

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 NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/01/2002
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 NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA 4208 W PARTRIDGE WAY, UNIT #3 PEORIA, IL 61615
2b	Employer Identification Number (EIN) 30-0088171
2c	Plan Sponsor's telephone number 309-692-0860
2d	Business code (see instructions) 237310

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.	04/01/2025	HOLLY BRYANT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/04/2025	TONY PENN
	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 1851
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) 1851 6a(2) 1822 6b 6c 6d 1822 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)	7 723

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 4L

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 6
- (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

NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN)

501

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

BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE
PLA

D Employer Identification Number (EIN)

30-0088171

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

METROPOLITAN 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
13-5581829	65978	0142235	1828	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
10447	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

LARRY LUCCO104 EXECUTIVE DR
HIGHLAND, IL 62249

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10447			3

(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) ▶ **AD&D**

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	70419
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 NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA	D Employer Identification Number (EIN) 30-0088171

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	SL10208	1753	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
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	1087086
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 NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA	D Employer Identification Number (EIN) 30-0088171

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	GA02141		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 614	(b) Total amount of fees paid 5709
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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 THE UNION LABOR LIFE INSURANCE CO 8403 COLESVILLE RD, 13TH FLOOR SILVER SPRING, MD 20910
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5709	ASSET MANAGEMENT FEE	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ULLICO INVESTMENT COMPANY, LLC 8403 COLESVILLE RD, 13TH FLOOR SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
614			4

(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	1074752

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	
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 NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA	D Employer Identification Number (EIN) 30-0088171

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	GA02175		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 1676	(b) Total amount of fees paid 15587
--	--

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
THE UNION LABOR LIFE INSURANCE CO 8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	15587	ASSET MANAGEMENT FEE	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY, LLC 8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1676			4

(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	2934443

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 NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA	D Employer Identification Number (EIN) 30-0088171

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
DELTA DENTAL OF ILLINOIS

(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
36-2612058	47589	20141	1759	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	38683
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 NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA	D Employer Identification Number (EIN) 30-0088171

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
BLUECROSS BLUESHIELD OF ILLINOIS

(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
36-1236610	70670	014601	4256	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
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)	21907159
(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)	21907159
b Benefit charges (1) Claims paid.....	9b(1)	21190530
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....	9b(3)	21190530
(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)	179590
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	537039
(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)	716629
(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 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 NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA	D Employer Identification Number (EIN) 30-0088171	

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	
VANGUARD TOTAL STOCK MARKET INDEX	PO BOX 1101 VALLEY FORGE, PA 19482-1101

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BAIRD ADVISORS	
39-6037917	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD TOTAL INTL STOCK INDX FD	PO BOX 1101 VALLEY FORGE, PA 19482-1101

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PIMCO ALL ASSET FUND CLASS A	1633 BROADWAY NEW YORK, NY 10019

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

MESIROW HIGH YIELD

353 NORTH CLARK STREET
CHICAGO, IL 60654

(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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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)

PROFESSIONAL BENEFIT ADMINISTRATORS

38-3668782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 12	NONE	532227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 1

30-0088171

(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 50	EMPLOYEE	148570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 2

30-0088171

(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 50	EMPLOYEE	129219	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)

MIDWEST REGION HEALTH & SAFETY FUND

37-1384481

(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	120733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 4

30-0088171

(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 50	EMPLOYEE	104400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (MIDWEST) INC.

13-1975125

(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 16	NONE	103200	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)

EMPLOYEE 3

30-0088171

(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 50	EMPLOYEE	83302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVRX

86-1323040

(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	72425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 5

30-0088171

(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?
	EMPLOYEE	68576	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)

INETICO, LLC DBA VALENZ CARE

36-4869660

(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	46227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAVANAGH & O'HARA LLP

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	42878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPREHENSIVE HEALTHCARE SYSTEMS, I

01-0589640

(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	41337	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

36-3485298

(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 50	NONE	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 72	NONE	34323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE RESOURCE SYSTEMS INC

36-3867645

(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	33724	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)

