

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
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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
1a	Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 05/01/1953
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F 2357 59TH ST ST LOUIS, MO 63110
2b	Employer Identification Number (EIN) 43-0688695
2c	Plan Sponsor's telephone number 314-644-2777
2d	Business code (see instructions) 236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2025	BRANDON FLINN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2025	DAVID GILLICK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4310
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3754 6a(2) 3835 6b 402 6c 134 6d 4371 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 489

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 7
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

A Name of plan

GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU

B Three-digit plan number (PN)

501

C Plan sponsor's name as shown on line 2a of Form 5500

BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F

D Employer Identification Number (EIN)

43-0688695

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 UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02155		07/01/2023	06/30/2024

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4460	41486

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

ULLICO INVESTMENT COMPANY8403 COLEVILLE ROAD
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4460	41486	ASSET MANAGEMENT FEE	0

(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	

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

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

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

Part II**Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8203471

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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	10b	

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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F	D Employer Identification Number (EIN) 43-0688695	

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.
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1 Coverage Information:

(a) Name of insurance carrier THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10388	4404	03/01/2023	02/29/2024

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.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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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) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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 Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	859115
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	10b	

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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F	D Employer Identification Number (EIN) 43-0688695	

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3164	814	11/01/2023	10/31/2024

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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 Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	54432
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	10b	

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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F	D Employer Identification Number (EIN) 43-0688695

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.
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1 Coverage Information:

(a) Name of insurance carrier THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3185, C4458	6259	11/01/2023	10/31/2024

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.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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 Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	200176
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	10b	

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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F	D Employer Identification Number (EIN) 43-0688695	

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.
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1 Coverage Information:

(a) Name of insurance carrier AETNA HEALTH, INC					
(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
23-2169745	95109	E00063633404	282	01/01/2023	12/31/2023

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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 Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1055112
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	10b	

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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F	D Employer Identification Number (EIN) 43-0688695	

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.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(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
06-6033492	60054	E00063633404	147	01/01/2023	12/31/2023

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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 Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	443138
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	10b	

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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F	D Employer Identification Number (EIN) 43-0688695	

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNITED BEHAVIORAL HEALTH DBA OPTUM

(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
94-2649097	79413	000000015421	4626	01/01/2023	12/31/2023

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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 Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	83528
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	10b	

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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

A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F	D Employer Identification Number (EIN) 43-0688695

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

THE UNION LABOR LIFE INSURANCE CO

13-1423090

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

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

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

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

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

UNITED HEALTHCARE INSURANCE COMPANY

36-2739571

(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	NONE	1691197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVERSIDE HEALTH LLC

1400 WEWATTA ST. STE 350
DENVER, CO 80202

(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	1129598	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL PLAN OF MISSOURI

43-0908349

(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	NONE	188928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

A&S FINANCIAL SERVICES LLC

2 S. UNIVERSITY DRIVE SUITE 330
PLANTATION, FL 33324

(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?
73	NONE	168496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 S LENOLA RD
MAPLE SHADE, NJ 08052

(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	148374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIVEKA HEALTH

9102 W BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL 33154

(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	134412	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

COMMERCE BANK

43-0554795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	132111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEANETTE SCOPINO

43-0688695

(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	129130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANA MARBURGER

43-0688695

(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	128873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

AARON WALSH

43-0688695

(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	110520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PILLARRX CONSULTING LLC

1839 LAKE ST. LOUIS BLVD
LAKE SAINT LOUIS, MO 63367

(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	NONE	107350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES PURSELL

43-0688695

(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	102968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VISION SERVICE PLAN

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?
12	NONE	99996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMIE GIESEKING

43-0688695

(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	96890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN MASSA

43-0688695

(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	91856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

NICOLA EISENRATH

43-0688695

(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	83991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZELIS PAYMENTS HOLDINGS LLC

744 OFFICE PARKWAY
ST LOUIS, MO 63141

(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	83880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROLINE BLECHLE

43-0688695

(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	75932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PETER LAWRENCE

43-0688695

(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	73382	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANE HUMMERT

43-0688695

(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	72742	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY SMITH

43-0688695

(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	72016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARQUETTE ASSOCIATES, INC

12412 POWERSCOURT DR SUITE 240
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?
27	NONE	69750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANNA SKIPPER

43-0688695

(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	69528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEAIRA HARRIS

43-0688695

(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	68757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SAMANTHA DANNER

43-0688695

(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	65680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COURTNEY EUSON

43-0688695

(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	64432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE INK SPOT

3433 HAMPTON AVE
ST LOUIS, MO 63139

(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?
36	NONE	58933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VIRIDIANA LOPEZ

43-0688695

(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	58405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUADIENT FINANCE USA INC.

478 WHEELERS FARMS ROAD
MILFORD, CT 06461

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	57027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIMMONS BANK

501 S MAIN ST
PINE BLUFF, AR 71601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	55955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

COMPUTER ST. LOUIS

1650 HEADLAND DRIVE
FENTON, MO 63026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	48143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOSHA REECE

43-0688695

(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	45214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JW TERRILL BENEFIT ADMINISTRATOR

43-1834988

(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	42014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

RONALD GRAVES

43-0688695

(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	39245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAUREN QUINN

(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	35535	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CANDI MOORE

43-0688695

(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	34913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

H&H HEALTH ASSOCIATES INC

3660 S GEYER RD 100
ST LOUIS, MO 63127

(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	33765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN, LLP

7676 FORSYTH BLVD UNIT 2100
SAINT LOUIS, MO 63105

43-0765316

(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	32900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DL CARLSON

02-0431934

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	27364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRABEL SCHNIEDERS HOLLMAN & CO. P.C

206 W ARGONNE DR, SUITE 200
KIRKWOOD, MO 63122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIZMARK

140 W ADAMS AVE
ST LOUIS, MO 63122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	16162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOBER FIRST, LLC

2000 AUBURN DRIVE STE 200-411
BEACHWOOD, OH 44122

47-4172366

(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	15936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD SCHERER

3819 HAVERHILL PL
ST LOUIS, MO 63125

(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	14978	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
99	NONE	14900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZIEGLER LOTSOFF CAPITAL MANAGEMENT

27-2347077

(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?
68	NONE	14117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMEREN MISSOURI

1901 CHOTEAU AVE
ST LOUIS, MO 63103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	13217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARVEL PRINTING COMPANY

1928 S BROADWAY
ST LOUIS, MO 63104

(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	12762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOYET LANDSCAPE MAINTENANCE INC.

4970 SEAN DR
IMPERIAL, MO 63052

(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	12148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ADP SAINT LOUIS

1610 DES PERES ROAD
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?
49	NONE	11725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BIEG PLUMBING COMPANY

2015 LEMAY FERRY RD
ST LOUIS, MO 63125

(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	11304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUSSELL TECHNOLOGIES VOIP

1650 HEADLAND DR.
FENTON, MO 63026

83-2696505

(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	9330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLIMAN, INC.

500 N BROADWAY, STE 1750
ST LOUIS, MO 63102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	8500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONOSON GROUP

27-1694859

(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	8454	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDWEST EMP BENEFIT FUND COALITION

6170 JOLIET RD 2
COUNTRYSIDE, IL 60525

(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	8368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

REPUBLIC SERVICES

4601 CAHOKIA RD
EDWARDSVILLE, IL 62025

(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	7006	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH GAUGE

86-0612266

(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	6975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHAEFFER ELECTRIC COMPANY

43-0638058

(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	6482	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CHARTER COMMUNICATIONS

43-1843179

(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	5573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OFFICE ESSENTIALS

1834 WALTON ROAD
ST LOUIS, MO 63114

43-1910261

(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	5220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUSION CLOUD SERVICES, LLC

58-2233012

(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	5047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU	B Three-digit plan number (PN) ▶	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F	D Employer Identification Number (EIN) 43-0688695	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: THE UNION LABOR LIFE INS. CO-W1		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO.		
c EIN-PN 13-1423090-209	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8254000
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSICE EQUITY FD LLC		
b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC		
c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2366135
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN U.S. EQUITY INDEX		
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN INVESTMENT ADVISERS		
c EIN-PN 81-4341513-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2277306
a Name of MTIA, CCT, PSA, or 103-12 IE: THE UNION LABOR LIFE INS. CO-T		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO.		
c EIN-PN 13-1423090-207	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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		
A Name of plan GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FU		B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE F		D Employer Identification Number (EIN) 43-0688695

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
a	Total noninterest-bearing cash	1a	3936593
b	Receivables (less allowance for doubtful accounts):		
	(1) Employer contributions	1b(1)	5461773
	(2) Participant contributions	1b(2)	
	(3) Other	1b(3)	257130
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18480019
	(2) U.S. Government securities	1c(2)	12823581
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A)	
	(B) All other	1c(3)(B)	13809259
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A)	
	(B) Common	1c(4)(B)	
	(5) Partnership/joint venture interests	1c(5)	15285120
	(6) Real estate (other than employer real property)	1c(6)	940000
	(7) Loans (other than to participants)	1c(7)	
	(8) Participant loans	1c(8)	
	(9) Value of interest in common/collective trusts	1c(9)	
	(10) Value of interest in pooled separate accounts	1c(10)	7157670
	(11) Value of interest in master trust investment accounts	1c(11)	
	(12) Value of interest in 103-12 investment entities	1c(12)	3429150
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24825103
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
	(15) Other	1c(15)	1203457

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	260875	229960
f Total assets (add all amounts in lines 1a through 1e)	1f	92584610	105234638
Liabilities			
g Benefit claims payable	1g	6808321	6168215
h Operating payables	1h	615078	502801
i Acquisition indebtedness	1i		
j Other liabilities	1j	1013106	919635
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8436505	7590651
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	84148105	97643987

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	59980676	
(B) Participants	2a(1)(B)	128742	
(C) Others (including rollovers)	2a(1)(C)	4381068	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		64490486
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1727	
(B) U.S. Government securities	2b(1)(B)	377735	
(C) Corporate debt instruments	2b(1)(C)	594751	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	127356	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1101569
(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)	1444094	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1444094
(3) Rents	2b(3)		108810
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19315193	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20549042	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1388947	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		492142
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		523897
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3727928
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		72044024

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51273667	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		51273667
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1671405	
(2) Contract administrator fees.....	2i(2)	3301757	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	32900	
(5) Investment advisory and investment management fees	2i(5)	207036	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	65870	
(8) Legal fees	2i(8)	88616	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	39553	
(11) Other expenses	2i(11)	1867338	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7274475
j Total expenses. Add all expense amounts in column (b) and enter total	2j		58548142

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13495882
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

***GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND***

FINANCIAL STATEMENTS

JUNE 30, 2024

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Independent Auditors' Report

Board of Trustees
Greater St. Louis Construction
Laborers' Welfare Fund
St. Louis, Missouri

Opinion

We have audited the financial statements of Greater St. Louis Construction Laborers' Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Greater St. Louis Construction Laborers' Welfare Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of Greater St. Louis Construction Laborers' Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Greater St. Louis Construction Laborers' Welfare Fund's ability to continue as a going concern for one year after the date that 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Greater St. Louis Construction Laborers' Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Greater St. Louis Construction Laborers' Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Other Matters

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of June 30, 2024 and reportable transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America.

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

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

RubinBrown LLP

April 8, 2025

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30,	
	2024	2023
Assets		
Investments - At Fair Value		
Interest-bearing cash	\$ 26,469,579	\$ 18,480,019
Real estate	940,000	940,000
Collective trust	2,366,135	1,725,682
Municipal bonds	1,139,905	1,203,457
Pooled separate accounts	11,202,459	7,157,670
U.S. Government and agency securities	9,013,038	12,769,425
Corporate bonds	11,083,005	13,008,362
Asset backed securities	298,558	855,053
Mutual funds	30,196,281	24,825,103
Partnership	2,813,967	1,703,468
Total Investments - At Fair Value	95,522,927	82,668,239
Receivables		
Employer contributions	5,286,663	5,461,773
Interest and dividends	285,584	254,274
Other	2,856	2,856
Total Receivables	5,575,103	5,718,903
Non-Interest Bearing Cash	3,765,404	3,936,593
Prepaid Expenses	141,244	—
Property And Equipment, Net	229,960	260,875
Total Assets	105,234,638	92,584,610
Liabilities		
Accounts payable and accrued expenses	502,801	615,078
Due to related funds	919,635	1,013,106
Total Liabilities	1,422,436	1,628,184
Net Assets Available For Benefits	\$ 103,812,202	\$ 90,956,426

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended June 30,	
	2024	2023
Additions To Net Assets Available For Benefits Attributed To:		
Contributions:		
Employer contributions	\$ 66,651,467	\$ 65,865,294
Less: reciprocity transfers out	(6,670,791)	(6,179,221)
Net Employer Contributions	59,980,676	59,686,073
Retiree contributions	4,058,577	3,960,462
COBRA	208,839	151,499
Participant contributions	128,742	60,957
Total Contributions	64,376,834	63,858,991
Other income	113,652	101,209
Total Additions	64,490,486	63,960,200
Deductions From Net Assets Available For Benefits Attributed To:		
Medical claims paid	37,199,880	35,289,993
Pharmacy claims paid	10,923,758	9,670,854
Dental and vision claims paid	3,482,091	3,291,382
Other claims paid	308,044	252,266
Total Claims Paid	51,913,773	48,504,495
Expenses:		
Claims administration fees	3,301,757	2,581,103
Office salaries	1,152,994	1,036,645
Insurance, stop loss, and PBGC bond premiums	896,994	774,519
Office staff welfare and pension contributions	484,756	421,367
Computer	200,549	145,183
Marketing	171,278	140,415
Investment management and consulting expenses	151,036	133,873
Consulting	121,870	81,515
Office cleaning and maintenance	90,515	32,018
Legal fees	88,616	102,612
LEAN Program	81,884	—
Printing, stationery and office expenses	81,814	70,696
Postage	76,816	88,535
Depreciation	66,778	57,694
Taxes and licenses	61,326	79,688
Accounting and claims examination fees	47,800	44,500
Payroll and special audit fees	40,145	92,695
Meetings and conventions	39,553	33,793
Utilities	33,789	31,078
Employer 401(k) contributions	33,655	28,190
Dues and registration fees	26,975	42,262
Miscellaneous	23,575	42,055
Equipment repairs	—	21,711
Total Expenses	7,274,475	6,082,147
Total Deductions	59,188,248	54,586,642
Investment Income		
Interest and dividends	3,272,082	2,078,680
Net change in fair value of investments	4,203,692	1,781,240
Rental income	77,764	105,053
Net Investment Income	7,553,538	3,964,973
Net Increase	12,855,776	13,338,531
Net Assets Available For Benefits - Beginning Of Year	90,956,426	77,617,895
Net Assets Available For Benefits - End Of Year	\$ 103,812,202	\$ 90,956,426

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 And 2023

1. General Information

Description Of The Plan

The following description of Greater St. Louis Construction Laborers' Welfare Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a multiemployer defined benefit health and welfare plan. The Plan was established and is maintained pursuant to a Trust Agreement between Locals 42 and 110 (the "Locals"), Laborers International Union of North America, AFL-CIO and Associated General Contractors of Missouri, Site Improvement Association, Mason Contractors Association of St. Louis, and Plumbing Contractors Association of Metropolitan St. Louis (the "Associations"). The Associations represent the participating employers (the "Employers") who enter into a collective bargaining agreement ("CBA") with the Locals. The Plan is to provide medical, prescription drug, dental, vision, hearing aid, short-term disability, and death benefits to eligible participants and beneficiaries. Since the formation of the trust, additional employer organizations now participate in the Plan.

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

The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Participants and their eligible dependents become eligible for benefits by working 275 hours of covered employment or working a total of 800 hours of covered employment in four consecutive qualifying quarters with hours worked in each qualifying quarter. The four consecutive qualifying quarters are not required to be in the same Plan year. Coverage starts on the first day of the first coverage quarter following the qualifying quarter(s) in which the coverage was earned. Coverage continues if participants work 275 hours of covered employment in each qualifying quarter.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements *(Continued)*

Contributions

Under the terms of the CBA, the Employers contribute monthly amounts to the Plan for each hour worked to provide benefits for employees. The Employer's contribution rate is determined annually by the Plan's consultant. The most recent rate change was effective March 2023, and it increased the rate from \$8.35 to \$8.40 or \$8.45 for each hour worked. Participant contributions are allowed to provide COBRA benefits, and participants pay the full cost of such benefits. Retired participants are also required to make contributions for their benefits.

Members who retire may extend their health coverage until age 65 by making the applicable monthly self-payments, as follows:

Retiree Contributions	2024	2023
Under age 65		
Per retiree	\$ 571	\$ 537
Per spouse	684	644
Over age 65		
Per person (Anthem Custom)	158	N/A
Per person (Anthem Street)	—	N/A
Per person (Advantra Plan)	N/A	307
Per person (Aetna Plan)	N/A	257

Benefits

The Plan provides for medical, prescription drug, dental, vision, hearing aid, short-term disability and death benefits for covered employees and their families. Benefits are payable to eligible employees of contributing Employers to administrative employees of the Locals, pursuant to a participation agreement.

