20/42	28,072	23,620
	T V A 5.880% 4/01/36	97,057	76,987
	U S Treasury Bd 2.250% 8/15/46	451,911	283,305
	U S Treasury Bd 2.250% 8/15/49	203,359	122,803
	U S Treasury Bd 3.000% 11/15/44	228,155	171,816
	U S Treasury Bd 3.125% 5/15/48	390,784	357,724
	U S Treasury I P S 2.000% 1/15/26	235,181	210,609
	U S Treasury Nt 1.375% 8/31/26	102,789	93,231
	U S Treasury Nt 1.500% 8/15/26	138,928	131,009
	U S Treasury Nt 2.875% 5/15/32	292,381	279,304
	U S Treasury Nt 3.375% 5/15/33	414,287	417,042
	U S Treasury Nt 4.500% 5/15/33	224,547	222,026
	<b>Total U.S. Government and Agency Securities</b>	<b>6,014,644</b>	<b>5,204,217</b>
<b>Corporate Bonds:</b>			
	Air Lease Corp Mtn 2.300% 2/01/25	138,544	137,047
	Alleghany Corp 4.900% 9/15/44	49,657	46,372
	Ameren Ill Co 1ST 5.900% 12/01/52	124,614	128,926
	Amgen Inc 3.375% 2/21/50	100,269	70,419
	Aon Plc 4.450% 5/24/43	118,535	103,380
	Arizona Public 6.875% 8/01/36	139,094	106,881
	Arthur J Gallagher 6.500% 2/15/34	69,864	74,071
	At T Inc 5.400% 2/15/34	99,671	100,001
	Bell Tel Co 5.100% 5/11/33	104,927	102,972
	Bhp Fin USA Ltd 6.420% 3/01/26	216,395	188,275
	Bk Of America Mtn 2.972% 2/04/33	200,000	169,256
	Bristol Myers 5.200% 2/22/34	145,468	144,704
	Blackrock Inc 2.100% 2/25/32	81,947	81,409
	Canadian Pac Ry 4.950% 8/15/45	129,254	114,145
	Canadian Pacific 5.750% 1/15/42	93,125	73,390
	Carmax Auto Owner 5.340% 8/16/27	184,957	184,645
	Celgene Corp 3.900% 2/20/28	119,587	114,666
	Centerpoint Ener 4.500% 4/01/44	75,280	65,258
	Ch Robinson 4.200% 4/15/28	97,797	96,670
	Cintas Corp 4.000% 5/01/32	189,892	178,520
	Citigroup Inc 3.878% 1/24/39	120,000	100,529

**St. Louis Labor Healthcare Network**  
**EIN: 81-0346232 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
<b>Corporate Bonds (Continued):</b>			
	Conocophillips Sr 5.05% 9/15/33	\$ 99,807	\$ 99,120
	Daimler Trucks 5.230% 2/17/26	140,731	140,429
	Emerson Elec Co 2.000% 12/21/28	214,525	190,606
	Energy Transfer L P 5.600% 9/01/34	134,650	134,105
	Fidelity Natl 4.700% 7/15/27	109,825	108,231
	General Dynamics 2.375% 11/15/24	223,200	222,521
	General Motors Co 6.600% 4/01/36	113,558	109,871
	Goldman Sachs Group 3.850% 1/26/27	99,720	96,634
	Hollyfrontier Corp 5.875% 4/01/26	79,461	79,879
	John Deere Mtn 4.700% 6/10/30	184,835	183,180
	Jpmorgan Chase Co 5.600% 7/15/41	284,376	203,420
	Key Bank Na Mtn 4.150% 8/08/25	199,944	196,130
	Kimco Realty Corp 2.800% 10/01/26	44,626	42,554
	Loews Corp 6.000% 2/01/35	197,354	189,545
	Metlife Inc 5.300% 12/15/34	149,376	149,588
	Hartford Finl Svcs 6.100% 10/01/41	125,794	129,534
	Marathon Petroleum 6.500% 3/01/41	53,693	52,037
	Mayo Clinic 4.000% 11/15/47	90,000	74,272
	Morgan Stanley Mtn 4.431% 1/23/30	46,417	48,370
	Mountain Amer C D 4.750% 10/15/24	250,000	249,548
	Oneok Inc New 5.00% 3/01/26	79,900	79,331
	Northern State 6.200% 7/01/37	100,188	80,022
	Oklahoma Gas Elec Co 3.500% 4/01/30	188,946	180,634
	Paccar Financial Mtn 2.000% 2/04/27	159,803	148,435
	Pacificorp 5.750% 4/01/37	97,862	74,435
	Petro Canada 7.875% 6/15/26	148,374	114,496
	Pg E Wildfire 3.594% 6/01/30	164,281	157,010
	Pnc Financial 2.550% 1/22/30	226,690	188,624
	Potomac Elec Pwr 7.900% 12/15/38	129,941	107,637
	Ppl Electric 3.000% 10/01/49	250,719	168,688
	Progressive Corp 6.250% 12/01/32	89,986	74,920
	Realty Income Corp 3.650% 1/15/28	124,723	118,976
	Rogers Comm Inc 7.500% 8/15/38	57,094	46,532
	Illinois Tool Works 4.875% 9/15/41	71,606	70,856
	San Diego G&e 6.000% 6/01/39	103,144	84,330
	Sequoia Mortgage 1.87399% 2/25/43	17,024	14,723
	Sequoia Mortgage Tr 3.000% 5/25/43	23,166	20,142