ROMOLO & ASSOCIATES, LLC

84-2885766

(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	27500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAUM SIGMAN AUERBACH & NEUMAN LTD

36-2744057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIGNA

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	20382	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)

SHELTON CAPITAL MANAGEMENT

94-2970569

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 51	NONE	18063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF LABOR

48-0150235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 21	NONE	10738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELYMD

5665 NEW NORTHSIDE DR. SUITE 320
ATLANTA, GA 30328

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	5235	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.
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE		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 NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA		D Employer Identification Number (EIN) 30-0088171
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: ARA CORE PROPERTY FUND		
b Name of sponsor of entity listed in (a): AMERICAN REALTY ADVISORS		
c EIN-PN 95-4871423-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2992380
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE ACCOUNT W-1		
b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY		
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) 4009195
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)**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 NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA	D Employer Identification Number (EIN) 30-0088171	

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	80	80
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3456393	3604634
(2) Participant contributions	1b(2)	1216	
(3) Other	1b(3)	772183	856654
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5211822	5081567
(2) U.S. Government securities	1c(2)	4541158	4638549
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	2166023	1670019
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	3436880	2992380
(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)	3760150	4009195
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29550922	29563380
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	334747	732679
f Total assets (add all amounts in lines 1a through 1e)	1f	53231574	53149137
Liabilities			
g Benefit claims payable	1g	4750600	3812200
h Operating payables	1h	971840	778826
i Acquisition indebtedness	1i		
j Other liabilities	1j	92077	277525
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5814517	4868551
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47417057	48280586

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)	27026910	
(B) Participants	2a(1)(B)	450380	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		27477290
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	103325	
(B) U.S. Government securities	2b(1)(B)	132435	
(C) Corporate debt instruments	2b(1)(C)	77384	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		313144
(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)	1016269	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1016269
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7362396	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7340892	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		21504
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	47429	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		47429

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-350514
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		270341
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2181609
c Other income	2c		135027
d Total income. Add all income amounts in column (b) and enter total	2d		31112099

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27116826	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1117799	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		28234625
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	532227	
(3) Recordkeeping fees.....	2i(3)	2750	
(4) IQPA audit fees.....	2i(4)	24750	
(5) Investment advisory and investment management fees	2i(5)	108796	
(6) Bank or trust company trustee/custodial fees	2i(6)	10737	
(7) Actuarial fees	2i(7)	103200	
(8) Legal fees	2i(8)	66878	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1164607	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2013945
j Total expenses. Add all expense amounts in column (b) and enter total	2j		30248570

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		863529
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: **ROMOLO & ASSOCIATES, LLC**

(2) EIN: **84-2885766**

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?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 _____.

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
North Central Illinois Laborers' Health and Welfare Fund
Peoria, IL 61615

Opinion

We have audited the financial statements of North Central Illinois Laborers' Health and 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 and of plan Benefit Obligations as of June 30, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits and of Changes in Benefit Obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the

financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and

other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in dark ink, appearing to read "Romolo & Associates LLC", written in a cursive, flowing style.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