The Plan also provides benefits to participants during periods of unemployment provided they have accumulated, in the current year or prior years, credit amounts (expressed in hours) in excess of hours required for current coverage. Accumulated eligibility credits which equal to a maximum of six months' coverage may be carried forward. If participants do not have any accumulated hours, they can continue coverage for up to two additional quarters by making the applicable self-payments.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements *(Continued)*

Once a retiree has attained age 65, they can purchase a Medicare Advantage Plan through the Fund. The Medicare Advantage Plan provides medical, prescription drug, and behavioral health benefits to retired eligible employees and their eligible dependents if eligible for Medicare and are enrolled in both Parts A and B of Medicare. The benefits provided under the Medicare Supplemental Benefit are intended to supplement the coverage provided by Medicare Parts A and B. Limited dental, vision and hearing aid benefits are available through one of the Medicare Advantage Plans. Short-term disability benefits are not available to retired eligible employees or their eligible dependents who participate in one of the Medicare Advantage Plans.

Medical claims are self-funded and administered by United Health Care. Claims for dental, prescription drug, and vision benefits are administered by Delta Dental Plan of Missouri, Optum RX, and Vision Service Plan, respectively, on a self-funded basis. Death Benefits are provided by Union Labor Life Insurance Company on a fully insured basis.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

Investment Valuation And Income Recognition

The Plan's investments are reported at fair value, which 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. See Note 3 for further discussion on fair value measurements.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements *(Continued)*

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. The net change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Claims Payable And Claims Incurred But Not Reported

Current benefit obligations include an amount for the estimated liability for benefit claims held by the Plan, but not yet paid, and for claims incurred prior to the year end, but not reported to the Plan until after the year end. The estimate, based on claims lag analysis, is prepared by the Plan's actuary.

Postretirement, Accumulated Eligibility Credits And Postemployment Benefit Obligations

A postretirement benefit obligation has been recognized for future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participant service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. Currently, retirees are not required to contribute to the Plan. The obligations represent the amounts that are expected to be funded by contributions from the participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

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

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements *(Continued)*

The Plan is required to provide benefits to certain members, if such members have accumulated credit amounts (expressed in dollars) in excess of that required for current coverage. Participants draw on their accumulated credits whenever they fail to meet the annual requirement. The estimated future liability represents the present value of an extension of future benefits that occurs prior to eligibility for retirement with medical benefits per the rules specified in the Plan Document. The calculation of the accumulated eligibility credits at June 30, 2024 and 2023, have been based on assumptions of past underemployment data, usage, and estimated cost of coverage.

In addition, a postemployment obligation is recognized for individuals on disability and through the Consolidated Omnibus Budget Reconciliation Act (COBRA). The obligation for COBRA benefits is estimated by an actuary based on the actual number of participants using COBRA benefits as of the measurement date and claim payment history and includes an estimate for claims incurred by COBRA participants that have not been reported.

The significant assumptions underlying the actuarial computations as of June 30, 2024 and 2023 are as follows:

	2024	2023
Discount Rate	5.25%	5.00%
Mortality	Healthy Actives: Pri-2012 Blue Collar Employee Mortality Table, male and female rates, projected generationally with the MP-2021 scale	Healthy Actives: Pri-2012 Blue Collar Employee Mortality Table, male and female rates, projected generationally with the MP-2021 scale
	Healthy Retirees: Pri-2012 Blue Collar Annuitant mortality table, male and female rates, projected generationally with the MP-2021 scale	Healthy Retirees: Pri-2012 Blue Collar Annuitant mortality table, male and female rates, projected generationally with the MP-2021 scale
	Disabled Retirees: Pri-2012 Disabled Tables, male and female rates	Disabled Retirees: Pri-2012 Disabled Tables, male and female rates

For measurement purposes, a 6.60% weighted-average annual rate of increase in the average per capita cost of covered health care benefits was assumed for 2024; the rate was assumed to decrease gradually to 3.7% for 50 years and to remain at that level thereafter.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements *(Continued)*

For measurement purposes, a 6.90% weighted-average annual rate of increase in the average per capita cost of covered health care benefits was assumed for 2023; the rate was assumed to decrease gradually to 3.7% for 51 years and to remain at that level thereafter.

The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the postretirement obligation as of June 30, 2024 and 2023, by \$18,387,563 and \$14,964,150, respectively.

The Plan's excess of benefit obligations over net assets at June 30, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBAs. It is expected that the deficiency will be funded through future increases in the CBA contribution rates. The benefit obligation has been decreased actuarially by what retirees are estimated to be paying in the future. This amounted to \$102,951,569 and \$100,284,254 as of June 30, 2024 and 2023, respectively.

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

For regulatory reporting under Form 5500, the benefit obligations currently payable are reported as a liability of the Plan.

Payment Of 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.

Property And Equipment, Net

Property and equipment is stated at cost, less accumulated depreciation. 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 are removed from the accounts. Any gain or loss arising from such disposition is included as additions or deductions in the year of disposition.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements (*Continued*)

Depreciation is computed using the straight-line method over the estimated useful lives of the assets.

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

Furniture	5-7 years
Equipment	3-10 years

Benefit Obligations

Plan obligations at year-end for health claims incurred by active participants but not reported at that date, and for accumulated eligibility credits of participants at year-end are estimated by the Plan's consultant. The Plan's postemployment benefit obligation is calculated based on the number of months of future eligibility earned under the terms of the Plan as of year-end, multiplied by the Plan's estimated monthly benefit cost per individual. Such estimated amounts are reported in the accompanying statements of the Plan's benefit obligations at present value. Postretirement benefit obligations are determined in accordance with accepted actuarial principles.

Leases

Effective July 1, 2022, the Plan utilized the modified retrospective approach to adopt Accounting Standards Codification (ASC) Topic 842, *Leases*, which modifies the principles for recognition, measurement, presentation, and disclosure of leases for both parties to a contract, the lessee and the lessor. The Plan, as lessor, leases a portion of the building to a related party for office space. Under ASC 842, the Plan classifies the lease as a short-term operating lease and recognizes lease income on a straight-line basis over the term of the lease (see Note 11).

The Plan has elected certain practical expedients, including the use of hindsight in determining the lease term at transition and the package of practical expedients to not reassess prior conclusions related to contracts containing leases, lease classification, and initial direct costs.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements *(Continued)*

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 shares certain administrative expenses with other related plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans. The Plan also pays administrative fees to third-party claims administrators. These expenses are reported as benefit administrative fees on the statement of changes in net assets available for benefits.

Subsequent Events

Management of the Plan has evaluated subsequent events through the date which the financial statements were available for issue, which is the date of the Independent Auditors' Report.

3. Fair Value Measurements

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

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability; |

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements *(Continued)*

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Corporate Bonds, Municipal Bonds, Asset Backed Securities, And U.S. Government And Agency Securities

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.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end investment companies that 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.

Pooled Separate Accounts, Collective Trust And Partnership

Valued at the NAV of units (or NAV equivalent) of the individual funds. The NAV (or NAV equivalent), as provided by the trustee of each of the invested funds, is used as a practical expedient to estimate fair value. The NAV (or NAV equivalent) is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV (or NAV equivalent). The investments in these funds held by the Plan file an annual report on Form 5500 as a direct filing entity.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements (Continued)

Interest-Bearing Cash

Interest-bearing cash consists of a money market fund and a sweep account. The money market fund is valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end investment company that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The money market fund held by the Plan is deemed to be actively traded. The sweep account is valued at cost, which approximates fair value.

Real Estate

Real estate consists of a building and land valued based on an independent appraisal.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024:

	Level 1		Level 2		Level 3		Total
U.S. government and agency securities	\$	—	\$	9,013,038	\$	—	\$ 9,013,038
Corporate bonds		—		11,083,005		—	11,083,005
Asset backed securities		—		298,558		—	298,558
Municipal bonds		—		1,139,905		—	1,139,905
Real estate		—		—		940,000	940,000
Partnership		—		—		2,813,967	2,813,967
Mutual funds		30,196,281		—		—	30,196,281
Interest-bearing cash		26,469,579		—		—	26,469,579
Total Investments Included In Fair Value Hierarchy	\$	56,665,860	\$	21,534,506	\$	3,753,967	81,954,333
Investments measured at net asset value (a)							13,568,594
Total investment at fair value							\$ 95,522,927

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

Notes To Financial Statements *(Continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2023:

	Level 1	Level 2	Level 3	Total
U.S. government and agency securities	\$ —	\$ 12,769,425	\$ —	\$ 12,769,425
Corporate bonds	—	13,008,362	—	13,008,362
Asset backed securities	—	855,053	—	855,053
Municipal bonds	—	1,203,457	—	1,203,457
Real estate	—	—	940,000	940,000
Partnership	—	—	1,703,468	1,703,468
Mutual funds	24,825,103	—	—	24,825,103
Interest-bearing cash	18,480,019	—	—	18,480,019
Total Investments Included In Fair Value Hierarchy	\$ 43,305,122	\$ 27,836,297	\$ 2,643,468	73,784,887
Investments measured at net asset value (a)				8,883,352
Total investments at fair value				\$ 82,668,239

(a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Partnership investments consist of the following:

- Neuberger Berman U.S. Equity Index PutWrite Fund LLC., which has a stated objective of seeking long-term, equity-like returns with less volatility (lower standard deviation) and market beta than broader equity markets by writing put options on broad-based indexes (e.g., S&P 500 and Russell 2000) and investing collateral in a laddered high quality short-term fixed income portfolio. Shares may be redeemed on any day the New York Stock Exchange is open, at the Fund's net asset value per share next determinable date after receipt of redemption request. There was no unfunded purchase commitment at June 30, 2024.
- CDL Offshore Fund (Levered) Feeder, L.P., which has a stated objective of generating sustainable current cash income and, to a lesser extent, capital appreciation primarily through first-lien, secured, floating rate debt investments with favorable risk-adjusted returns. The Fund may distribute available income or sales proceeds to Partners on a quarterly basis at the discretion of the General Partner. As of June 30, 2024, the unfunded purchase commitment was \$2,490,135.

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

Notes To Financial Statements *(Continued)*

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended June 30, 2024 and 2023:

	Real Estate	Partnership
Balance - July 1, 2022	\$ 1,100,000	\$ 1,510,010
Net change in fair value	(160,000)	193,458
Balance - June 30, 2023	940,000	1,703,468
Net change in fair value	—	1,110,499
Balance - June 30, 2024	\$ 940,000	\$ 2,813,967

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of June 30, 2024 and 2023:

Instrument	Fair Value		Principal Valuation Technique	Unobservable Inputs
	2024	2023		
Real estate	\$ 940,000	\$ 940,000	Appraisal	Comparable sales and income approach
Partnership	2,813,967	1,703,468	Market approach	Value of underlying assets of the partnership

Fair Value Of Investments In Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2024 and 2023:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Investment Type	2024	2023			
Pooled separate accounts					
Fixed income	\$ 2,948,459	\$ 1,001,230	None	Monthly	None
Real estate	8,254,000	6,156,440	None	Monthly	90 Days
	\$ 11,202,459	\$ 7,157,670			
Collective Trust					
Equity	\$ 2,366,135	\$ 1,725,682	None	Monthly	5 Days

There have been no changes in the valuation methodologies used at June 30, 2024 or 2023.

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

Notes To Financial Statements *(Continued)*

4. Property And Equipment

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

	<u>2024</u>	<u>2023</u>
Furniture and equipment	\$ 871,391	\$ 941,758
Accumulated depreciation	(641,431)	(680,883)
	<u>\$ 229,960</u>	<u>\$ 260,875</u>

Depreciation expense for the years ended June 30, 2024 and 2023 totaled \$66,778 and \$57,694, respectively.

5. Benefit Obligations

The following table summarizes key information related to the benefit obligations as of:

	<u>June 30,</u>	
	<u>2024</u>	<u>2023</u>
Amounts Currently Payable And Other Obligations		
Claims payable and claims incurred but not reported	\$ 6,168,215	\$ 6,808,321
Other obligations		
Accumulated eligibility credits	16,145,964	16,375,088
Total Amounts Currently Payable And Other Obligations	<u>22,314,179</u>	<u>23,183,409</u>
Postretirement Benefit Obligations,		
Net Of Amounts Currently Payable		
Active employees fully eligible for benefits	31,117,431	29,084,526
Other active employees, not yet fully eligible for benefits	33,239,755	29,200,008
Current retirees, beneficiaries and dependents	79,143,920	68,909,102
Total Postretirement Benefit Obligations	<u>143,501,106</u>	<u>127,193,636</u>
Total Benefit Obligations	<u>\$ 165,815,285</u>	<u>\$ 150,377,045</u>

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

Notes To Financial Statements *(Continued)*

The change in the benefit obligations for the years ended June 30, 2024 and 2023 is as follows:

	For The Years Ended June 30,	
	2024	2023
Amounts Currently Payable		
Balance - Beginning Of Year	\$ 6,808,321	\$ 5,553,751
Claims reported and approved for payment, including benefits reclassified from benefit obligations	51,273,667	49,759,065
Claims paid	(51,913,773)	(48,504,495)
Balance - End Of Year	6,168,215	6,808,321
Postretirement Benefit Obligations, At Estimated Amounts		
Balance - Beginning Of Year	16,375,088	14,971,732
Net change during year	(229,124)	1,403,356
Balance - End Of Year	16,145,964	16,375,088
Postretirement Benefit Obligations		
Balance - Beginning Of Year	127,193,636	119,672,150
Increase (decrease) in postretirement benefits attributable to:		
Benefits earned and other changes	26,010,339	20,607,935
Change due to change in retiree self pay rates	(6,434,473)	(5,942,585)
Interest	6,224,630	5,278,278
Changes in actuarial assumptions and loss	(4,024,262)	(7,615,100)
Plan amendments and policy change	(5,468,764)	(4,807,042)
Balance - End Of Year	143,501,106	127,193,636
Total Benefit Obligations - End Of Year	\$ 165,815,285	\$ 150,377,045

6. Tax Status

The Plan has received an exemption letter from the Internal Revenue Service (IRS) dated September 1954 stating that the voluntary employees' beneficiary association (VEBA) trust established under the Plan to hold the Plan's assets was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC); and accordingly, the Trust's net investment income is exempt from income taxes. The Plan Administrator and the Plan's counsel believe that the Plan, as amended, continues to qualify and to operate as designed in accordance with applicable provisions of the IRC.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements *(Continued)*

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Plan Termination

Although they have not expressed intent to do so, the Trustees have the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, all monies of the Plan would be used to pay any and all obligations of the Plan with the excess to be distributed in accordance with the Plan's provisions. In no event would any of the assets of the Plan revert back to contributing employers.

8. Administrative Agreements

The Plan has an agreement with Milliman, Inc. to act as an independent actuary.

The Plan has an agreement with Commerce Bank to act as a custodian of assets held for investment.

The Plan has an agreement with Simmons Bank, National Association to provide cash management services, including funds transfers, sweep services and ACH services.

The Plan also has agreements with certain investment advisors and investment managers and custodians.

9. Concentration Of Credit Risk

The Plan maintains its cash accounts in one commercial bank located in the Greater St. Louis Metropolitan area. Accounts at this bank are secured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Total uninsured amounts at June 30, 2024 and 2023 amounted to approximately \$16,365,000 and \$13,199,000, respectively.

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

Notes To Financial Statements *(Continued)*

10. Risks And Uncertainties

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

11. Related Party Transactions

The Plan leased its office premises to Construction Laborers Pension Trust of Greater St. Louis (the Pension Fund) and other related entities under terms of a month-to-month lease. The lease provided for rent payments based on the percentage of the premises that the lessee occupies and uses, as periodically determined and reviewed by an outside consultant.

Effective June 1, 2024, the Plan entered into a new four-year lease agreement with the Pension Fund under similar terms and conditions. At the end of the four years, the lease will continue on a month-to-month basis until the two parties terminate or renew the lease. The following table sets for the expected future annual rental revenue under the agreement:

Plan Year	Amount
2025	\$ 69,849
2026	69,849
2027	69,849
2028	64,028
Total	\$ 273,575

Rental amounts charged to the Pension Fund amounted to \$77,764 and \$105,053 for the years ended June 30, 2024 and 2023, respectively. Rental amounts charged to the other related entities are included in the collection intermediary fees.

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

Notes To Financial Statements *(Continued)*

In addition to the lease agreement described in the preceding paragraph, the Plan charges the Pension Fund for prorated common expenses, including office, payroll and outside services. The Plan also collects contributions on behalf of the Pension Fund and remits those funds regularly to the Pension Fund. Balances due to the Pension Plan for contributions owed, net of rent and shared expenses, amounted to \$196,270 at June 30, 2024. Balances due to the Pension Fund for contributions owed, net of rent and shared expenses, amounted to \$55,457 at June 30, 2023. These balances are included in due to related funds on the statement of net assets available for benefits.