**St. Louis Labor Healthcare Network**  
**EIN: 81-0346232 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2024**

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
<b>Corporate Bonds (Continued):</b>			
	Simon Pty Group L P 6.250% 1/15/34	\$ 108,915	\$ 116,021
	Tennessee Gas 8.375% 6/15/32	131,935	115,292
	The Met 3.400% 7/01/45	139,188	106,273
	Toronto Dominion Mtn 5.103% 1/09/26	200,000	199,270
	Trans Canada PI 6.100% 6/01/40	149,798	121,997
	Travelers Cos Inc 4.100% 3/04/49	224,152	182,831
	Truist Financial Mtn 4.260% 7/28/26	225,000	221,310
	Tyco Electronics 7.125% 10/01/37	122,574	103,759
	Valero Energy Corp 7.500% 4/15/32	48,139	45,144
	Verizon 2.355% 3/15/32	76,372	81,748
	Wells Fargo Mtn 3.196% 6/17/27	85,000	81,366
	<b>Total Corporate Bonds</b>	<u>8,985,289</u>	<u>8,185,912</u>
<b>Municipal Bonds:</b>			
	Chesapeake Va 1.849% 8/01/27	300,000	276,243
	Dutchess Cnty Ny 5.000% 7/01/24	100,000	100,000
	Hoffman Estates Il 4.000% 12/01/24	158,389	159,072
	Montgomery Pa 2.080% 5/01/29	200,000	175,910
	Ohlone Ca Cmnty Clg 2.095% 8/01/26	295,000	278,291
	Santa Monica Ca 4.011% 8/01/32	190,000	180,339
	<b>Total Municipal Bonds</b>	<u>1,243,389</u>	<u>1,169,855</u>
<b>Registered Investment Companies:</b>			
	Johnson Institutional Core Bond	7,797,198	6,347,517
	Proshares S P 500 Dividend Etf	2,376,017	3,353,783
	Schwab S & P 500 Fund	8,484,297	10,647,702
	Schwab Small Cap Index Selct	2,683,473	3,012,886
	Schwab US Mid Cap Index	4,468,965	5,155,654
	Vanguard Short Term Govt Bd Idx	3,380,623	3,164,696
	<b>Total Registered Investment Companies</b>	<u>29,190,573</u>	<u>31,682,238</u>
<b>Common Collective Trust:</b>			
	Rhumblin Reit Indx Fd LLC	1,921,932	2,164,836
	<b>Total Assets Held At End Of Year</b>	<u>\$ 47,615,545</u>	<u>\$ 48,666,776</u>

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

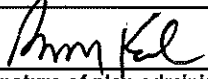
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report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

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan <b>ST. LOUIS LABOR HEALTHCARE NETWORK</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</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>ST. LOUIS LABOR HEALTHCARE NETWORK</b>  <b>4239 WOODSON ROAD, SUITE 300</b>  <b>ST. LOUIS MO 63134</b>	<b>1c</b> Effective date of plan <b>01/23/2009</b> <b>2b</b> Employer Identification Number (EIN) <b>81-0346232</b> <b>2c</b> Plan Sponsor's telephone number <b>(314) 513-5871</b> <b>2d</b> Business code (see instructions) <b>525100</b>

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

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

<b>SIGN HERE</b>		<b>4-2-25</b>	<b>RODNEY KALINA</b>
	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

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

Form 5500 (2023)  
v. 230728

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
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<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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	896
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	896
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	843
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	843
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</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>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	21

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

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

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