April 4, 2025

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE 1

30-0088171 PLAN #501

JUNE 30, 2024

(c) Description of investment, including maturity date,
rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or	(d) Cost	(e) Current Value
					Maturity Value		
	US TREASURY NOTE	US GOV'T SECURITY	8/31/25	5.0%	60,000	\$59,941	\$59,953
	US TREASURY NOTE	US GOV'T SECURITY	2/28/26	0.5%	420,000	414,334	391,091
	US TREASURY NOTE	US GOV'T SECURITY	2/15/30	1.5%	520,000	513,920	446,306
	US TREASURY NOTE	US GOV'T SECURITY	11/15/33	4.5%	350,000	359,139	353,227
	US TREASURY NOTE	US GOV'T SECURITY	6/30/25	2.75%	150,000	145,957	146,568
	US TREASURY NOTE	US GOV'T SECURITY	6/30/29	3.25%	290,000	278,206	275,512
	US TREASURY NOTE	US GOV'T SECURITY	5/31/25	4.25%	280,000	277,911	277,662
	US TREASURY NOTE	US GOV'T SECURITY	7/31/27	0.375%	500,000	423,633	441,015
	US TREASURY NOTE	US GOV'T SECURITY	7/31/26	0.625%	225,000	200,408	206,982
	US TREASURY NOTE	US GOV'T SECURITY	4/30/29	2.875%	75,000	74,625	70,140
	US TREASURY NOTE	US GOV'T SECURITY	3/31/30	3.625%	400,000	407,782	385,124
	US TREASURY NOTE	US GOV'T SECURITY	4/30/25	3.875%	150,000	148,547	148,386
	US TREASURY NOTE	US GOV'T SECURITY	5/15/34	4.375%	470,000	470,845	470,146
	US TREASURY NOTE	US GOV'T SECURITY	11/30/30	4.375%	430,000	441,237	430,353
	US TREASURY NOTE	US GOV'T SECURITY	4/30/29	4.625%	530,000	533,748	536,084
	TOTAL	US GOV'T SECURITY				\$4,750,233	\$4,638,549
	AFLAC	CORPORATE BOND	3/15/26	1.125%	25,000	\$24,976	\$23,339
	AIR LEASE CORP	CORPORATE BOND	7/1/25	3.375%	55,000	56,649	53,743
	AIR PRODUCTS & CHEM	CORPORATE BOND	5/15/27	1.85%	65,000	68,741	59,732
	ATHENE HOLDING	CORPORATE BOND	4/3/30	6.15%	10,000	10,361	10,350
	ATHENE HOLDING	CORPORATE BOND	1/12/28	4.125%	15,000	16,650	14,466
	AUTOZONE	CORPORATE BOND	2/1/28	4.5%	115,000	114,989	112,454
	BANK OF MONTREAL	CORPORATE BOND	3/8/27	2.65%	40,000	38,304	37,499
	BAT CAP CORP	CORPORATE BOND	8/15/27	3.557%	40,000	42,935	37,994
	BIO RAD LABS	CORPORATE BOND	3/15/27	3.3%	35,000	34,190	33,150
	BP CAP MKTS AMER	CORPORATE BOND	11/6/28	4.234%	35,000	33,218	33,906
	BROOKFIELD FIN	CORPORATE BOND	1/25/28	3.9%	20,000	18,249	19,087
	CGI INC	CORPORATE BOND	9/14/26	1.45%	35,000	31,834	32,051
	CITIGROUP	CORPORATE BOND	1/12/26	3.7%	60,000	67,860	58,434
	COREBRIDGE FINL	CORPORATE BOND	4/4/25	3.5%	20,000	19,736	19,667
	DR HORTON	CORPORATE BOND	10/15/26	1.3%	10,000	8,792	9,154
	DAIMLER CHRYSLER	CORPORATE BOND	1/18/31	8.5%	15,000	19,946	17,841
	FLEXTRONICS INTL	CORPORATE BOND	2/1/26	3.75%	100,000	108,928	97,046
	GOLDMAN SACHS GROUP	CORPORATE BOND	8/23/28	VAR	30,000	29,159	29,320
	JPMORGAN CHASE & CO	CORPORATE BOND	7/25/28	4.851%	75,000	72,533	74,232
	MCDONALDS	CORPORATE BOND	3/1/30	2.125%	60,000	62,708	51,500
	MCKESSON	CORPORATE BOND	2/15/28	3.95%	15,000	14,981	14,440
	MERCK & CO	CORPORATE BOND	2/24/26	0.75%	110,000	111,003	102,717
	MITSUBISHI UFJ FINL	CORPORATE BOND	2/22/27	3.677%	30,000	33,140	28,947
	MORGAN STANLEY	CORPORATE BOND	7/17/26	VAR	60,000	60,580	59,412
	MORGAN STANLEY	CORPORATE BOND	10/23/24	3.7%	55,000	61,349	54,673
	NXP BV FDG	CORPORATE BOND	6/18/26	3.875%	30,000	29,186	29,133
	ORACLE CORP	CORPORATE BOND	11/15/27	3.25%	30,000	33,959	28,282
	ORANGE SA	CORPORATE BOND	3/1/31	9.0%	30,000	46,711	35,783
	PHILIP MORRIS INTL	CORPORATE BOND	8/15/29	3.375%	45,000	46,467	41,576
	PRECISION CASTPARTS	CORPORATE BOND	6/15/25	3.25%	10,000	9,693	9,805
	RIO TINTO FIN	CORPORATE BOND	7/15/28	7.125%	25,000	32,326	26,953
	ROYAL BK CDA	CORPORATE BOND	8/3/27	4.24%	35,000	35,118	34,055
	SIMON PPTY GROUP	CORPORATE BOND	2/1/28	1.75%	65,000	64,867	57,905
	SIMON PPTY LP	CORPORATE BOND	9/13/29	2.45%	10,000	8,785	8,786
	SOUTHERN CAL EDISON	CORPORATE BOND	3/1/29	4.2%	30,000	33,825	28,705