The Plan, in conjunction with the Pension Fund, acts as a collection intermediary for various affiliated funds. The Plan collects contributions for these funds and remits to them amounts collected on a monthly basis. The Plan receives a nominal fee for this service based on a common expense study. Fees collected amounted to \$98,164 and \$91,267 for the years ended June 30, 2024 and 2023, respectively. Net balances due to related funds as of June 30 for collected contributions are as follows:

Affiliated Funds	2024	2023
Vacation Fund	\$ 73,469	\$ 336,437
Pension Fund	196,270	55,457
AGC - Eastern Missouri Laborers Joint Training Fund	286,171	252,266
Laborers - Employers Cooperation and Education Trust	198,404	217,179
Plasterers Promotional Bureau	487	356
Site Advancement Fund	59,773	58,377
Construction Training Advancement Fund	31,215	35,136
MCA	14,025	13,581
Supplemental dues	59,821	44,317
	\$ 919,635	\$ 1,013,106

At June 30, 2024 and 2023, balances due from the Pension Fund amounted to \$468,508 and \$528,149, respectively, and is included in the balance reported in the above table.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements (*Continued*)

12. Benefit Plans

The Plan has a 401(k) profit sharing plan (the 401(k) Plan) covering all of its office employees. Employees become eligible to participate the first day of the month immediately following the first day of employment. Participating employees are 100 percent vested at all times with respect to the Plan's contributions. The 401(k) Plan includes a "401(k) arrangement" consisting of a "cash or deferred arrangement." Under the "deferred arrangement" employees elect to have the Plan contribute a portion of the Plan's employees' compensation to the 401(k) Plan. Under the "cash arrangement" employees elect to have the Plan pay a portion of its contribution directly to the employee's account. The Plan may agree to make a cash or deferred contribution to the 401(k) Plan. The employees' share of the Plan's cash or deferred contribution for a plan year is the same percentage as the employees' share of the total compensation for that plan year for all participants eligible for an allocation of the cash or deferred contribution. The Plan may make nonelective contributions to the 401(k) Plan. To be entitled to an allocation of the Plan contributions, employees must complete one hour of service during the plan year.

The Plan's share of 401(k) profit sharing plan contributions was \$33,655 and \$28,190 for the years ended June 30, 2024 and 2023, respectively.

The Plan also contributes to a multiemployer defined benefit pension plan under the terms of a collective bargaining agreement that covers its union-represented employees. The risks of participating in a multiemployer plan is different from single-employer plan in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If the Fund chooses to stop participating in its multiemployer plan, the Fund may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

Notes To Financial Statements (Continued)

The Plan's participation in the plan for the annual periods ended June 30, 2024 and 2023 is outlined in the table below. The "EIN/Pension Fund Number" column provides the Employee Identification Number (EIN) and the three-digit plan number. The zone status is based on information that the Plan received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are between 65 and 80 percent funded, and the plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration date of the collective bargaining agreement to which the plan is subject.

	EIN / Pension Fund Number	Act Zone Status		FIP/RP Pending/ Implemented	Contributions Of The Fund		Surcharge Imposed	Expiration Date Of Bargaining Agreement
		2024	2023		2024	2023		
Construction Laborers Pension Trust Of Greater St. Louis	43-6142465-001	Green as of 4/30/24	Green as of 4/30/23	No	\$ 155,172	\$ 149,573	No	5/31/2029

Employees of the Plan are provided health and welfare coverage under the Plan. Total contributions made on behalf of the employees amounted to \$484,756 and \$421,367 during the years ended June 30, 2024 and 2023, respectively.

13. Reconciliation Of The Financial Statements To Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 103,812,202	\$ 90,956,426
Benefit obligations other than postretirement and postemployment benefits	(6,168,215)	(6,808,321)
Net Assets Available For Benefits Per Form 5500	\$ 97,643,987	\$ 84,148,105

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

Notes To Financial Statements (*Continued*)

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500 for the year ended June 30, 2024:

Net increase in net assets available for benefits per the financial statements	\$ 12,855,776
Less: Benefit obligations other than postretirement and postemployment benefits at end of year	(6,168,215)
Add: Benefit obligations other than postretirement and postemployment benefits at end of prior year	<u>6,808,321</u>
Net Income Per Form 5500	<u><u>\$ 13,495,882</u></u>

Supplemental Schedules

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

EIN: 43-0688695 PLAN NUMBER: 501
SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 1 Of 5
June 30, 2024

Description Of Investment	Number Of Shares/Units/ Par Value	Cost	Current Value
Mutual Funds			
ARISTOTLE FLOATING RATE INCOME FUND I	419,384	\$ 3,759,475	\$ 3,992,535
LSV VALUE EQUITY FUND	324,815	8,150,508	8,698,549
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND - ADM	131,041	3,904,996	4,240,493
VANGUARD TOTAL STOCK MARKET INDEX FUND - IS	101,825	6,566,872	13,264,704
Total Mutual Funds		22,381,851	30,196,281
Corporate Bonds			
ABBVIE INC SENIOR UNSECURED NOTE 2.95% DUE 11/21/26 DATED 05/21/20 CALLABLE 09/21/26	150,000	159,735	142,988
AFLAC INC SENIOR UNSECURED NOTE 1.125% DUE 03/15/26 DATED 03/08/21 CALLABLE 02/15/26	150,000	149,855	140,031
BANK OF AMERICA CORP SENIOR UNSECURED NOTE 4.4% DUE 08/23/27 DATED 08/23/22 CALLABLE 08/23/23	100,000	100,000	95,241
BANK OF MONTREAL SENIOR UNSECURED NOTE 5.25% DUE 02/10/26 DATED 02/10/23 CALLABLE 08/10/23	100,000	100,000	98,382
BANK OF NOVA SCOTIA SENIOR UNSECURED NOTE 4.85% DUE 02/01/30 DATED 02/02/23	100,000	100,288	98,393
BB&T CORPORATION SUBORDINATED NOTES SUBORDINATED UNSECURED NOTE 3.875% DUE 03/19/29 DATED 03/18/19	100,000	93,253	93,258
BRISTOL-MYERS SQUIBB CO SENIOR NOTE 5.1% DUE 02/22/31 DATED 02/22/24 CALLABLE 12/22/30	100,000	100,732	100,383
CANADIAN PACIFIC RAILWAY SENIOR UNSECURED NOTE 1.75% DUE 12/02/26 DATED 12/02/21 CALLABLE 11/02/26	100,000	100,088	92,256
CARGILL INC CORPORATE SENIOR UNSECURED NOTE 4.5% DUE 06/24/26 DATED 04/24/23	100,000	99,801	98,746
CITIGROUP INC SENIOR UNSECURED NOTE VARIABLE RATED DUE 06/09/27 DATED 06/09/21 CALLABLE 06/09/26	150,000	149,775	139,025
COMCAST CORP SENIOR UNSECURED NOTE 3.95% DUE 10/15/25 DATED 10/05/18 CALLABLE 08/15/25	100,000	101,925	98,423
COREBRIDGE FINANCIAL INC SENIOR UNSECURED NOTE 3.85% DUE 04/05/29 DATED 04/05/23 CALLABLE 02/05/29	100,000	99,624	93,724
COTERRA ENERGY INC SENIOR UNSECURED NOTE 3.9% DUE 05/15/27 DATED 11/15/22 CALLABLE 02/15/27	100,000	109,214	96,193
D R HORTON INC SENIOR UNSECURED NOTE 1.3% DUE 10/15/26 DATED 08/05/21 CALLABLE 09/15/26	150,000	146,991	137,303
DELL INT LLC / EMC CORP FIRST LIEN NOTE 5.3% DUE 10/01/29 DATED 04/01/21 CALLABLE 07/01/29	100,000	100,625	100,564
DEVON ENERGY CORPORATION SENIOR UNSECURED NOTE 5.25% DUE 10/15/27 DATED 10/15/21 CALLABLE 01/20/23	100,000	100,703	99,684
DOW CHEMICAL COMPANY SENIOR UNSECURED NOTE 5.3% DUE 12/15/28 DATED 12/07/23 CALLABLE 06/15/24	100,000	100,000	99,707
DUKE ENERGY CORPORATION SENIOR UNSECURED NOTE 4.3% DUE 03/15/28 DATED 08/11/22 CALLABLE 02/15/28	100,000	99,882	97,016
EBAY INC SENIOR UNSECURED NOTE 2.7% DUE 03/11/30 DATED 03/11/20 CALLABLE 12/11/29	100,000	96,150	88,132
EBAY INC SENIOR UNSECURED NOTE 1.4% DUE 05/10/26 DATED 05/10/21 CALLABLE 04/10/26	150,000	150,435	139,490
ELI LILLY & COMPANY SENIOR UNSECURED NOTE 4.5% DUE 02/09/29 DATED 02/09/24 CALLABLE 01/09/29	100,000	99,990	99,157
ENBRIDGE ENERGY PARTNERS SENIOR UNSECURED NOTE 5.875% DUE 10/15/25 DATED 10/06/15 CALLABLE 07/15/25	100,000	120,133	100,237
EXTRA SPACE STORAGE LP SENIOR UNSECURED NOTE 4% DUE 06/15/29 DATED 06/15/23 CALLABLE 03/15/29	100,000	94,131	93,765
GENERAL MOTORS CO SENIOR UNSECURED NOTE 5.6% DUE 06/18/31 DATED 06/18/24 CALLABLE 04/18/31	100,000	100,109	99,252
GOLDMAN SACHS GROUP INC SENIOR UNSECURED NOTE 6% DUE 07/05/28 DATED 07/05/23 CALLABLE 07/05/24	100,000	100,000	99,366
HP INC SENIOR UNSECURED NOTE 4% DUE 04/15/29 DATED 03/31/22 CALLABLE 02/15/29	100,000	100,240	95,261
HSBC HOLDINGS PLC SENIOR UNSECURED NOTE VARIABLE RATED DUE 05/17/32 DATED 05/17/24 CALLABLE 05/17/31	100,000	100,000	100,245
INGERSOLL RAND INC SENIOR UNSECURED NOTE 5.197% DUE 06/15/27 DATED 05/10/24 CALLABLE 05/15/27	100,000	100,011	100,198
INTEL CORP SENIOR UNSECURED NOTE 4% DUE 08/05/29 DATED 08/05/22 CALLABLE 06/05/29	100,000	99,954	95,464
JOHNSON & JOHNSON SENIOR UNSECURED NOTE 4.95% DUE 06/01/34 DATED 05/20/24 CALLABLE 03/01/34	100,000	100,334	101,164
JPMORGAN CHASE & CO SENIOR UNSECURED NOTE VARIABLE RATED DUE 02/01/28 DATED 02/01/17 CALLABLE 02/01/27	100,000	100,000	96,336
KEURIG DR PEPPER INC SENIOR UNSECURED NOTE 5.2% DUE 03/15/31 DATED 03/07/24 CALLABLE 01/15/31	100,000	100,289	99,800
LOCKHEED MARTIN CORP SENIOR UNSECURED NOTE 5.1% DUE 11/15/27 DATED 10/24/22 CALLABLE 10/15/27	100,000	99,810	100,680
MASTERCARD INC SENIOR UNSECURED NOTE 2.95% DUE 06/01/29 DATED 05/31/19 CALLABLE 03/01/29	100,000	99,862	91,905
MCDONALD'S CORP SENIOR UNSECURED NOTE 3.5% DUE 07/01/27 DATED 03/27/20 CALLABLE 05/01/27	100,000	107,073	95,832
MCKESSON CORPORATION SENIOR UNSECURED NOTE 5.25% DUE 02/15/26 DATED 02/15/23 CALLABLE 02/15/24	100,000	99,946	99,860
MIZUHO FINANCIAL GROUP SENIOR UNSECURED NOTE VARIABLE RATED DUE 09/13/28 DATED 09/13/22 CALLABLE 09/13/27	100,000	100,375	100,265
MORGAN STANLEY SUBORDINATED NOTE 4.35% DUE 09/08/26 DATED 09/08/14	150,000	169,800	146,712
NATIONAL GRID PLC SENIOR UNSECURED NOTE 5.602% DUE 06/12/28 DATED 06/12/23 CALLABLE 05/12/28	100,000	100,565	100,974
NORTHROP GRUMMAN CORP SENIOR UNSECURED NOTE 4.6% DUE 02/01/29 DATED 01/31/24 CALLABLE 01/01/29	100,000	99,770	98,181
NSTAR ELECTRIC CO SENIOR UNSECURED NOTE 5.4% DUE 06/01/34 DATED 05/22/24 CALLABLE 03/01/34	100,000	100,342	100,089
PARKER HANNIFIN CORP SENIOR UNSECURED NOTE 4.5% DUE 09/15/29 DATED 06/15/22 CALLABLE 07/15/29	100,000	96,868	97,455
PENSKE TRUCK LEASING/PTL SENIOR UNSECURED NOTE 4.45% DUE 01/29/26 DATED 01/29/19 CALLABLE 11/29/25	100,000	108,538	98,227
PFIZER INVESTMENT ENTERPRISES UNSECURED NOTE 4.65% DUE 05/19/30 DATED 05/19/23 CALLABLE 03/19/30	100,000	100,277	98,567
PUBLIC STORAGE SENIOR UNSECURED NOTE 1.85% DUE 05/01/28 DATED 04/23/21 CALLABLE 03/01/28	100,000	87,554	88,948
REINSURANCE GROUP OF AMERICA SENIOR UNSECURED NOTE 3.9% DUE 05/15/29 DATED 05/15/19 CALLABLE 02/15/29	100,000	105,838	93,735
SAN DIEGO G & E FIRST LIEN NOTE 4.95% DUE 08/15/28 DATED 08/11/23 CALLABLE 07/15/28	100,000	99,921	99,540
SOUTHERN CAL EDISON COMPANY FIRST LIEN NOTE 4.875% DUE 02/01/27 DATED 01/11/24 CALLABLE 01/01/27	100,000	100,222	99,259
SPRINT SPECTRUM / SPEC 11ST LIEN NOTE 4.738% DUE 03/20/25 DATED 03/21/18 SINKABLE	18,750	19,219	18,633
STARBUCKS CORP SENIOR UNSECURED NOTE 4.75% DUE 02/15/26 DATED 02/16/23	100,000	100,175	99,284
SYSCO CORPORATION SENIOR UNSECURED NOTE 3.25% DUE 07/15/27 DATED 06/22/17 CALLABLE 04/15/27	100,000	99,463	94,692
TORONTO-DOMINION BANK SENIOR UNSECURED NOTE 4.693% DUE 09/15/27 DATED 09/15/22	100,000	100,000	98,505
UNITED PARCEL SERVICE INC SENIOR UNSECURED NOTE 5.15% DUE 05/22/34 DATED 05/22/24 CALLABLE 02/22/34	100,000	100,355	99,722
WHIRLPOOL CORP SENIOR UNSECURED NOTE 4.75% DUE 02/26/29 DATED 02/26/19 CALLABLE 11/26/28	100,000	99,594	98,366
AIR LEASE CORP SENIOR UNSECURED NOTE 3.25% DUE 03/01/25 DATED 01/16/18 CALLABLE 01/01/25	34,000	34,699	33,400
AMERICAN WATER CAPITAL CORP SENIOR UNSECURED NOTE 4.2% DUE 09/01/48 DATED 08/09/18 CALLABLE 03/01/48	35,000	34,981	28,396
ANHEUSER BUSCH CO INBEV SENIOR UNSECURED NOTE 4.7% DUE 02/01/36 DATED 02/01/19 CALLABLE 08/01/35	100,000	95,781	95,338
AVOLONBAY COMMUNITIES SENIOR UNSECURED NOTE 5.3% DUE 12/07/33 DATED 12/07/23 CALLABLE 09/07/33	110,000	110,972	109,274
BANK OF AMERICA CORP SENIOR UNSECURED NOTE VARIABLE RATED DUE 07/23/31 DATED 07/23/20 CALLABLE 07/23/30	110,000	102,111	90,606
BANK OF MONTREAL SENIOR UNSECURED NOTE 5.266% DUE 12/11/26 DATED 12/11/23	100,000	100,000	99,848
BANK OF NEW YORK MELLON CORP SENIOR UNSECURED NOTE VARIABLE RATED DUE 10/25/34 DATED 10/25/23 CALLABLE 10/25/34	100,000	100,000	107,850