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

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE 1
30-0088171 PLAN #501
JUNE 30, 2024

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	T MOBILE USA	CORPORATE BOND	3/15/28	4.95%	100,000	\$100,201	\$99,334
	TORONTO DOMINION BK	CORPORATE BOND	9/15/27	4.69%	40,000	39,037	39,402
	TRANSCONTINENTAL GAS	CORPORATE BOND	2/1/26	7.85%	30,000	37,190	30,864
	VAITRIS	CORPORATE BOND	6/22/25	1.65%	55,000	56,604	52,859
	WELLS FARGO & CO	CORPORATE BOND	3/24/28	3.526%	55,000	52,879	52,461
	3M COMPANY	CORPORATE BOND	4/15/30	3.05%	10,000	8,681	8,962
	TOTAL	CORPORATE BOND				\$1,797,340	\$1,670,019
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			124,849.97	\$124,850	\$124,850
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			4,072.88	4,073	4,073
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			180,886.13	180,886	180,886
	TOTAL	MONEY MARKET				\$309,809	\$309,809
	COMMERCE GENERAL CKG ACCT	INT-BEARING CASH				\$1,412,854	1,412,854
	COMMERCE CLEARING ACCT	INT-BEARING CASH				1,382,087	1,382,087
	COMMERCE PREFUNDING CKG ACCT	INT-BEARING CASH				332,168	332,168
	COMMERCE CLAIMS CKG ACCT	INT-BEARING CASH				1,644,649	1,644,649
	TOTAL	INT-BEARING CASH				\$4,771,758	\$4,771,758
	VANGUARD TTL STOCK MKT INDEX	REG'D INV CO					
	PIMCO ALL ASSET CLASS A	REG'D INV CO			64,621.27	789,602	710,834
	VANGUARD TOTAL INTL STOCK	REG'D INV CO			45,831.49	1,196,390	1,483,107
	VANGUARD TTL STOCK MKT INDEX	REG'D INV CO			56,502.97	2,760,213	7,360,642
	BAIRD SHORT-TERM BOND FUND	REG'D INV CO			57,476.40	531,057	539,703
	MESIROW HIGH YIELD	REG'D INV CO			177,396.15	1,468,407	1,511,415
	VANGUARD TTL STK MARKET INDEX	REG'D INV CO			19,915.17	1,500,752	2,594,350
	BAIRD AGGREGATE BOND-INSTL CL	REG'D INV CO			1,590,406.78	16,166,433	15,363,329
	TOTAL	REG'D INV CO				\$24,412,854	\$29,563,380
	AMERICAN CORE REALTY FUND, LLC	COMMON TRUST			24.825	\$2,170,895	\$2,992,380
	ULLICO SEPARATE ACCOUNT W-1	POOLED SEP ACCT			2,274,000.86	\$3,272,963	\$4,009,195

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

**NORTH CENTRAL ILLINOIS LABORERS'
HEALTH AND WELFARE FUND
FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
North Central Illinois Laborers' Health and Welfare Fund
Peoria, IL 61615