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BANK OF NOVA SCOTIASENIOR UNSECURED NOTE2.951% DUE 03/11/27 DATED 03/11/22	80,000	\$ 80,000	\$ 75,451
BAPTIST HEALTH SOUTH FLORIDA INCSECURED NOTE4.342% DUE 11/15/41 DATED 01/12/17	50,000	50,400	42,982
BELL CANADASENIOR UNSECURED NOTE3.65% DUE 03/17/51 DATED 03/17/21CALLABLE 09/17/50	50,000	49,864	35,870
BHP BILLITON FINANCEYANKEE SENIOR UNSECURED NOTE6.42% DUE 03/01/26 DATED 03/01/96PUTTABLE	35,000	40,843	35,620
BORGWARNER INCSENIOR UNSECURED NOTE4.375% DUE 03/15/45 DATED 03/16/15CALLABLE 09/15/44	65,000	63,506	51,865
BP CAP MARKETS AMERICASENIOR UNSECURED NOTE2.721% DUE 01/12/32 DATED 01/12/22CALLABLE 10/12/31	90,000	90,000	76,453
BRISTOL-MYERS SQUIBB COSENIOR NOTE5.2% DUE 02/22/34 DATED 02/22/24CALLABLE 11/20/33	125,000	125,404	124,745
BRUNSWICK CORPSENIOR UNSECURED NOTE4.4% DUE 09/15/32 DATED 03/29/22CALLABLE 06/15/32	55,000	53,054	49,029
BURLINGTON NORTH SANTA FESENIOR UNSECURED NOTE5.4% DUE 06/01/41 DATED 05/19/11CALLABLE 12/01/40	110,000	101,265	108,511
BURLINGTON NORTH SANTA FESENIOR UNSECURED NOTE6.53% DUE 07/15/37 DATED 07/15/97PUTTABLE	25,000	26,810	27,023
CAMDEN PROPERTY TRUSTSENIOR UNSECURED NOTE4.1% DUE 10/15/28 DATED 10/04/18CALLABLE 07/15/28	100,000	102,782	95,995
CANADIAN PACIFIC RAILWAYSENIOR UNSECURED NOTE2.875% DUE 11/15/29 DATED 04/19/23CALLABLE 08/15/29	40,000	35,970	35,809
CITIGROUP INCSENIOR UNSECURED NOTEVARIABLE RATEDUE 01/24/39 DATED 01/24/18CALLABLE 01/22/38	25,000	25,000	20,944
CONOCOPHILLIPS COMPANYSENIOR UNSECURED NOTE5.05% DUE 09/15/33 DATED 08/17/23CALLABLE 06/15/33	75,000	74,855	74,340
CONSOLIDATED EDISON CO OF NYSENIOR UNSECURED NOTE6.3% DUE 08/15/37 DATED 08/28/07	35,000	44,854	37,260
CUMMINS INCSENIOR UNSECURED NOTE2.6% DUE 09/01/50 DATED 08/24/20CALLABLE 03/01/50	190,000	117,190	115,683
DISCOVER FINANCIAL SERVICESSENIOR UNSECURED NOTE4.1% DUE 02/09/27 DATED 02/09/17CALLABLE 11/09/26	45,000	50,670	43,263
DUKE ENERGY INDIANA INC NOTE6.45% DUE 04/01/39 DATED 03/23/09	25,000	33,388	26,973
ENERGY TRANSFER PARTNERSSENIOR UNSECURED NOTE5.95% DUE 10/01/43 DATED 09/19/13CALLABLE 04/01/43	50,000	47,223	48,365
ENTERGY LOUISIANA LLCSECURED NOTE3.25% DUE 04/01/28 DATED 03/24/16CALLABLE 01/01/28	50,000	49,995	46,834
ENTERPRISE PRODUCTS OPERATINGSENIOR UNSECURED NOTE3.2% DUE 02/15/52 DATED 08/07/20CALLABLE 08/15/5	35,000	34,732	23,257
EXELON CORPSENIOR NOTE5.15% DUE 03/15/29 DATED 02/27/24CALLABLE 02/15/29	50,000	49,891	49,810
EXXON MOBIL CORPORATIONSSENIOR UNSECURED NOTE2.709% DUE 03/06/25 DATED 03/06/15CALLABLE 12/06/24	75,000	74,075	73,660
FEDEX CORPSENIOR UNSECURED NOTE4.9% DUE 01/15/34 DATED 01/09/14	20,000	19,972	19,469
FLORIDA POWER & LIGHTSECURED NOTE3.8% DUE 12/15/42 DATED 12/20/12CALLABLE 06/15/42	30,000	29,851	23,929
FLORIDA POWER CORPORATION NOTE5.65% DUE 04/01/40 DATED 03/25/10	30,000	32,397	29,867
FORTIVE CORPORATIONSSENIOR UNSECURED NOTE4.3% DUE 06/15/46 DATED 06/15/17CALLABLE 12/15/45	40,000	47,624	33,183
GE HEALTHCARE TECH INCSENIOR UNSECURED NOTE5.905% DUE 11/22/32 DATED 05/22/23CALLABLE 08/22/32	55,000	54,812	56,759
GENERAL MOTORS FINANCIAL COMPANYSSENIOR UNSECURED NOTE5.8% DUE 06/23/28 DATED 06/23/23CALLABLE 05	35,000	34,993	35,429
GLAXOSMITHKLINE CAP INCSENIOR UNSECURED NOTE3.875% DUE 05/15/28 DATED 05/15/18	85,000	96,524	82,061
GOLDMAN SACHS GROUP INCSENIOR UNSECURED NOTEVARIABLE RATEDUE 03/15/28 DATED 03/15/22CALLABLE 03	50,000	50,000	47,809
GONZAGA UNIVERSITYSECURED NOTE4.158% DUE 04/01/46 DATED 10/20/16SINKABLE	30,000	30,000	23,461
HOLLYFRONTIER CORPSENIOR UNSECURED NOTE5.875% DUE 04/01/26 DATED 03/22/16CALLABLE 01/01/26	25,000	24,832	24,962
HONEYWELL INTERNATIONALSENIOR UNSECURED NOTE5.375% DUE 03/01/41 DATED 02/17/11	20,000	19,773	19,860
HORACE MANN EDUCATORS CORPORATIONSSENIOR UNSECURED NOTE7.25% DUE 09/15/28 DATED 09/15/23CALLABL	60,000	60,810	63,630
INTUIT INCSENIOR UNSECURED NOTE5.2% DUE 09/15/33 DATED 09/15/23CALLABLE 06/15/33	100,000	99,423	100,419
JOHN DEERE CAPITAL CORPORATIONSSENIOR UNSECURED NOTE2.05% DUE 01/09/25 DATED 01/09/20	75,000	74,979	73,682
JPMORGAN CHASE & COSENIOR UNSECURED NOTEVARIABLE RATEDUE 01/23/29 DATED 01/23/18CALLABLE 01/23/28	65,000	65,000	61,468
KEY BANK NASUBORDINATED NOTE3.4% DUE 05/20/26 DATED 05/20/16	50,000	56,159	47,487
KINDER MORGAN ENERGY PARTNERSSENIOR UNSECURED NOTE5.5% DUE 03/01/44 DATED 02/24/14CALLABLE 09/01/	20,000	19,843	18,475
KONINKLIJKE PHILIPS NVSENIOR UNSECURED YANKEE NOTE7.75% DUE 05/15/25 DATED 05/15/95	35,000	44,543	35,460
LEAR CORPSENIOR UNSECURED NOTE5.25% DUE 05/15/49 DATED 05/01/19CALLABLE 11/15/48	50,000	42,367	44,201
LOCKHEED MARTIN CORPORATIONSENIOR UNSECURED NOTE4.75% DUE 02/15/34 DATED 05/25/23CALLABLE 11/15/3	100,000	99,674	97,363
LOEWS CORPSENIOR UNSECURED NOTE3.2% DUE 05/15/30 DATED 05/08/20CALLABLE 02/15/30	100,000	96,947	90,779
MASTERCARD INCSENIOR UNSECURED NOTE1.9% DUE 03/15/31 DATED 03/04/21CALLABLE 12/15/30	90,000	89,885	75,205
METLIFE INCSENIOR UNSECURED NOTE5.375% DUE 07/15/33 DATED 07/12/23CALLABLE 04/15/33	95,000	94,426	95,767
MID-AMERICA APARTMENTSSSENIOR UNSECURED NOTE4.2% DUE 06/15/28 DATED 05/14/18CALLABLE 03/15/28	105,000	98,035	101,786
MIDAMERICAN ENERGY COSECURED NOTE4.8% DUE 09/15/43 DATED 09/19/13CALLABLE 03/15/43	35,000	34,835	31,580
MORGAN STANLEYSSENIOR UNSECURED NOTEVARIABLE RATEDUE 07/20/27 DATED 07/20/21CALLABLE 07/20/26	60,000	60,000	55,470
NATIONAL AUSTRALIA BANK LIMITEDSENIOR UNSECURED NOTE5.087% DUE 06/11/27 DATED 06/11/24	120,000	120,000	120,175
NATIONAL FUEL GAS COSENIOR UNSECURED NOTE5.2% DUE 07/15/25 DATED 06/25/15CALLABLE 04/15/25	40,000	44,119	39,735
NATIONAL RURAL UTIL COOPSECURED NOTE5.8% DUE 01/15/33 DATED 10/31/22CALLABLE 07/15/32	100,000	108,873	102,767
NORTHERN TRUST CORPSUBORDINATED NOTE3.95% DUE 10/30/25 DATED 10/31/13	40,000	41,710	39,189
OKLAHOMA GAS AND ELECTRIC COMPANYSSENIOR UNSECURED NOTE5.4% DUE 01/15/33 DATED 01/05/23CALLABLE (	100,000	94,064	100,362
ONEOK INCSENIOR UNSECURED NOTE5% DUE 03/01/26 DATED 02/28/24	25,000	24,969	24,791
PAYPAL HOLDINGS INCSENIOR UNSECURED NOTE4.4% DUE 06/01/32 DATED 05/23/22CALLABLE 03/01/32	90,000	89,689	85,630
PEPSICO INCSENIOR UNSECURED NOTE2.75% DUE 03/19/30 DATED 03/19/20CALLABLE 12/19/29	80,000	79,570	71,662
PETRO-CANADASENIOR UNSECURED NOTE7.875% DUE 06/15/26 DATED 06/07/96	35,000	47,210	36,430
PINNACLE WEST CAPITALSENIOR UNSECURED NOTE1.3% DUE 06/15/25 DATED 06/17/20CALLABLE 05/15/25	55,000	56,030	52,648
PPL ELECTRIC UTILITIES NOTE6.45% DUE 08/15/37 DATED 08/13/07	80,000	102,165	84,748
PROCTER & GAMBLE COSENIOR UNSECURED NOTE2.8% DUE 03/25/27 DATED 03/25/20CALLABLE 01/25/27	85,000	92,375	80,811
PROGRESSIVE CORPSENIOR UNSECURED NOTE3.7% DUE 01/26/45 DATED 01/26/15	50,000	49,024	38,721
PRUDENTIAL FUNDING ASIASENIOR UNSECURED NOTE3.625% DUE 03/24/32 DATED 03/24/22CALLABLE 12/24/31	85,000	84,605	75,880
PUBLIC STORAGESENIOR UNSECURED NOTE3.094% DUE 09/15/27 DATED 09/18/17CALLABLE 06/15/27	80,000	87,401	75,385
REINSURANCE GROUP OF AMERICASENIOR UNSECURED NOTE3.95% DUE 09/15/26 DATED 06/08/16CALLABLE 06/15/2	35,000	34,999	34,026
ROYAL BANK OF CANADASENIOR UNSECURED NOTE5.2% DUE 08/01/28 DATED 07/20/23	100,000	98,500	100,657
SALESFORCE.COM INCSENIOR UNSECURED NOTE2.9% DUE 07/15/51 DATED 07/12/21CALLABLE 01/15/51	100,000	99,721	64,529
SIMON PROPERTY GROUP LPSENIOR UNSECURED NOTE5.5% DUE 03/08/33 DATED 03/08/23CALLABLE 12/08/32	90,000	90,784	90,504
SOUTHERN CAL EDISONSECURED NOTE4.65% DUE 10/01/43 DATED 10/02/13CALLABLE 04/01/43	30,000	29,854	25,828

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STATE STREET CORPSENIOR UNSECURED NOTEVARIABLE RATEDUE 05/13/33 DATED 05/13/22CALLABLE 05/13/32	100,000	\$ 100,000	\$ 94,531
STATOIL ASASENIOR UNSECURED NOTE7.15% DUE 11/15/25 DATED 11/15/95	45,000	58,072	46,139
T-MOBILE US INCSENIOR UNSECURED NOTE6% DUE 06/15/54 DATED 09/14/23CALLABLE 12/15/53	50,000	49,915	51,698
TORONTO-DOMINION BANKSENIOR UNSECURED NOTE0.75% DUE 01/06/26 DATED 01/06/21	80,000	78,686	74,736
TRANSCANADA PIPELINESENIOR UNSECURED NOTE2.5% DUE 10/12/31 DATED 10/12/21CALLABLE 07/12/31	35,000	34,770	29,319
TRANSCONT GAS PIPE LINESENIOR UNSECURED NOTE7.85% DUE 02/01/26 DATED 08/01/16CALLABLE 11/01/25	35,000	45,254	36,008
TRAVELERS COS INCSENIOR UNSECURED NOTE4.1% DUE 03/04/49 DATED 03/04/19CALLABLE 09/04/48	60,000	59,774	48,755
UNILEVER CAPITAL CORPSENIOR UNSECURED NOTE5% DUE 12/08/33 DATED 09/08/23CALLABLE 09/08/33	110,000	109,069	110,211
UNION PACIFIC CORPSENIOR UNSECURED NOTE5.375% DUE 06/01/33 DATED 06/05/03	60,000	71,978	59,824
UNITEDHEALTH GROUP INCSENIOR UNSECURED NOTE5.35% DUE 02/15/33 DATED 10/28/22CALLABLE 11/15/32	100,000	97,192	101,322
US BANCORPSUBORDINATED NOTE3.1% DUE 04/27/26 DATED 04/26/16CALLABLE 03/27/26	75,000	83,634	71,910
VALERO ENERGY CORPSENIOR UNSECURED NOTE7.5% DUE 04/15/32 DATED 04/15/02	20,000	24,070	22,572
VANDERBILT UNIVERSITY MED CENTERUNSECURED NOTE4.172% DUE 07/01/37 DATED 07/26/17CALLABLE 01/01/37	70,000	70,000	60,684
VERIZON COMMUNICATIONSSENIOR UNSECURED NOTE2.355% DUE 03/15/32 DATED 03/15/22CALLABLE 12/15/31	65,000	49,642	53,136
WACHOVIA CORPSSUBORDINATED NOTE6.605% DUE 10/01/25 DATED 10/05/95PUTTABLE	50,000	62,337	50,587
WEINGARTEN REALTY INVESTMENTSENIOR UNSECURED NOTE3.25% DUE 08/15/26 DATED 08/11/16CALLABLE 05/15/16	30,000	29,747	28,561
WW GRAINGER INCSENIOR UNSECURED NOTE4.6% DUE 06/15/45 DATED 06/11/15CALLABLE 12/15/44	50,000	52,746	44,777
WW GRAINGER INCSENIOR UNSECURED NOTE3.75% DUE 05/15/46 DATED 05/16/16CALLABLE 11/15/45	40,000	39,729	31,127
Total Corporate Bonds		11,740,130	11,083,005
Asset Backed Securities			
BEAR STEARNS ASSET BACKED SECURITIESTRUST SERIES 2004-SD4 CLASS A1VARIABLE RATEDUE 8/25/44 DATED 1	5,118	4,625	4,876
CARVANA AUTO RECEIVABLES TRUSTSERIES 2022-P3 CLASS A34.61% DUE 11/10/27 DATED 09/08/22	94,612	94,597	93,781
CITIGROUP COMMERCIAL MORTGAGE TRUSTSERIES 2016-P3 CLASS A22.743% DUE 04/15/49 DATED 04/01/16	425	438	419
SYNCHRONY CARD ISSUANCE TRUSTSERIES 2022-A2 CLASS A3.86% DUE 07/17/28 DATED 07/15/22	100,000	99,987	98,268
VERIZON MASTER TRUSTSERIES 2023-7 CLASS A1A0.0567% DUE 11/20/29 DATED 11/20/23	100,000	99,988	101,214
Total Asset Backed Securities		299,635	298,558
Municipal Bonds			
BARSTOW CAPENSION OBLIGATION TAXABLE4.21% DUE 06/01/30 DATED 04/20/22	100,000	100,000	95,633
CO STATE HOUSING & FINANCEAUTHORITY TAXABLE SERIES H-14.917% DUE 05/01/26 DATED 11/29/22	90,000	90,000	89,667
CURATORS UNIVERSITY MO SYS FACS REVBUILD AMERICA BONDS5.792% DUE 11/01/41 DATED 12/21/10 SINKABLE	30,000	30,000	31,215
FLOUR BLUFF TX INDEPENDENT SCHOOLDISTRICT TAXABLE-REFUNDINGGENERAL OBLIGATION UNLIMITED 5% DUE 08/15/27 DATED 08/19/20	70,000	87,818	70,536
FRISCO TX ECONOMIC DEVELOPMENT CORPTAXABLE3.8% DUE 02/15/28 DATED 07/15/14CALLABLE 02/15/24	20,000	19,800	19,391
GRAND RIVER OK DAM AUTHORITYREVENUE TAXABLE SERIES B4.365% DUE 06/01/34 DATED 10/23/14 SINKABLE CALLABLE 06/01/24	40,000	40,000	38,208
GREENSBORO NC LIMITED OBLIGATIONTAXABLE REVENUE2.568% DUE 11/01/27 DATED 10/29/19	80,000	80,000	74,591
HI STATE DEPT BUSINESS ECONOMICDEVELOPMENT & TOURISM GREEN ENERGYTAXABLE GREEN BONDS SERIES A-2 3.242% DUE 1/1/31 DATED 11/13/14SINKABLE	24,209	24,207	23,336
KANSAS CITY MO SPECIAL OBLIGATIONTAXABLE-MO PROJECTS-SERIES B4.084% DUE 04/01/31 DATED 04/27/22	100,000	100,000	94,243
MO STATE HIGHWAYS & TRANSITCOMMISSION STATE ROAD REVENUEBUILD AMERICA BONDS5.213% DUE 05/01/25 DATED 11/12/09	30,000	37,013	29,986
NC STATE UNIVERSITY AT RALEIGHTAXABLE GENERAL SERIES B4% DUE 10/01/41 DATED 03/06/13 SINKABLE	30,000	30,000	27,263
ND STATE HOUSING FINANCE AGENCYTAXABLE SERIES B3.05% DUE 01/01/25 DATED 04/28/22	100,000	100,000	98,899
NE STATE PUBLIC POWER DISTRICTREVENUE TAXABLE REFUNDING SERIES B12.593% DUE 01/01/29 DATED 10/29/19	100,000	100,000	91,302
NY STATE DORM AUTH ST PERSONALINCOME TAX REVENUE TAXABLE REF B3.229% DUE 03/15/30 DATED 03/25/22	100,000	100,000	92,134
RIVER CITY INC KY PARKING AUTHORITYREVENUE REFUNDING SERIES B2.75% DUE 12/01/33 DATED 09/28/16 SINKABLE CALLABLE 06/01/26	65,000	55,076	58,814
SEATTLE WA MUNICIPAL LIGHT & POWERREVENUE TAXABLE CREB REFUNDING-C3.75% DUE 06/01/33 DATED 07/17/12 SINKABLE	30,000	30,434	27,785
UNIVERSITY OF CINCINNATI OHRECEIPTS TAXABLE REFUNDING SERIES B1.875% DUE 06/01/30 DATED 03/18/20	80,000	80,000	68,212
UNIVERSITY OF MASSACHUSETTS MABUILDING AUTHORITY REVENUE TAXABLEREFLUNDING SENIOR SERIES 2020-4 1.391% DUE 11/01/27 DATED 10/28/20	85,000	85,000	76,396
WV HIGHER ED POL COMMISSION REVBUILD AMERICA BONDSISSUER SUBSIDY-WV HGR EDU-SERIES B7.45% DUE 4/1/30 DATED 12/23/10 SINKABLE	30,000	30,000	32,294
Total Municipal Bonds		1,219,348	1,139,905
U.S. Government And Agency Securities			
UNITED STATES TREASURY NOTE4.375% DUE 10/31/24 DATED 10/31/22	38,000	37,869	37,870
UNITED STATES TREASURY NOTE4.5% DUE 11/30/24 DATED 11/30/22	70,000	69,773	69,768
UNITED STATES TREASURY NOTE4.625% DUE 02/28/25 DATED 02/28/23	4,000	3,983	3,984
UNITED STATES TREASURY NOTE4.875% DUE 05/31/26 DATED 05/31/24	141,000	141,204	141,298
UNITED STATES TREASURY NOTES4.625% DUE 02/28/26 DATED 02/29/24	147,000	146,413	146,490
FEDERAL FARM CREDIT BANKUNSECURED NOTE6.08% DUE 06/03/39 DATED 06/03/24CALLABLE 06/03/25	100,000	99,975	99,715
FEDERAL FARM CREDIT BANKSENIOR UNSECURED NOTE5.9% DUE 12/20/33 DATED 06/20/24CALLABLE 12/20/24	100,000	100,000	99,644
FEDERAL HOME LOAN BANKSENIOR UNSECURED NOTE5.7% DUE 06/24/32 DATED 06/24/24CALLABLE 06/24/25	100,000	100,000	99,893
FEDERAL HOME LOAN BANKSUNSECURED NOTE6% DUE 04/24/34 DATED 04/24/24CALLABLE 04/24/25	100,000	100,000	100,199
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2024-5413 CLASS KV5.5% DUE 03/25/35 DATED 06/01/24	98,871	99,903	99,249
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2024-5427 CLASS KA6% DUE 11/25/50 DATED 06/01/24	100,000	101,250	101,250
FEDERAL NATIONAL MORTGAGE ASSOCPREMIC SERIES 2024-20 CLASS C5.5% DUE 05/25/54 DATED 06/01/24	99,096	99,096	98,777

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FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2024-42 CLASS CP5.5% DUE 06/25/51 DATED 06/01/24	100,000	\$ 99,629	\$ 99,629
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2024-064 CLASS BQ5% DUE 04/20/54 DATED 06/01/24	99,605	98,263	97,852
TENNESSEE VALLEY AUTHORITYSENIOR UNSECURED NOTE4.65% DUE 06/15/35 DATED 06/06/05	100,000	100,507	99,608
UNITED STATES TREASURY BOND4.75% DUE 11/15/43 DATED 11/15/23	50,000	53,738	50,680
UNITED STATES TREASURY BOND4.625% DUE 05/15/44 DATED 05/15/24	100,000	100,373	99,829
UNITED STATES TREASURY BONDS4.5% DUE 02/15/44 DATED 02/15/24	100,000	98,693	98,125
UNITED STATES TREASURY NOTE0.5% DUE 08/31/27 DATED 08/31/20	500,000	496,963	441,565
UNITED STATES TREASURY NOTE2.75% DUE 08/15/32 DATED 08/15/22	50,000	43,875	44,501
UNITED STATES TREASURY NOTE3.625% DUE 03/31/30 DATED 03/31/23	50,000	50,240	48,153
UNITED STATES TREASURY NOTE3.625% DUE 03/31/28 DATED 03/31/23	100,000	101,234	97,202
UNITED STATES TREASURY NOTE3.625% DUE 05/31/28 DATED 05/31/23	100,000	99,008	97,162
UNITED STATES TREASURY NOTE4.125% DUE 07/31/28 DATED 07/31/23	50,000	49,756	49,478
UNITED STATES TREASURY NOTE4% DUE 07/31/30 DATED 07/31/23	50,000	49,553	49,057
UNITED STATES TREASURY NOTE3.875% DUE 08/15/33 DATED 08/15/23	50,000	48,391	48,114
UNITED STATES TREASURY NOTE4.625% DUE 09/30/30 DATED 09/30/23	50,000	49,328	50,710
UNITED STATES TREASURY NOTE4.875% DUE 10/31/30 DATED 10/31/23	50,000	51,531	51,422
UNITED STATES TREASURY NOTE4.5% DUE 11/15/33 DATED 11/15/23	150,000	154,102	151,419
UNITED STATES TREASURY NOTE4.375% DUE 11/30/30 DATED 11/30/23	100,000	101,711	100,102
UNITED STATES TREASURY NOTE4.375% DUE 11/30/28 DATED 11/30/23	100,000	100,543	100,002
UNITED STATES TREASURY NOTE4% DUE 01/31/31 DATED 01/31/24	50,000	49,754	49,004
UNITED STATES TREASURY NOTE4.25% DUE 02/28/31 DATED 02/29/24	50,000	50,230	49,712
UNITED STATES TREASURY NOTE4.25% DUE 03/15/27 DATED 03/15/24	50,000	49,908	49,606
UNITED STATES TREASURY NOTE4.375% DUE 05/15/34 DATED 05/15/24	100,000	100,221	100,039
UNITED STATES TREASURY NOTE4.5% DUE 05/31/29 DATED 05/31/24	50,000	50,568	50,348
UNITED STATES TREASURY NOTE4.625% DUE 05/31/31 DATED 05/31/24	100,000	101,484	101,641
UNITED STATES TREASURY NOTE4.625% DUE 06/15/27 DATED 06/15/24	50,000	50,289	50,147
UNITED STATES TREASURY NOTE1.625% DUE 10/31/26 DATED 10/31/19	500,000	504,016	467,015
UNITED STATES TREASURY NOTES4% DUE 02/15/34 DATED 02/15/24	100,000	97,680	97,086
UNITED STATES TREASURY NOTES4.25% DUE 02/28/29 DATED 02/29/24	100,000	100,166	99,569
BEAR STEARNS ADJUSTABLE RATEMORTGAGE SERIES 2003-3 CLASS 2A2VARIABLE RATEDUE 5/25/33 DATED 4/1/03	2,511	2,053	2,189
COUNTRYWIDE HOME LOANS 2004-22 CLASSA1 VARIABLE RATEDUE 11/25/34 DATED 9/1/04	1,307	1,307	1,168
FEDERAL HOME LOAN MORTGAGE CORPGOLD POOL #J1149784% DUE 04/01/26 DATED 03/01/11	1,097	1,169	1,080
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #SD48193% DUE 07/25/52 DATED 06/01/24	122,794	105,123	104,467
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #SD82454.5% DUE 09/01/52 DATED 08/01/22	98,779	92,914	93,189
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #SD83604.5% DUE 09/01/53 DATED 08/01/23	96,902	90,974	91,376
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #SD83654.5% DUE 09/01/53 DATED 09/01/23	96,884	91,260	91,359
FEDERAL HOME LOAN MORTGAGE CORPGOLD POOL #V825153.5% DUE 06/01/46 DATED 06/01/16	13,739	14,074	12,457
FEDERAL HOME LOAN MORTGAGE CORPGOLD POOL #T653023% DUE 06/01/45 DATED 06/01/15	10,027	10,259	8,717
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #QE69244% DUE 08/01/52 DATED 08/01/22	92,408	92,322	84,693
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #RB52475.5% DUE 07/01/43 DATED 07/01/23	85,875	85,425	86,032
FEDERAL HOME LOAN MORTGAGE CORPPPOOL #RE60283% DUE 04/01/50 DATED 03/01/20	11,620	11,957	9,714
FEDERAL HOME LOAN MORTGAGE CORPPPOOL #RE60762% DUE 12/01/50 DATED 11/01/20	61,150	62,397	46,928
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #QI69116% DUE 06/25/54 DATED 06/01/24	125,000	125,742	125,400
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 3954 CLASS PG2.50% DUE 07/15/41 DATED 11/01/11	2,522	2,447	2,352
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 4146 CLASS ML1.5% DUE 10/15/42 DATED 12/01/12	1,190	1,162	1,153
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 4457 CLASS EP3.5% DUE 02/15/45 DATED 04/01/15	4,038	4,086	3,613
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 4272 CLASS DG3% DUE 04/15/43 DATED 11/01/13	1,725	1,755	1,643
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 5020 CLASS KW2% DUE 09/25/45 DATED 09/01/20	70,000	72,532	57,347
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2020-5042 CLASS LK2% DUE 11/25/50 DATED 10/01/20	69,552	70,204	47,979
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2021-5081 CLASS QA2% DUE 12/25/50 DATED 02/01/21	59,198	61,215	46,568
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2021-5122 CLASS A2.5% DUE 07/25/40 DATED 06/01/21	64,737	67,633	57,975
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 5300 CLASS AB5.5% DUE 01/25/49 DATED 03/01/23	86,409	84,641	86,319
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2017-69 CLASS EG3% DUE 09/25/47 DATED 08/01/17	17,206	17,427	15,316
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2012-136 CLASS DL3.5% DUE 12/25/42 DATED 11/01/12	50,198	49,500	47,089
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2018-83 CLASS LH4% DUE 11/25/48 DATED 10/01/18	6,978	7,030	6,455
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #AU66902.5% DUE 09/01/28 DATED 09/01/13	3,428	3,505	3,270
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2003-117 CLASS KB6% DUE 12/25/33 DATED 11/01/03	7,352	7,725	7,517
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2007-109 CLASS MA4.5% DUE 12/25/37 DATED 11/01/07	668	695	655
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BE23623.5% DUE 03/01/47 DATED 03/01/17	14,631	14,983	13,214
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BE95673.5% DUE 04/01/47 DATED 04/01/17	14,190	14,558	12,815
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BF01734% DUE 06/01/40 DATED 08/01/17	69,337	70,811	65,868
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BM4874VARIABLE RATEDUE 11/1/48 DATED 10/1/18	6,113	6,184	5,751
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BS60884.04% DUE 08/01/30 DATED 07/01/22	100,000	94,547	95,700
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #BW38995% DUE 08/25/52 DATED 05/01/24	106,930	104,240	103,609
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #BX67525% DUE 03/25/53 DATED 05/01/24	110,290	106,378	106,668
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #BY00136% DUE 04/25/53 DATED 06/01/24	64,084	64,625	64,315
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #CA79912% DUE 12/01/50 DATED 11/01/20	66,780	68,376	51,268
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #CB48084% DUE 10/25/52 DATED 06/01/24	118,836	109,709	108,778

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

EIN: 43-0688695 PLAN NUMBER: 501
SCHEDULE OF ASSETS HELD AT END OF YEAR

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June 30, 2024

Description Of Investment	Number Of Shares/Units/ Par Value	Cost	Current Value
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #FS39774.5% DUE 11/01/52 DATED 02/01/23	95,786	\$ 85,623	\$ 90,440
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #FS42904% DUE 02/01/52 DATED 04/01/23	89,051	83,833	81,671
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #735648 VARIABLE RATEDUE 02/01/34 DATED 06/01/05	324	323	327
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #817330 VARIABLE RATEDUE 7/1/35 DATED 6/1/05	361	362	357
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA14513% DUE 05/01/28 DATED 04/01/13	2,769	2,853	2,670
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA14913% DUE 07/01/43 DATED 06/01/13	14,015	14,068	12,205
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA21143.5% DUE 12/01/44 DATED 11/01/14	9,572	9,838	8,525
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA28412.5% DUE 12/01/36 DATED 11/01/16	12,593	12,168	11,309
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA29472.5% DUE 02/01/32 DATED 02/01/17	15,530	15,591	14,498
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA40542.5% DUE 06/01/40 DATED 05/01/20	68,509	71,849	59,828
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA40742% DUE 07/01/35 DATED 06/01/20	36,845	38,276	32,510
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA40932% DUE 08/01/40 DATED 07/01/20	39,218	40,547	33,129
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA45993% DUE 05/25/52 DATED 06/01/24	62,488	53,886	53,221
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA50205% DUE 05/25/43 DATED 04/01/23	108,846	107,298	106,957
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA51905.5% DUE 11/01/53 DATED 10/01/23	95,875	92,800	94,571
GOVERNMENT NATIONAL MORTGAGE ASSOCII POOL #CK60463.5% DUE 11/20/51 DATED 12/01/21	84,170	79,856	75,583
GOVERNMENT NATIONAL MORTGAGE ASSOCII POOL #7841742.5% DUE 06/20/31 DATED 07/01/16	4,731	4,858	4,460
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2016-129 CLASS W2.5% DUE 07/20/46 DATED 09/01/16	9,716	9,555	8,084
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2018-149 CLASS A3% DUE 08/16/48 DATED 10/01/18	6,846	6,730	6,474
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2020-10 CLASS AE2.5% DUE 09/16/60 DATED 01/01/20	64,933	67,632	54,429
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2020-24 CLASS AC2.35% DUE 02/16/61 DATED 02/01/20	60,494	62,488	49,885
IMPAC CMB TRUSTSERIES 2005-6 CLASS 2A2VARIABLE RATEDUE 10/25/35 DATED 9/9/05	524	501	521
JP MORGAN MORTGAGE TRUSTSERIES 2006-A2 CLASS 2A14.009% DUE 04/25/36 DATED 03/01/06	1,620	1,612	1,373
MASTER ADJUSTABLE RATE MORTGAGESTRUST 2004-15 CLASS 4A1VARIABLE RATEDUE 12/25/34 DATED 11/1/04	851	846	790
MASTR ALTERNATIVE LOANS TRUSTSERIES 2004-3 CLASS 2A16.25% DUE 04/25/34 DATED 03/01/04	5,120	4,019	5,055
RESIDENTIAL ACCREDIT LOANS INC SERIES 2006-QS13 CLASS 2A15.75% DUE 09/25/21 DATED 09/01/06	54	53	32
UNITED STATES TREASURY BOND5.375% DUE 02/15/31 DATED 02/15/01	75,000	80,871	79,811
UNITED STATES TREASURY BOND2.75% DUE 08/15/42 DATED 08/15/12	100,000	95,659	76,946
UNITED STATES TREASURY BOND3.125% DUE 08/15/44 DATED 08/15/14	100,000	110,078	79,950
UNITED STATES TREASURY BOND2.5% DUE 05/15/46 DATED 05/15/16	125,000	156,104	87,891
UNITED STATES TREASURY BOND2.25% DUE 08/15/46 DATED 08/15/16	100,000	102,977	66,680
UNITED STATES TREASURY BOND2.75% DUE 11/15/47 DATED 11/15/17	220,000	176,937	160,017
UNITED STATES TREASURY BOND3% DUE 02/15/48 DATED 02/15/18	110,000	93,178	83,723
UNITED STATES TREASURY BOND3.125% DUE 05/15/48 DATED 05/15/18	285,000	242,116	221,696
UNITED STATES TREASURY BOND1.75% DUE 08/15/41 DATED 08/15/21	325,000	276,681	214,851
UNITED STATES TREASURY INFLATIONARYINDEX NOTE IX0.75% DUE 02/15/42 DATED 02/15/12	69,372	70,171	54,252
UNITED STATES TREASURY NOTE0.5% DUE 08/31/27 DATED 08/31/20	175,000	175,533	154,548
UNITED STATES TREASURY NOTE0.25% DUE 10/31/25 DATED 10/31/20	200,000	187,086	187,986
UNITED STATES TREASURY NOTE0.875% DUE 11/15/30 DATED 11/15/20	90,000	85,461	72,818
UNITED STATES TREASURY NOTE1.25% DUE 08/15/31 DATED 08/15/21	110,000	93,874	89,291
UNITED STATES TREASURY NOTE2.875% DUE 05/15/32 DATED 05/15/22	150,000	141,475	135,174
UNITED STATES TREASURY NOTE3.875% DUE 08/15/33 DATED 08/15/23	100,000	96,977	96,227
UNITED STATES TREASURY NOTE4.5% DUE 11/15/33 DATED 11/15/23	115,000	117,376	116,088
UNITED STATES TREASURY NOTE2.25% DUE 11/15/25 DATED 11/15/15	100,000	110,078	96,442
UNITED STATES TREASURY NOTE1.625% DUE 05/15/26 DATED 05/15/16	75,000	71,303	70,823
UNITED STATES TREASURY NOTE1.75% DUE 06/30/24 DATED 06/30/19	200,000	208,758	200,000
Total U.S. Government And Agency Securities		9,654,322	9,013,038
Collective Trust			
Parametric Defensive Equity Fund, LLC	NA	1,520,336	2,366,135
Pooled Separate Accounts			
Principal U.S. Property Fund	3,992,440	2,955,153	2,948,459
ULLICO - Separate Account W1	4,681,638	7,395,144	8,254,000
Total Pooled Separate Accounts		10,350,297	11,202,459
Partnership			
CDL Offshore Fund (Levered) Feeder LP	473	529,781	536,661
Neuberger Berman U.S. Equity Index PutWrite Fund LLC	NA	1,703,597	2,277,306
Total Partnership		2,233,378	2,813,967
Interest-Bearing Cash			
Financial Square Trust Government Fd Institutional CI Fund 465	13,003,901	13,003,901	13,003,901
Sweep Account	13,465,678	13,465,678	13,465,678
Total Interest-Bearing Cash		26,469,579	26,469,579
Real Estate			
Land & Building - 2357 59th Street	NA	2,423,652	940,000
Total Investments		\$ 87,762,747	\$ 95,522,927