Opinion

We have audited the financial statements of North Central Illinois Laborers' Health and 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 and of plan Benefit Obligations as of June 30, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits and of Changes in Benefit Obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the

financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and

other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in dark ink, appearing to read "Romolo & Associates LLC", written in a cursive, flowing style.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

April 4, 2025

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****STATEMENT A****JUNE 30, 2024 AND 2023**

	ASSETS	
	<u>2024</u>	<u>2023</u>
Investments, at Fair Value		
U.S. Government Securities	\$ 4,638,549	\$ 4,541,158
Corporate Bonds	1,670,019	2,166,023
Registered Investment Companies	29,563,380	29,550,922
Common Trust Funds	2,992,380	3,436,880
Pooled Separate Accounts	4,009,195	3,760,150
Money Market Funds	309,809	160,033
Interest-Bearing Cash	4,771,758	5,051,789
Total Investments	<u>\$ 47,955,090</u>	<u>\$ 48,666,955</u>
Receivables		
Participating Employers' Contributions, Net	\$ 3,604,634	\$ 3,456,393
Employee Contributions	-	1,216
Accrued Interest	87,721	50,305
Other Receivables	754,036	687,354
Total Receivables	<u>\$ 4,446,391</u>	<u>\$ 4,195,268</u>
Prepaid Expenses	<u>\$ 14,897</u>	<u>\$ 34,524</u>
Fixed Assets	<u>\$ 417,559</u>	<u>\$ 19,357</u>
Cash Noninterest-Bearing	<u>\$ 80</u>	<u>\$ 80</u>
TOTAL ASSETS	<u>\$ 52,834,017</u>	<u>\$ 52,916,184</u>
LIABILITIES		
Accounts Payable	\$ 142,269	\$ 105,599
Payable to Claims Administrators	636,557	866,241
Due to Other Funds	110,709	914
Unearned Revenues	<u>166,816</u>	<u>91,163</u>
TOTAL LIABILITIES	<u>\$ 1,056,351</u>	<u>\$ 1,063,917</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 51,777,666</u>	<u>\$ 51,852,267</u>

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

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023****STATEMENT B**

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income (Loss)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 2,170,369	\$ 540,740
Dividends	1,016,269	852,608
Interest	313,144	267,943
Total Investment Income (Loss)	\$ 3,499,782	\$ 1,661,291
Less Investment Fees	(84,533)	(82,831)
Net Investment Income (Loss)	\$ 3,415,249	\$ 1,578,460
Contributions		
Participating Employers	\$ 27,026,910	\$ 27,970,432
Participants	450,380	378,695
Total Contributions	\$ 27,477,290	\$ 28,349,127
Service Fees	\$ 135,163	\$ 140,039
Miscellaneous Income	\$ 134	\$ 163
Total Additions	\$ 31,027,836	\$ 30,067,789
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Claims Paid, Net	\$ 28,055,226	\$ 27,784,065
Premiums Paid	1,117,799	1,075,308
Administrative Expenses	1,929,412	1,874,055
Total Deductions	\$ 31,102,437	\$ 30,733,428
Net Increase (Decrease)	\$ (74,601)	\$ (665,639)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	\$ 51,852,267	\$ 52,517,906
END OF YEAR	\$ 51,777,666	\$ 51,852,267

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

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**STATEMENTS OF BENEFIT OBLIGATIONS****STATEMENT C****JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Health Claims Payable and Claims Incurred but not Reported	<u>\$ 3,812,200</u>	<u>\$ 4,750,600</u>
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Accumulated Eligibility Credits	<u>\$ 13,360,200</u>	<u>\$ 12,314,993</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>\$ 17,172,400</u>	<u>\$ 17,065,593</u>
Postretirement Benefit Obligations		
Current Retirees, Beneficiaries, and Dependents	\$ 2,346,547	\$ 3,299,068
Other Participants Fully Eligible for Benefits	2,045,405	1,770,849
Other Participants Not Yet Fully Eligible for Benefits	<u>6,210,415</u>	<u>6,312,497</u>
Total Postretirement Benefit Obligations	<u>\$ 10,602,367</u>	<u>\$ 11,382,414</u>
Plan's Total Benefit Obligations	<u>\$ 27,774,767</u>	<u>\$ 28,448,007</u>