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

**EIN: 43-0688695 PLAN NUMBER: 501
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended June 30, 2024**

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
Financial Square Trust Government Fd Institutional Cl Fund 465	304	—	\$ 37,615,746	\$ —	\$ —	\$ —	\$ 37,615,746	\$ —
Financial Square Trust Government Fd Institutional Cl Fund 465	—	147	—	33,118,041	—	33,118,041	33,118,041	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

EIN: 43-0688695 PLAN NUMBER: 501
SCHEDULE OF ASSETS HELD AT END OF YEAR

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June 30, 2024

Description Of Investment	Number Of Shares/Units/ Par Value	Cost	Current Value
Mutual Funds			
ARISTOTLE FLOATING RATE INCOME FUND I	419,384	\$ 3,759,475	\$ 3,992,535
LSV VALUE EQUITY FUND	324,815	8,150,508	8,698,549
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND - ADM	131,041	3,904,996	4,240,493
VANGUARD TOTAL STOCK MARKET INDEX FUND - IS	101,825	6,566,872	13,264,704
Total Mutual Funds		22,381,851	30,196,281
Corporate Bonds			
ABBVIE INC SENIOR UNSECURED NOTE 2.95% DUE 11/21/26 DATED 05/21/20 CALLABLE 09/21/26	150,000	159,735	142,988
AFLAC INC SENIOR UNSECURED NOTE 1.125% DUE 03/15/26 DATED 03/08/21 CALLABLE 02/15/26	150,000	149,855	140,031
BANK OF AMERICA CORP SENIOR UNSECURED NOTE 4.4% DUE 08/23/27 DATED 08/23/22 CALLABLE 08/23/23	100,000	100,000	95,241
BANK OF MONTREAL SENIOR UNSECURED NOTE 5.25% DUE 02/10/26 DATED 02/10/23 CALLABLE 08/10/23	100,000	100,000	98,382
BANK OF NOVA SCOTIA SENIOR UNSECURED NOTE 4.85% DUE 02/01/30 DATED 02/02/23	100,000	100,288	98,393
BB&T CORPORATION SUBORDINATED NOTES SUBORDINATED UNSECURED NOTE 3.875% DUE 03/19/29 DATED 03/18/21	100,000	93,253	93,258
BRISTOL-MYERS SQUIBB CO SENIOR NOTE 5.1% DUE 02/22/31 DATED 02/22/24 CALLABLE 12/22/30	100,000	100,732	100,383
CANADIAN PACIFIC RAILWAY SENIOR UNSECURED NOTE 1.75% DUE 12/02/26 DATED 12/02/21 CALLABLE 11/02/26	100,000	100,088	92,256
CARGILL INC CORPORATE SENIOR UNSECURED NOTE 4.5% DUE 06/24/26 DATED 04/24/23	100,000	99,801	98,746
CITIGROUP INC SENIOR UNSECURED NOTE VARIABLE RATE DUE 06/09/27 DATED 06/09/21 CALLABLE 06/09/26	150,000	149,775	139,025
COMCAST CORP SENIOR UNSECURED NOTE 3.95% DUE 10/15/25 DATED 10/05/18 CALLABLE 08/15/25	100,000	101,925	98,423
COREBRIDGE FINANCIAL INC SENIOR UNSECURED NOTE 3.85% DUE 04/05/29 DATED 04/05/23 CALLABLE 02/05/29	100,000	99,624	93,724
COTERRA ENERGY INC SENIOR UNSECURED NOTE 3.9% DUE 05/15/27 DATED 11/15/22 CALLABLE 02/15/27	100,000	109,214	96,193
D R HORTON INC SENIOR UNSECURED NOTE 1.3% DUE 10/15/26 DATED 08/05/21 CALLABLE 09/15/26	150,000	146,991	137,303
DELL INT LLC / EMC CORP FIRST LIEN NOTE 5.3% DUE 10/01/29 DATED 04/01/21 CALLABLE 07/01/29	100,000	100,625	100,564
DEVON ENERGY CORPORATION SENIOR UNSECURED NOTE 5.25% DUE 10/15/27 DATED 10/15/21 CALLABLE 01/20/23	100,000	100,703	99,684
DOW CHEMICAL COMPANY SENIOR UNSECURED NOTE 5.3% DUE 12/15/28 DATED 12/07/23 CALLABLE 06/15/24	100,000	100,000	99,707
DUKE ENERGY CORPORATION SENIOR UNSECURED NOTE 4.3% DUE 03/15/28 DATED 08/11/22 CALLABLE 02/15/28	100,000	99,882	97,016
EBAY INC SENIOR UNSECURED NOTE 2.7% DUE 03/11/30 DATED 03/11/20 CALLABLE 12/11/29	100,000	96,150	88,132
EBAY INC SENIOR UNSECURED NOTE 1.4% DUE 05/10/26 DATED 05/10/21 CALLABLE 04/10/26	150,000	150,435	139,490
ELI LILLY & COMPANY SENIOR UNSECURED NOTE 4.5% DUE 02/09/29 DATED 02/09/24 CALLABLE 01/09/29	100,000	99,990	99,157
ENBRIDGE ENERGY PARTNER SENIOR UNSECURED NOTE 5.875% DUE 10/15/25 DATED 10/06/15 CALLABLE 07/15/25	100,000	120,133	100,237
EXTRA SPACE STORAGE LP SENIOR UNSECURED NOTE 4% DUE 06/15/29 DATED 06/15/23 CALLABLE 03/15/29	100,000	94,131	93,765
GENERAL MOTORS CO SENIOR UNSECURED NOTE 5.6% DUE 06/18/31 DATED 06/18/24 CALLABLE 04/18/31	100,000	100,109	99,252
GOLDMAN SACHS GROUP INC SENIOR UNSECURED NOTE 6% DUE 07/05/28 DATED 07/05/23 CALLABLE 07/05/24	100,000	100,000	99,366
HP INC SENIOR UNSECURED NOTE 4% DUE 04/15/29 DATED 03/31/22 CALLABLE 02/15/29	100,000	100,240	95,261
HSBC HOLDINGS PLC SENIOR UNSECURED NOTE VARIABLE RATE DUE 05/17/32 DATED 05/17/24 CALLABLE 05/17/31	100,000	100,000	100,245
INGERSOLL RAND INC SENIOR UNSECURED NOTE 5.197% DUE 06/15/27 DATED 05/10/24 CALLABLE 05/15/27	100,000	100,011	100,198
INTEL CORP SENIOR UNSECURED NOTE 4% DUE 08/05/29 DATED 08/05/22 CALLABLE 06/05/29	100,000	99,954	95,464
JOHNSON & JOHNSON SENIOR UNSECURED NOTE 4.95% DUE 06/01/34 DATED 05/20/24 CALLABLE 03/01/34	100,000	100,334	101,164
JPMORGAN CHASE & CO SENIOR UNSECURED NOTE VARIABLE RATE DUE 02/01/28 DATED 02/01/17 CALLABLE 02/01/27	100,000	100,000	96,336
KEURIG DR PEPPER INC SENIOR UNSECURED NOTE 5.2% DUE 03/15/31 DATED 03/07/24 CALLABLE 01/15/31	100,000	100,289	99,800
LOCKHEED MARTIN CORP SENIOR UNSECURED NOTE 5.1% DUE 11/15/27 DATED 10/24/22 CALLABLE 10/15/27	100,000	99,810	100,680
MASTERCARD INC SENIOR UNSECURED NOTE 2.95% DUE 06/01/29 DATED 05/31/19 CALLABLE 03/01/29	100,000	99,862	91,905
MCDONALD'S CORP SENIOR UNSECURED NOTE 3.5% DUE 07/01/27 DATED 03/27/20 CALLABLE 05/01/27	100,000	107,073	95,832
MCKESSON CORPORATION SENIOR UNSECURED NOTE 5.25% DUE 02/15/26 DATED 02/15/23 CALLABLE 02/15/24	100,000	99,946	99,860
MIZUHO FINANCIAL GROUP SENIOR UNSECURED NOTE VARIABLE RATE DUE 09/13/28 DATED 09/13/22 CALLABLE 09/13/28	100,000	100,375	100,265
MORGAN STANLEY SUBORDINATED NOTE 4.35% DUE 09/08/26 DATED 09/08/14	150,000	169,800	146,712
NATIONAL GRID PLC SENIOR UNSECURED NOTE 5.602% DUE 06/12/28 DATED 06/12/23 CALLABLE 05/12/28	100,000	100,565	100,974
NORTHROP GRUMMAN CORP SENIOR UNSECURED NOTE 4.6% DUE 02/01/29 DATED 01/31/24 CALLABLE 01/01/29	100,000	99,770	98,181
NSTAR ELECTRIC CO SENIOR UNSECURED NOTE 5.4% DUE 06/01/34 DATED 05/22/24 CALLABLE 03/01/34	100,000	100,342	100,089
PARKER HANNIFIN CORP SENIOR UNSECURED NOTE 4.5% DUE 09/15/29 DATED 06/15/22 CALLABLE 07/15/29	100,000	96,868	97,455
PENSKE TRUCK LEASING / PTL SENIOR UNSECURED NOTE 4.45% DUE 01/29/26 DATED 01/29/19 CALLABLE 11/29/25	100,000	108,538	98,227
PFIZER INVESTMENT ENTERPRISES UNSECURED NOTE 4.65% DUE 05/19/30 DATED 05/19/23 CALLABLE 03/19/30	100,000	100,277	98,567
PUBLIC STORAGE SENIOR UNSECURED NOTE 1.85% DUE 05/01/28 DATED 04/23/21 CALLABLE 03/01/28	100,000	87,554	88,948
REINSURANCE GROUP OF AMERICA SENIOR UNSECURED NOTE 3.9% DUE 05/15/29 DATED 05/15/19 CALLABLE 02/15/29	100,000	105,838	93,735
SAN DIEGO G & E FIRST LIEN NOTE 4.95% DUE 08/15/28 DATED 08/11/23 CALLABLE 07/15/28	100,000	99,921	99,540
SOUTHERN CAL EDISON COMPANY FIRST LIEN NOTE 4.875% DUE 02/01/27 DATED 01/11/24 CALLABLE 01/01/27	100,000	100,222	99,259
SPRINT SPECTRUM / SPEC FIRST LIEN NOTE 4.738% DUE 03/20/25 DATED 03/21/18 SINKABLE	18,750	19,219	18,633
STARBUCKS CORP SENIOR UNSECURED NOTE 4.75% DUE 02/15/26 DATED 02/16/23	100,000	100,175	99,284
SYSCO CORPORATION SENIOR UNSECURED NOTE 3.25% DUE 07/15/27 DATED 06/22/17 CALLABLE 04/15/27	100,000	99,463	94,692
TORONTO-DOMINION BANK SENIOR UNSECURED NOTE 4.693% DUE 09/15/27 DATED 09/15/22	100,000	100,000	98,505
UNITED PARCEL SERVICE INC SENIOR UNSECURED NOTE 5.15% DUE 05/22/34 DATED 05/22/24 CALLABLE 02/22/34	100,000	100,355	99,722
WHIRLPOOL CORP SENIOR UNSECURED NOTE 4.75% DUE 02/26/29 DATED 02/26/19 CALLABLE 11/26/28	100,000	99,594	98,366
AIR LEASE CORP SENIOR UNSECURED NOTE 3.25% DUE 03/01/25 DATED 01/16/18 CALLABLE 01/01/25	34,000	34,699	33,400
AMERICAN WATER CAPITAL CORP SENIOR UNSECURED NOTE 4.2% DUE 09/01/48 DATED 08/09/18 CALLABLE 03/01/48	35,000	34,981	28,396
ANHEUSER BUSCH CO INBEV SENIOR UNSECURED NOTE 4.7% DUE 02/01/36 DATED 02/01/19 CALLABLE 08/01/35	100,000	95,781	95,338
AVALONBAY COMMUNITIES SENIOR UNSECURED NOTE 5.3% DUE 12/07/33 DATED 12/07/23 CALLABLE 09/07/33	110,000	110,972	109,274
BANK OF AMERICA CORP SENIOR UNSECURED NOTE VARIABLE RATE DUE 07/23/31 DATED 07/23/20 CALLABLE 07/23/31	110,000	102,111	90,606
BANK OF MONTREAL SENIOR UNSECURED NOTE 5.266% DUE 12/11/26 DATED 12/11/23	100,000	100,000	99,848
BANK OF NEW YORK MELLON CORP SENIOR UNSECURED NOTE VARIABLE RATE DUE 10/25/34 DATED 10/25/23 CALLABLE	100,000	100,000	107,850

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BANK OF NOVA SCOTIASENIOR UNSECURED NOTE2.951% DUE 03/11/27 DATED 03/11/22	80,000	\$ 80,000	\$ 75,451
BAPTIST HEALTH SOUTH FLORIDA INCSECURED NOTE4.342% DUE 11/15/41 DATED 01/12/17	50,000	50,400	42,982
BELL CANADASENIOR UNSECURED NOTE3.65% DUE 03/17/51 DATED 03/17/21CALLABLE 09/17/50	50,000	49,864	35,870
BHP BILLITON FINANCEYANKEE SENIOR UNSECURED NOTE6.42% DUE 03/01/26 DATED 03/01/96PUTTABLE	35,000	40,843	35,620
BORGWARNER INCSENIOR UNSECURED NOTE4.375% DUE 03/15/45 DATED 03/16/15CALLABLE 09/15/44	65,000	63,506	51,865
BP CAP MARKETS AMERICASENIOR UNSECURED NOTE2.721% DUE 01/12/32 DATED 01/12/22CALLABLE 10/12/31	90,000	90,000	76,453
BRISTOL-MYERS SQUIBB COSENIOR NOTE5.2% DUE 02/22/34 DATED 02/22/24CALLABLE 11/20/33	125,000	125,404	124,745
BRUNSWICK CORPSENIOR UNSECURED NOTE4.4% DUE 09/15/32 DATED 03/29/22CALLABLE 06/15/32	55,000	53,054	49,029
BURLINGTON NORTH SANTA FESENIOR UNSECURED NOTE5.4% DUE 06/01/41 DATED 05/19/11CALLABLE 12/01/40	110,000	101,265	108,511
BURLINGTON NORTH SANTA FESENIOR UNSECURED NOTE6.53% DUE 07/15/37 DATED 07/15/97PUTTABLE	25,000	26,810	27,023
CAMDEN PROPERTY TRUSTSENIOR UNSECURED NOTE4.1% DUE 10/15/28 DATED 10/04/18CALLABLE 07/15/28	100,000	102,782	95,995
CANADIAN PACIFIC RAILWAYSENIOR UNSECURED NOTE2.875% DUE 11/15/29 DATED 04/19/23CALLABLE 08/15/29	40,000	35,970	35,809
CITIGROUP INCSENIOR UNSECURED NOTEVARIABLE RATEDUE 01/24/39 DATED 01/24/18CALLABLE 01/22/38	25,000	25,000	20,944
CONOCOPHILLIPS COMPANYSSENIOR UNSECURED NOTE5.05% DUE 09/15/33 DATED 08/17/23CALLABLE 06/15/33	75,000	74,855	74,340
CONSOLIDATED EDISON CO OF NYSENIOR UNSECURED NOTE6.3% DUE 08/15/37 DATED 08/28/07	35,000	44,854	37,260
CUMMINS INCSENIOR UNSECURED NOTE2.6% DUE 09/01/50 DATED 08/24/20CALLABLE 03/01/50	190,000	117,190	115,683
DISCOVER FINANCIAL SERVICESSENIOR UNSECURED NOTE4.1% DUE 02/09/27 DATED 02/09/17CALLABLE 11/09/26	45,000	50,670	43,263
DUKE ENERGY INDIANA INC NOTE6.45% DUE 04/01/39 DATED 03/23/09	25,000	33,388	26,973
ENERGY TRANSFER PARTNERSSSENIOR UNSECURED NOTE5.95% DUE 10/01/43 DATED 09/19/13CALLABLE 04/01/43	50,000	47,223	48,365
ENTERGY LOUISIANA LLCSECURED NOTE3.25% DUE 04/01/28 DATED 03/24/16CALLABLE 01/01/28	50,000	49,995	46,834
ENTERPRISE PRODUCTS OPERATINGSENIOR UNSECURED NOTE3.2% DUE 02/15/52 DATED 08/07/20CALLABLE 08/15/50	35,000	34,732	23,257
EXELON CORPSENIOR NOTE5.15% DUE 03/15/29 DATED 02/27/24CALLABLE 02/15/29	50,000	49,891	49,810
EXXON MOBIL CORPORATIONSENIOR UNSECURED NOTE2.709% DUE 03/06/25 DATED 03/06/15CALLABLE 12/06/24	75,000	74,075	73,660
FEDEX CORPSENIOR UNSECURED NOTE4.9% DUE 01/15/34 DATED 01/09/14	20,000	19,072	19,469
FLORIDA POWER & LIGHTSECURED NOTE3.8% DUE 12/15/42 DATED 12/20/12CALLABLE 06/15/42	30,000	29,851	23,929
FLORIDA POWER CORPORATION NOTE5.65% DUE 04/01/40 DATED 03/25/10	30,000	32,397	29,867
FORTIVE CORPORATIONSENIOR UNSECURED NOTE4.3% DUE 06/15/46 DATED 06/15/17CALLABLE 12/15/45	40,000	47,624	33,183
GE HEALTHCARE TECH INCSENIOR UNSECURED NOTE5.905% DUE 11/22/32 DATED 05/22/23CALLABLE 08/22/32	55,000	54,812	56,759
GENERAL MOTORS FINANCIAL COMPANYSSENIOR UNSECURED NOTE5.8% DUE 06/23/28 DATED 06/23/23CALLABLE 06/23/28	35,000	34,993	35,429
GLAXOSMITHKLINE CAP INCSENIOR UNSECURED NOTE3.875% DUE 05/15/28 DATED 05/15/18	85,000	96,524	82,061
GOLDMAN SACHS GROUP INCSENIOR UNSECURED NOTEVARIABLE RATEDUE 03/15/28 DATED 03/15/22CALLABLE 03/15/28	50,000	50,000	47,809
GONZAGA UNIVERSITYSECURED NOTE4.158% DUE 04/01/46 DATED 10/20/16SINKABLE	30,000	30,000	23,461
HOLLYFRONTIER CORPSENIOR UNSECURED NOTE5.875% DUE 04/01/26 DATED 03/22/16CALLABLE 01/01/26	25,000	24,832	24,962
HONEYWELL INTERNATIONALSENIOR UNSECURED NOTE5.375% DUE 03/01/41 DATED 02/17/11	20,000	19,773	19,860
HORACE MANN EDUCATORS CORPORATIONSENIOR UNSECURED NOTE7.25% DUE 09/15/28 DATED 09/15/23CALLABLE 09/15/28	60,000	60,810	63,630
INTUIT INCSENIOR UNSECURED NOTE5.2% DUE 09/15/33 DATED 09/15/23CALLABLE 06/15/33	100,000	99,423	100,419
JOHN DEERE CAPITAL CORPORATIONSENIOR UNSECURED NOTE2.05% DUE 01/09/25 DATED 01/09/20	75,000	74,979	73,682
JPMORGAN CHASE & COSENIOR UNSECURED NOTEVARIABLE RATEDUE 01/23/29 DATED 01/23/18CALLABLE 01/23/29	65,000	65,000	61,468
KEY BANK NASUBORDINATED NOTE3.4% DUE 05/20/26 DATED 05/20/16	50,000	56,159	47,487
KINDER MORGAN ENERGY PARTNERSSSENIOR UNSECURED NOTE5.5% DUE 03/01/44 DATED 02/24/14CALLABLE 09/01/44	20,000	19,843	18,475
KONINKLIJKE PHILIPS NVSENIOR UNSECURED YANKEE NOTE7.75% DUE 05/15/25 DATED 05/15/95	35,000	44,543	35,460
LEAR CORPSENIOR UNSECURED NOTE5.25% DUE 05/15/49 DATED 05/01/19CALLABLE 11/15/48	50,000	42,367	44,201
LOCKHEED MARTIN CORPORATIONSENIOR UNSECURED NOTE4.75% DUE 02/15/34 DATED 05/25/23CALLABLE 11/15/34	100,000	99,674	97,363
LOEWS CORPSENIOR UNSECURED NOTE3.2% DUE 05/15/30 DATED 05/08/20CALLABLE 02/15/30	100,000	96,947	90,779
MASTERCARD INCSENIOR UNSECURED NOTE1.9% DUE 03/15/31 DATED 03/04/21CALLABLE 12/15/30	90,000	89,885	75,205
METLIFE INCSENIOR UNSECURED NOTE5.375% DUE 07/15/33 DATED 07/12/23CALLABLE 04/15/33	95,000	94,426	95,767
MID-AMERICA APARTMENTSSSENIOR UNSECURED NOTE4.2% DUE 06/15/28 DATED 05/14/18CALLABLE 03/15/28	105,000	98,035	101,786
MIDAMERICAN ENERGY COSECURED NOTE4.8% DUE 09/15/43 DATED 09/19/13CALLABLE 03/15/43	35,000	34,835	31,580
MORGAN STANLEYSENIOR UNSECURED NOTEVARIABLE RATEDUE 07/20/27 DATED 07/20/21CALLABLE 07/20/26	60,000	60,000	55,470
NATIONAL AUSTRALIA BANK LIMITEDSENIOR UNSECURED NOTE5.087% DUE 06/11/27 DATED 06/11/24	120,000	120,000	120,175
NATIONAL FUEL GAS COSENIOR UNSECURED NOTE5.2% DUE 07/15/25 DATED 06/25/15CALLABLE 04/15/25	40,000	44,119	39,735
NATIONAL RURAL UTIL COOPSECURED NOTE5.8% DUE 01/15/33 DATED 10/31/22CALLABLE 07/15/32	100,000	108,873	102,767
NORTHERN TRUST CORPSENIOR UNSECURED NOTE3.95% DUE 10/30/25 DATED 10/31/13	40,000	41,710	39,189
OKLAHOMA GAS AND ELECTRIC COMPANYSSENIOR UNSECURED NOTE5.4% DUE 01/15/33 DATED 01/05/23CALLABLE 01/05/23	100,000	94,064	100,362
ONEOK INCSENIOR UNSECURED NOTE5% DUE 03/01/26 DATED 02/28/24	25,000	24,969	24,791
PAYPAL HOLDINGS INCSENIOR UNSECURED NOTE4.4% DUE 06/01/32 DATED 05/23/22CALLABLE 03/01/32	90,000	89,689	85,630
PEPSICO INCSENIOR UNSECURED NOTE2.75% DUE 03/19/30 DATED 03/19/20CALLABLE 12/19/29	80,000	79,570	71,662
PETRO-CANADASENIOR UNSECURED NOTE7.875% DUE 06/15/26 DATED 06/07/96	35,000	47,210	36,430
PINNACLE WEST CAPITALSENIOR UNSECURED NOTE1.3% DUE 06/15/25 DATED 06/17/20CALLABLE 05/15/25	55,000	56,030	52,648
PPL ELECTRIC UTILITIES NOTE6.45% DUE 08/15/37 DATED 08/13/07	80,000	102,165	84,748
PROCTER & GAMBLE COSENIOR UNSECURED NOTE2.8% DUE 03/25/27 DATED 03/25/20CALLABLE 01/25/27	85,000	92,375	80,811
PROGRESSIVE CORPSENIOR UNSECURED NOTE3.7% DUE 01/26/45 DATED 01/26/15	50,000	49,024	38,721
PRUDENTIAL FUNDING ASIASENIOR UNSECURED NOTE3.625% DUE 03/24/32 DATED 03/24/22CALLABLE 12/24/31	85,000	84,605	75,880
PUBLIC STORAGESENIOR UNSECURED NOTE3.094% DUE 09/15/27 DATED 09/18/17CALLABLE 06/15/27	80,000	87,401	75,385
REINSURANCE GROUP OF AMERICASENIOR UNSECURED NOTE3.95% DUE 09/15/26 DATED 06/08/16CALLABLE 06/15/26	35,000	34,999	34,026
ROYAL BANK OF CANADASENIOR UNSECURED NOTE5.2% DUE 08/01/28 DATED 07/20/23	100,000	98,500	100,657
SALESFORCE.COM INCSENIOR UNSECURED NOTE2.9% DUE 07/15/51 DATED 07/12/21CALLABLE 01/15/51	100,000	99,721	64,529
SIMON PROPERTY GROUP LPSENIOR UNSECURED NOTE5.5% DUE 03/08/33 DATED 03/08/23CALLABLE 12/08/32	90,000	90,784	90,504
SOUTHERN CAL EDISONSECURED NOTE4.65% DUE 10/01/43 DATED 10/02/13CALLABLE 04/01/43	30,000	29,854	25,828

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STATE STREET CORPSENIOR UNSECURED NOTEVARIABLE RATEDUE 05/13/33 DATED 05/13/22CALLABLE 05/13/32	100,000	\$ 100,000	\$ 94,531
STATOIL ASASENIOR UNSECURED NOTE7.15% DUE 11/15/25 DATED 11/15/95	45,000	58,072	46,139
T-MOBILE US INCSENIOR UNSECURED NOTE6% DUE 06/15/54 DATED 09/14/23CALLABLE 12/15/53	50,000	49,915	51,698
TORONTO-DOMINION BANKSENIOR UNSECURED NOTE0.75% DUE 01/06/26 DATED 01/06/21	80,000	78,686	74,736
TRANSCANADA PIPELINESENIOR UNSECURED NOTE2.5% DUE 10/12/31 DATED 10/12/21CALLABLE 07/12/31	35,000	34,770	29,319
TRANSCONT GAS PIPE LINESENIOR UNSECURED NOTE7.85% DUE 02/01/26 DATED 08/01/16CALLABLE 11/01/25	35,000	45,254	36,008
TRAVELERS COS INCSENIOR UNSECURED NOTE4.1% DUE 03/04/49 DATED 03/04/19CALLABLE 09/04/48	60,000	59,774	48,755
UNILEVER CAPITAL CORPSENIOR UNSECURED NOTE5% DUE 12/08/33 DATED 09/08/23CALLABLE 09/08/33	110,000	109,069	110,211
UNION PACIFIC CORPSENIOR UNSECURED NOTE5.375% DUE 06/01/33 DATED 06/05/03	60,000	71,978	59,824
UNITEDHEALTH GROUP INCSENIOR UNSECURED NOTE5.35% DUE 02/15/33 DATED 10/28/22CALLABLE 11/15/32	100,000	97,192	101,322
US BANCORPSUBORDINATED NOTE3.1% DUE 04/27/26 DATED 04/26/16CALLABLE 03/27/26	75,000	83,634	71,910
VALERO ENERGY CORPSENIOR UNSECURED NOTE7.5% DUE 04/15/32 DATED 04/15/02	20,000	24,070	22,572
VANDERBILT UNIVERSITY MED CENTERUNSECURED NOTE4.172% DUE 07/01/37 DATED 07/26/17CALLABLE 01/01/37	70,000	70,000	60,684
VERIZON COMMUNICATIONSSSENIOR UNSECURED NOTE2.355% DUE 03/15/32 DATED 03/15/22CALLABLE 12/15/31	65,000	49,642	53,136
WACHOVIA CORPSUBORDINATED NOTE6.605% DUE 10/01/25 DATED 10/05/95PUTTABLE	50,000	62,337	50,587
WEINGARTEN REALTY INVESTMENTSENIOR UNSECURED NOTE3.25% DUE 08/15/26 DATED 08/11/16CALLABLE 05/15/26	30,000	29,747	28,561
WW GRAINGER INCSENIOR UNSECURED NOTE4.6% DUE 06/15/45 DATED 06/11/15CALLABLE 12/15/44	50,000	52,746	44,777
WW GRAINGER INCSENIOR UNSECURED NOTE3.75% DUE 05/15/46 DATED 05/16/16CALLABLE 11/15/45	40,000	39,729	31,127
Total Corporate Bonds		11,740,130	11,083,005
Asset Backed Securities			
BEAR STEARNS ASSET BACKED SECURITIESTRUST SERIES 2004-SD4 CLASS A1VARIABLE RATEDUE 8/25/44 DATED 08/25/44	5,118	4,625	4,876
CARVANA AUTO RECEIVABLES TRUSTSERIES 2022-P3 CLASS A34.61% DUE 11/10/27 DATED 09/08/22	94,612	94,597	93,781
CITIGROUP COMMERCIAL MORTGAGE TRUSTSERIES 2016-P3 CLASS A22.743% DUE 04/15/49 DATED 04/01/16	425	438	419
SYNCHRONY CARD ISSUANCE TRUSTSERIES 2022-A2 CLASS A3.86% DUE 07/17/28 DATED 07/15/22	100,000	99,987	98,268
VERIZON MASTER TRUSTSERIES 2023-7 CLASS A1A0.0567% DUE 11/20/29 DATED 11/20/23	100,000	99,988	101,214
Total Asset Backed Securities		299,635	298,558
Municipal Bonds			
BARSTOW CAPENSION OBLIGATION TAXABLE4.21% DUE 06/01/30 DATED 04/20/22	100,000	100,000	95,633
CO STATE HOUSING & FINANCEAUTHORITY TAXABLE SERIES H-14.917% DUE 05/01/26 DATED 11/29/22	90,000	90,000	89,667
CURATORS UNIVERSITY MO SYS FACS REVBUILD AMERICA BONDS5.792% DUE 11/01/41 DATED 12/21/10 SINKABLE	30,000	30,000	31,215
FLOUR BLUFF TX INDEPENDENT SCHOOLDISTRICT TAXABLE-REFUNDINGGENERAL OBLIGATION UNLIMITED 5% DUE 08/15/27 DATED 08/19/20	70,000	87,818	70,536
FRISCO TX ECONOMIC DEVELOPMENT CORPTAXABLE3.8% DUE 02/15/28 DATED 07/15/14CALLABLE 02/15/24	20,000	19,800	19,391
GRAND RIVER OK DAM AUTHORITYREVENUE TAXABLE SERIES B4.365% DUE 06/01/34 DATED 10/23/14 SINKABLE	40,000	40,000	38,208
CALLABLE 06/01/24	80,000	80,000	74,591
GREENSBORO NC LIMITED OBLIGATIONTAXABLE REVENUE2.568% DUE 11/01/27 DATED 10/29/19	80,000	80,000	74,591
HI STATE DEPT BUSINESS ECONOMICDEVELOPMENT & TOURISM GREEN ENERGYTAXABLE GREEN BONDS SERIES A-2 3.242% DUE 11/1/31 DATED 11/13/14SINKABLE	24,209	24,207	23,336
KANSAS CITY MO SPECIAL OBLIGATIONTAXABLE-MO PROJECTS-SERIES B4.084% DUE 04/01/31 DATED 04/27/22	100,000	100,000	94,243
MO STATE HIGHWAYS & TRANSITCOMMISSION STATE ROAD REVENUEBUILD AMERICA BONDS5.213% DUE 05/01/25 DATED 11/12/09	30,000	37,013	29,986
NC STATE UNIVERSITY AT RALEIGHTAXABLE GENERAL SERIES B4% DUE 10/01/41 DATED 03/06/13 SINKABLE	30,000	30,000	27,263
ND STATE HOUSING FINANCE AGENCYTAXABLE SERIES B3.05% DUE 01/01/25 DATED 04/28/22	100,000	100,000	98,899
NE STATE PUBLIC POWER DISTRICTREVENUE TAXABLE REFUNDING SERIES B12.593% DUE 01/01/29 DATED 10/29/11	100,000	100,000	91,302
NY STATE DORM AUTH ST PERSONALINCOME TAX REVENUE TAXABLE REF B3.229% DUE 03/15/30 DATED 03/25/22	100,000	100,000	92,134
RIVER CITY INC KY PARKING AUTHORITYREVENUE REFUNDING SERIES B2.75% DUE 12/01/33 DATED 09/28/16	65,000	55,076	58,814
SINKABLE CALLABLE 06/01/26	30,000	30,434	27,785
SEATTLE WA MUNICIPAL LIGHT & POWERREVENUE TAXABLE CREB REFUNDING-C3.75% DUE 06/01/33 DATED 07/17/12 SINKABLE	80,000	80,000	68,212
UNIVERSITY OF CINCINNATI OHRECEIPTS TAXABLE REFUNDING SERIES B1.875% DUE 06/01/30 DATED 03/18/20	85,000	85,000	76,396
UNIVERSITY OF MASSACHUSETTS MABUILDING AUTHORITY REVENUE TAXABLEREFOUNDING SENIOR SERIES 2020-4 1.391% DUE 11/01/27 DATED 10/28/20	85,000	85,000	76,396
WV HIGHER ED POL COMMISSION REVBUILD AMERICA BONDSISSUER SUBSIDY-WV HGR EDU-SERIES B7.45% DUE 4/1/30 DATED 12/23/10 SINKABLE	30,000	30,000	32,294
Total Municipal Bonds		1,219,348	1,139,905
U.S. Government And Agency Securities			
UNITED STATES TREASURY NOTE4.375% DUE 10/31/24 DATED 10/31/22	38,000	37,869	37,870
UNITED STATES TREASURY NOTE4.5% DUE 11/30/24 DATED 11/30/22	70,000	69,773	69,768
UNITED STATES TREASURY NOTE4.625% DUE 02/28/25 DATED 02/28/23	4,000	3,983	3,984
UNITED STATES TREASURY NOTE4.875% DUE 05/31/26 DATED 05/31/24	141,000	141,204	141,298
UNITED STATES TREASURY NOTES4.625% DUE 02/28/26 DATED 02/29/24	147,000	146,413	146,490
FEDERAL FARM CREDIT BANKUNSECURED NOTE6.08% DUE 06/03/39 DATED 06/03/24CALLABLE 06/03/25	100,000	99,975	99,715
FEDERAL FARM CREDIT BANKSENIOR UNSECURED NOTE5.9% DUE 12/20/33 DATED 06/20/24CALLABLE 12/20/24	100,000	100,000	99,644
FEDERAL HOME LOAN BANKSENIOR UNSECURED NOTE5.7% DUE 06/24/32 DATED 06/24/24CALLABLE 06/24/25	100,000	100,000	99,893
FEDERAL HOME LOAN BANKUNSECURED NOTE6% DUE 04/24/34 DATED 04/24/24CALLABLE 04/24/25	100,000	100,000	100,199
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2024-5413 CLASS KV5.5% DUE 03/25/35 DATED 06/01/24	98,871	99,903	99,249
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2024-5427 CLASS KA6% DUE 11/25/50 DATED 06/01/24	100,000	101,250	101,250
FEDERAL NATIONAL MORTGAGE ASSOCPREMIC SERIES 2024-20 CLASS C5.5% DUE 05/25/54 DATED 06/01/24	99,096	99,096	98,777