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

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023****STATEMENT D**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance at Beginning of Year	\$ 4,750,600	\$ 5,023,600
Claims Reported and Approved for Payment	27,116,826	27,511,065
Claims Paid	<u>(28,055,226)</u>	<u>(27,784,065)</u>
Balance at End of Year	<u>\$ 3,812,200</u>	<u>\$ 4,750,600</u>
Other Obligations for Current Benefit Coverage, at Estimated Amounts		
Balance at Beginning of Year	\$ 12,314,993	\$ 11,055,408
Net Change During Year: Accumulated Eligibility Credit	<u>1,045,207</u>	<u>1,259,585</u>
Balance at End of Year	<u>\$ 13,360,200</u>	<u>\$ 12,314,993</u>
Total Obligations for Current Benefit Coverage	<u>\$ 17,172,400</u>	<u>\$ 17,065,593</u>
Postretirement Benefit Obligations		
Balance at Beginning of Year	\$ 11,382,414	\$ 12,307,317
Increase (Decrease) in Postretirement Benefits Attributed to		
Benefits Earned Net of Benefits Paid	(399,951)	(392,374)
Actuarial Experience Loss (Gain)	-	(42,336)
Changes in Actuarial Assumptions	(380,096)	(490,193)
Plan Amendments	<u>-</u>	<u>-</u>
Balance at End of Year	<u>\$ 10,602,367</u>	<u>\$ 11,382,414</u>
Plan's Total Benefit Obligations at End of Year	<u>\$ 27,774,767</u>	<u>\$ 28,448,007</u>

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

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN

The following description of North Central Illinois Laborers' Health and Welfare Fund (the Plan) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan established to provide benefits to participants, their beneficiaries and covered dependents and to provide administration of the program. The Plan and related trust were established in 2002, pursuant to collective bargaining agreements and participation agreements between employers and various local unions. The Plan does allow for self-pay contributions in certain circumstances. Administration of the Plan is the responsibility of the joint board of trustees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Benefits

The Plan provides health benefits (comprehensive medical, prescription drug, dental, hearing, and vision) to eligible employees and covered dependents. The Plan also provides a death benefit, accidental death, dismemberment, and loss of time benefit for eligible active participants. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Plan paid the following benefits to its participants and their beneficiaries during the plan years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Health and Welfare	\$ 24,891,882	\$ 24,213,816
Prescriptions	2,325,585	2,245,290
Loss of Time	168,250	242,044
PPO/Precertification Fees	609,557	526,728
Consult-A-Doctor Program	5,234	5,383
Retiree Subsidies	1,092,195	1,144,111
Member Assistance Programs	33,724	34,326
Stop Loss Reimbursements	(1,071,201)	(627,633)
Total Paid	<u>\$ 28,055,226</u>	<u>\$ 27,784,065</u>

Insured Benefits

The Plan fully insures the life insurance benefits and accidental death and dismemberment benefits. The Plan purchases annual insurance contracts for these benefits.

Stop Loss Coverage

The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount). Effective July 1, 2016, the Plan's individual stop loss deductible is \$300,000.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (continued)

Self-Insured Benefits

All other plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processor under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan uses a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Effective February 1, 2015, the Plan has a health reimbursement arrangement (HRA) that is funded solely through Plan contributions. The HRA allows eligible retirees to get a subsidy, tax free, for health insurance premiums at a fixed amount. These subsidies are paid to an administrator to offset the cost of coverage and cannot be used for any other purpose and are included in benefits paid on the Statements of Changes in Net Assets Available for Benefits.

Eligibility

Collectively-bargained participants become eligible for coverage when:

- Work is performed under the jurisdiction of any local union participating in this Plan; and
- Sufficient contributions are made on behalf of the participant by contributing employers.

Initial Eligibility

Participants first become eligible when they complete 500 hours of work for which contributions are made on their behalf to the Plan within a six consecutive month period. Eligibility for benefits begins on the first day of the second calendar month following the 500th contribution hour. If a participant is eligible for benefits under Eligibility B or C, coverage begins on the first day of the month following the date the participant begins working for an employer that contributes to the Plan on his behalf. Eligibility B and C participants are not eligible for an extension of eligibility of the month following the date the participant begins working for an employer that contributes after coverage terminates, except through COBRA.

Continued Eligibility

Once an Eligibility A participant becomes eligible, he will continue to be eligible for each succeeding three-month period based on the "look-back" rules during the designated twelve-month periods. Eligibility B and C participants will continue to be eligible as long as contributions are received in the prior month. Readers should refer to the Summary Plan Description for more information regarding continued eligibility.

Eligibility Reserve Bank

Participants earn a dollar amount in an eligibility reserve bank when their contribution hours exceed 1,875 in a calendar year. The balance in the eligibility reserve bank may be used for self-payments or to offset self-payments under the active coverage plan.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (continued)

Contributions

Participating employers contribute \$8.50 for each hour worked pursuant to the current collective bargaining agreement between employers and the union. Participants and retirees may contribute specified amounts, determined periodically by the Plan's board, to extend coverage when contributions for hours worked are less than the required amount to maintain eligibility. The board of trustees sets the self-payment amount for retirees to continue eligibility. Effective June 1, 2015, all retirees were transferred out of the Plan.

Termination of the Plan

Although it has not expressed any intention to do so, the board of trustees has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the board of trustees or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Change in Accounting Policy

The Plan has adopted FASB ASU 2016-13, *Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, effective July 1, 2023, utilizing the modified retrospective transition method. The accounting standard modifies the method for estimating credit losses on financial assets from probable or incurred credit losses to lifetime expected future losses (CECL). The Credit Loss Standard requires consideration of a broader range of information to estimate expected credit losses, including historical information and current conditions through a reasonable forecast period. No cumulative effect adjustment to net assets available for benefits as of July 1, 2023, was necessary for adoption.

Basis of Accounting and Use of Estimates

The accompanying financial statements are prepared on the accrual basis of accounting. 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, claims incurred but not reported (IBNR), eligibility credits, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions Received and Receivable

Contributions receivable are reported at their outstanding balances net of an estimated reserve for credit losses and are primarily composed of balances due from employers. The Plan estimates the allowance for credit losses based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. As of June 30, 2024 and 2023, the allowance for credit losses was \$661,906 and \$0, respectively.

Stop Loss Refunds

Premiums for stop loss insurance are included in premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits (NAAFB). Stop loss refunds totaling \$1,071,201 and \$627,633

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

have been netted with claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits as of June 30, 2024 and 2023. The Plan also received a premium refund/dividend of \$37,966 and \$53,112 for the years ended June 30, 2024 and 2023. This is a dividend of 3.5% of the total premium paid for the plan year. This has been netted against the premiums paid.

Fixed Assets and Depreciation

Fixed assets are recorded at their cost.

Depreciation of fixed assets is provided over the estimated useful lives of the assets, computed on a straight-line basis, ranging from three to fifteen years. When fixed assets are sold or traded the cost and related depreciation are removed from the accounts. Any resulting gain or loss on traded assets is deducted from or added to the cost of the new asset to arrive at the book value of the new asset acquired, not to exceed the fair market value of the new asset. Any resulting gain or loss on the sale or disposal of fixed assets, or loss on the trade-in of fixed assets, is reflected in the Statements of Changes in Net Assets Available for Benefits. Depreciation expense for the years June 30, 2024 and 2023, was \$4,919 and \$5,425.