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FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2024-42 CLASS CP5.5% DUE 06/25/51 DATED 06/01/24	100,000	\$ 99,629	\$ 99,629
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2024-064 CLASS BQ5% DUE 04/20/54 DATED 06/01/24	99,605	98,263	97,852
TENNESSEE VALLEY AUTHORITYSENIOR UNSECURED NOTE4.65% DUE 06/15/35 DATED 06/06/05	100,000	100,507	99,608
UNITED STATES TREASURY BOND4.75% DUE 11/15/43 DATED 11/15/23	50,000	53,738	50,680
UNITED STATES TREASURY BOND4.625% DUE 05/15/44 DATED 05/15/24	100,000	100,373	99,829
UNITED STATES TREASURY BONDS4.5% DUE 02/15/44 DATED 02/15/24	100,000	98,693	98,125
UNITED STATES TREASURY NOTE0.5% DUE 08/31/27 DATED 08/31/20	500,000	496,963	441,565
UNITED STATES TREASURY NOTE2.75% DUE 08/15/32 DATED 08/15/22	50,000	43,875	44,501
UNITED STATES TREASURY NOTE3.625% DUE 03/31/30 DATED 03/31/23	50,000	50,240	48,153
UNITED STATES TREASURY NOTE3.625% DUE 03/31/28 DATED 03/31/23	100,000	101,234	97,202
UNITED STATES TREASURY NOTE3.625% DUE 05/31/28 DATED 05/31/23	100,000	99,008	97,162
UNITED STATES TREASURY NOTE4.125% DUE 07/31/28 DATED 07/31/23	50,000	49,756	49,478
UNITED STATES TREASURY NOTE4% DUE 07/31/30 DATED 07/31/23	50,000	49,553	49,057
UNITED STATES TREASURY NOTE3.875% DUE 08/15/33 DATED 08/15/23	50,000	48,391	48,114
UNITED STATES TREASURY NOTE4.625% DUE 09/30/30 DATED 09/30/23	50,000	49,328	50,710
UNITED STATES TREASURY NOTE4.875% DUE 10/31/30 DATED 10/31/23	50,000	51,531	51,422
UNITED STATES TREASURY NOTE4.5% DUE 11/15/33 DATED 11/15/23	150,000	154,102	151,419
UNITED STATES TREASURY NOTE4.375% DUE 11/30/30 DATED 11/30/23	100,000	101,711	100,102
UNITED STATES TREASURY NOTE4.375% DUE 11/30/28 DATED 11/30/23	100,000	100,543	100,002
UNITED STATES TREASURY NOTE4% DUE 01/31/31 DATED 01/31/24	50,000	49,754	49,004
UNITED STATES TREASURY NOTE4.25% DUE 02/28/31 DATED 02/29/24	50,000	50,230	49,712
UNITED STATES TREASURY NOTE4.25% DUE 03/15/27 DATED 03/15/24	50,000	49,908	49,606
UNITED STATES TREASURY NOTE4.375% DUE 05/15/34 DATED 05/15/24	100,000	100,221	100,039
UNITED STATES TREASURY NOTE4.5% DUE 05/31/29 DATED 05/31/24	50,000	50,568	50,348
UNITED STATES TREASURY NOTE4.625% DUE 05/31/31 DATED 05/31/24	100,000	101,484	101,641
UNITED STATES TREASURY NOTE4.625% DUE 06/15/27 DATED 06/15/24	50,000	50,289	50,147
UNITED STATES TREASURY NOTE1.625% DUE 10/31/26 DATED 10/31/19	500,000	504,016	467,015
UNITED STATES TREASURY NOTES4% DUE 02/15/34 DATED 02/15/24	100,000	97,680	97,086
UNITED STATES TREASURY NOTES4.25% DUE 02/28/29 DATED 02/29/24	100,000	100,166	99,569
BEAR STEARNS ADJUSTABLE RATEMORTGAGE SERIES 2003-3 CLASS 2A2VARIABLE RATEDUE 5/25/33 DATED 4/1/03	2,511	2,053	2,189
COUNTRYWIDE HOME LOANS 2004-22 CLASSA1 VARIABLE RATEDUE 11/25/34 DATED 9/1/04	1,307	1,307	1,168
FEDERAL HOME LOAN MORTGAGE CORPGOLD POOL #J149784% DUE 04/01/26 DATED 03/01/11	1,097	1,169	1,080
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #SD48193% DUE 07/25/52 DATED 06/01/24	122,794	105,123	104,467
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #SD82454.5% DUE 09/01/52 DATED 08/01/22	98,779	92,914	93,189
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #SD83604.5% DUE 09/01/53 DATED 08/01/23	96,902	90,974	91,376
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #SD83654.5% DUE 09/01/53 DATED 09/01/23	96,884	91,260	91,359
FEDERAL HOME LOAN MORTGAGE CORPGOLD POOL #V825153.5% DUE 06/01/46 DATED 06/01/16	13,739	14,074	12,457
FEDERAL HOME LOAN MORTGAGE CORPGOLD POOL #T653023% DUE 06/01/45 DATED 06/01/15	10,027	10,259	8,717
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #QE69244% DUE 08/01/52 DATED 08/01/22	92,408	92,322	84,693
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #RB52475.5% DUE 07/01/43 DATED 07/01/23	85,875	85,425	86,032
FEDERAL HOME LOAN MORTGAGE CORPPPOOL #RE60283% DUE 04/01/50 DATED 03/01/20	11,620	11,957	9,714
FEDERAL HOME LOAN MORTGAGE CORPPPOOL #RE60762% DUE 12/01/50 DATED 11/01/20	61,150	62,397	46,928
FEDERAL HOME LOAN MORTGAGE CORPUMBS POOL #QI69116% DUE 06/25/54 DATED 06/01/24	125,000	125,742	125,400
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 3954 CLASS PG2.50% DUE 07/15/41 DATED 11/01/11	2,522	2,447	2,352
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 4146 CLASS ML1.5% DUE 10/15/42 DATED 12/01/12	1,190	1,162	1,153
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 4457 CLASS EP3.5% DUE 02/15/45 DATED 04/01/15	4,038	4,086	3,613
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 4272 CLASS DG3% DUE 04/15/43 DATED 11/01/13	1,725	1,755	1,643
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 5020 CLASS KW2% DUE 09/25/45 DATED 09/01/20	70,000	72,532	57,347
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2020-5042 CLASS LK2% DUE 11/25/50 DATED 10/01/20	69,552	70,204	47,979
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2021-5081 CLASS QA2% DUE 12/25/50 DATED 02/01/21	59,198	61,215	46,568
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 2021-5122 CLASS A2.5% DUE 07/25/40 DATED 06/01/21	64,737	67,633	57,975
FEDERAL HOME LOAN MORTGAGE CORPREMIC SERIES 5300 CLASS AB5.5% DUE 01/25/49 DATED 03/01/23	86,409	84,641	86,319
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2017-69 CLASS EG3% DUE 09/25/47 DATED 08/01/17	17,206	17,427	15,316
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2012-136 CLASS DL3.5% DUE 12/25/42 DATED 11/01/12	50,198	49,500	47,089
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2018-83 CLASS LH4% DUE 11/25/48 DATED 10/01/18	6,978	7,030	6,455
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #AU66902.5% DUE 09/01/28 DATED 09/01/13	3,428	3,505	3,270
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2003-117 CLASS KB6% DUE 12/25/33 DATED 11/01/03	7,352	7,725	7,517
FEDERAL NATIONAL MORTGAGE ASSOCREMIC SERIES 2007-109 CLASS MA4.5% DUE 12/25/37 DATED 11/01/07	668	695	655
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BE23623.5% DUE 03/01/47 DATED 03/01/17	14,631	14,983	13,214
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BE95673.5% DUE 04/01/47 DATED 04/01/17	14,190	14,558	12,815
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BF01734% DUE 06/01/40 DATED 08/01/17	69,337	70,811	65,868
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BM4874VARIABLE RATEDUE 11/1/48 DATED 10/1/18	6,113	6,184	5,751
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #BS60884.04% DUE 08/01/30 DATED 07/01/22	100,000	94,547	95,700
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #BW38995% DUE 08/25/52 DATED 05/01/24	106,930	104,240	103,609
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #BX67525% DUE 03/25/53 DATED 05/01/24	110,290	106,378	106,668
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #BY00136% DUE 04/25/53 DATED 06/01/24	64,084	64,625	64,315
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #CA79912% DUE 12/01/50 DATED 11/01/20	66,780	68,376	51,268
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #CB48084% DUE 10/25/52 DATED 06/01/24	118,836	109,709	108,778

GREATER ST. LOUIS CONSTRUCTION LABORERS' WELFARE FUND

EIN: 43-0688695 PLAN NUMBER: 501
SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 5 Of 5
June 30, 2024

Description Of Investment	Number Of Shares/Units/ Par Value	Cost	Current Value
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #FS39774.5% DUE 11/01/52 DATED 02/01/23	95,786	\$ 85,623	\$ 90,440
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #FS42904% DUE 02/01/52 DATED 04/01/23	89,051	83,833	81,671
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #735648 VARIABLE RATEDUE 02/01/34 DATED 06/01/05	324	323	327
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #817330 VARIABLE RATEDUE 7/1/35 DATED 6/1/05	361	362	357
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA14513% DUE 05/01/28 DATED 04/01/13	2,769	2,853	2,670
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA14913% DUE 07/01/43 DATED 06/01/13	14,015	14,068	12,205
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA21143.5% DUE 12/01/44 DATED 11/01/14	9,572	9,838	8,525
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA28412.5% DUE 12/01/36 DATED 11/01/16	12,593	12,168	11,309
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA29472.5% DUE 02/01/32 DATED 02/01/17	15,530	15,591	14,498
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA40542.5% DUE 06/01/40 DATED 05/01/20	68,509	71,849	59,828
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA40742% DUE 07/01/35 DATED 06/01/20	36,845	38,276	32,510
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA40932% DUE 08/01/40 DATED 07/01/20	39,218	40,547	33,129
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA45993% DUE 05/25/52 DATED 06/01/24	62,488	53,886	53,221
FEDERAL NATIONAL MORTGAGE ASSOCPOOL #MA50205% DUE 05/25/43 DATED 04/01/23	108,846	107,298	106,957
FEDERAL NATIONAL MORTGAGE ASSOCUMBS POOL #MA51905.5% DUE 11/01/53 DATED 10/01/23	95,875	92,800	94,571
GOVERNMENT NATIONAL MORTGAGE ASSOCII POOL #CK60463.5% DUE 11/20/51 DATED 12/01/21	84,170	79,856	75,583
GOVERNMENT NATIONAL MORTGAGE ASSOCII POOL #7841742.5% DUE 06/20/31 DATED 07/01/16	4,731	4,858	4,460
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2016-129 CLASS W2.5% DUE 07/20/46 DATED 09/01/16	9,716	9,555	8,084
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2018-149 CLASS A3% DUE 08/16/48 DATED 10/01/18	6,846	6,730	6,474
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2020-10 CLASS AE2.5% DUE 09/16/60 DATED 01/01/20	64,933	67,632	54,429
GOVERNMENT NATIONAL MORTGAGE ASSOCREMIC SERIES 2020-24 CLASS AC2.35% DUE 02/16/61 DATED 02/01/20	60,494	62,488	49,885
IMPAC CMB TRUSTSERIES 2005-6 CLASS 2A2VARIABLE RATEDUE 10/25/35 DATED 9/9/05	524	501	521
JP MORGAN MORTGAGE TRUSTSERIES 2006-A2 CLASS 2A14.009% DUE 04/25/36 DATED 03/01/06	1,620	1,612	1,373
MASTER ADJUSTABLE RATE MORTGAGESTRUST 2004-15 CLASS 4A1VARIABLE RATEDUE 12/25/34 DATED 11/1/04	851	846	790
MASTR ALTERNATIVE LOANS TRUSTSERIES 2004-3 CLASS 2A16.25% DUE 04/25/34 DATED 03/01/04	5,120	4,019	5,055
RESIDENTIAL ACCREDIT LOANS INC SERIES 2006-QS13 CLASS 2A15.75% DUE 09/25/21 DATED 09/01/06	54	53	32
UNITED STATES TREASURY BOND5.375% DUE 02/15/31 DATED 02/15/01	75,000	80,871	79,811
UNITED STATES TREASURY BOND2.75% DUE 08/15/42 DATED 08/15/12	100,000	95,659	76,946
UNITED STATES TREASURY BOND3.125% DUE 08/15/44 DATED 08/15/14	100,000	110,078	79,950
UNITED STATES TREASURY BOND2.5% DUE 05/15/46 DATED 05/15/16	125,000	156,104	87,891
UNITED STATES TREASURY BOND2.25% DUE 08/15/46 DATED 08/15/16	100,000	102,977	66,680
UNITED STATES TREASURY BOND2.75% DUE 11/15/47 DATED 11/15/17	220,000	176,937	160,017
UNITED STATES TREASURY BOND3% DUE 02/15/48 DATED 02/15/18	110,000	93,178	83,723
UNITED STATES TREASURY BOND3.125% DUE 05/15/48 DATED 05/15/18	285,000	242,116	221,696
UNITED STATES TREASURY BOND1.75% DUE 08/15/41 DATED 08/15/21	325,000	276,681	214,851
UNITED STATES TREASURY INFLATIONARYINDEX NOTE IX0.75% DUE 02/15/42 DATED 02/15/12	69,372	70,171	54,252
UNITED STATES TREASURY NOTE0.5% DUE 08/31/27 DATED 08/31/20	175,000	175,533	154,548
UNITED STATES TREASURY NOTE0.25% DUE 10/31/25 DATED 10/31/20	200,000	187,086	187,986
UNITED STATES TREASURY NOTE0.875% DUE 11/15/30 DATED 11/15/20	90,000	85,461	72,818
UNITED STATES TREASURY NOTE1.25% DUE 08/15/31 DATED 08/15/21	110,000	93,874	89,291
UNITED STATES TREASURY NOTE2.875% DUE 05/15/32 DATED 05/15/22	150,000	141,475	135,174
UNITED STATES TREASURY NOTE3.875% DUE 08/15/33 DATED 08/15/23	100,000	96,977	96,227
UNITED STATES TREASURY NOTE4.5% DUE 11/15/33 DATED 11/15/23	115,000	117,376	116,088
UNITED STATES TREASURY NOTE2.25% DUE 11/15/25 DATED 11/15/15	100,000	110,078	96,442
UNITED STATES TREASURY NOTE1.625% DUE 05/15/26 DATED 05/15/16	75,000	71,303	70,823
UNITED STATES TREASURY NOTE1.75% DUE 06/30/24 DATED 06/30/19	200,000	208,758	200,000
Total U.S. Government And Agency Securities		9,654,322	9,013,038
Collective Trust			
Parametric Defensive Equity Fund, LLC	NA	1,520,336	2,366,135
Pooled Separate Accounts			
Principal U.S. Property Fund	3,992,440	2,955,153	2,948,459
ULLICO - Separate Account W1	4,681,638	7,395,144	8,254,000
Total Pooled Separate Accounts		10,350,297	11,202,459
Partnership			
CDL Offshore Fund (Levered) Feeder LP	473	529,781	536,661
Neuberger Berman U.S. Equity Index PutWrite Fund LLC	NA	1,703,597	2,277,306
Total Partnership		2,233,378	2,813,967
Interest-Bearing Cash			
Financial Square Trust Government Fd Institutional CI Fund 465	13,003,901	13,003,901	13,003,901
Sweep Account	13,465,678	13,465,678	13,465,678
Total Interest-Bearing Cash		26,469,579	26,469,579
Real Estate			
Land & Building - 2357 59th Street	NA	2,423,652	940,000
Total Investments		\$ 87,762,747	\$ 95,522,927

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

RubinBrown LLP
7676 Forsyth Blvd., Suite 2100
St. Louis, Missouri 63105

We, Brandon Flinn and Dave Gillick, the Plan Administrators/Fund Representatives, for the Greater St. Louis Construction Laborers Welfare Fund (the Plan), authorize RubinBrown LLP and any of its partners and employees to electronically submit the Plan's annual Form 5500 to the Department of Labor. We understand that attached to the submittal will be a true and correct PDF copy of the first page of the completed Form 5500 including my manual signature as the Plan Administrator/Employer Representative. We are also aware that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure. Lastly, we are aware that RubinBrown LLP will communicate to me any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Name: BRN

Title: Welfare Fund Chairman

Date: 4/7/2025

Name: Daniel A Gillick

Title: Welfare Fund Secretary Treasurer

Date: 4/7/2025

**GREATER ST. LOUIS CONSTRUCTION
LABORERS' WELFARE FUND**

**EIN: 43-0688695 PLAN NUMBER: 501
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended June 30, 2024**

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
Financial Square Trust Government Fd Institutional Cl Fund 465	304	—	\$ 37,615,746	\$ —	\$ —	\$ —	\$ 37,615,746	\$ —
Financial Square Trust Government Fd Institutional Cl Fund 465	—	147	—	33,118,041	—	33,118,041	33,118,041	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.