	<u>2024</u>	<u>2023</u>
Computers and Equipment	\$ 645,720	\$ 242,600
Building and Improvements	386,483	386,483
Furniture and Fixtures	30,821	30,821
Total	<u>\$ 1,063,024</u>	<u>\$ 659,904</u>
Less Accumulated Depreciation	<u>(645,465)</u>	<u>(640,547)</u>
Total Fixed Assets	<u>\$ 417,559</u>	<u>\$ 19,357</u>

Payment of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying Statements of Net Assets Available for Benefits. Short-term disability payments are processed by the third-party claims processor through a payroll system and are recorded as claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Refunds

Refunds due from the Plan's PBM are recorded when earned and the calculation is reasonably known. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$659,728 and \$576,179 have been netted with claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended June 30, 2024 and 2023, respectively.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment consultant determines the Plan's valuation policies and procedures and reports to the Plan's board of trustees. See Note 4 for a discussion of fair value measurements.

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

Administrative Expenses

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 parties. 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 plan (see related party note). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Reciprocity Agreements

The Plan has entered into reciprocity agreements with various funds. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees' participating funds.

For the year ended June 30, 2024 and 2023, the Plan remitted \$3,355,148 and \$3,814,151, respectively. The Plan received \$3,507,052 and \$2,977,900, respectively, in accordance with these agreements with the participating funds. Reciprocal payments received are included in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. No allowance for credit losses as of June 30, 2024 or 2023, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year end are included in the respective employer contributions receivable and accounts payable in the statement of net assets available for benefits.

Other Plan Benefits

Plan obligations at June 30, 2024 and 2023, for health claims incurred by active participants but not reported at that date and for accumulated eligibility of participants, are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at estimated present value. Health claims incurred by retired participants but not yet reported at year-end are included in the postretirement benefit obligation and is based on claims data provided by the Plan's claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment. The Plan has determined the amount of the accumulated eligibility

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

by multiplying the anticipated cost per month, times the number of participants and months of eligibility accumulated at June 30, 2024 and 2023.

NOTE 3: POSTRETIREMENT 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 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. Retirees are required to contribute to the Plan, at a rate of \$2,100 per quarter. The obligation represents 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 that is attributable to that participant'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 the Plan's actuary, Segal Consulting, 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.

The following were significant assumptions used in the valuations as of June 30, 2024 and 2023:

Discount Rate: 5.25% (prior year: 4.75%)

Post-retirement Mortality Rates: 2024: *Healthy:* 120% of Pri-2012 Headcount-weighted Blue Collar Healthy Retiree Mortality Tables, projected generationally from 2012 with scale MP-2021.

2023: *Healthy:* 120% of Pri-2012 Headcount-weighted Blue Collar Healthy Retiree Mortality Tables, projected generationally from 2012 with scale MP-2021.

2024: *Disabled:* 120% of Pri-2012 Headcount-weighted Disabled Retiree Mortality Tables, projected generationally from 2012 with scale MP-2021.

2023: *Disabled:* 120% of Pri-2012 Headcount-weighted Disabled Retiree Mortality Tables, projected generationally from 2012 with scale MP-2021.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 3: POSTRETIREMENT BENEFIT OBLIGATIONS

HRA Benefit Increase

Rate: The HRA benefit amount is not assumed to increase.

		Rate %			
		Mortality			
<i>Termination Rates Before Retirement:</i>	Age	Male	Female	Disability	Withdrawal
	20	0.09	0.03	0.08	9.76
	30	0.12	0.06	0.15	8.72
	40	0.17	0.10	0.31	4.96
	50	0.24	0.16	0.85	2.72
<i>Retirement Rates:</i>	Age:	53-57	58-61	62-64	65 & Over
	Rate:	5%	25%	50%	100%

Plan obligations had been expected to decrease \$399,951 due to normal plan operations, which consist of continuing accruals for active members, plus interest on the total obligation, less expected benefit payments. The difference between the actual and expected change was due to the following:

- Valuation assumption changes decreased obligations by \$380,096. This was the result of increasing the discount rate from 4.75% to 5.25%. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of June 30, 2024 and 2023, by \$0 and \$0, respectively.

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

The postretirement benefit obligation is reported net of the value of retiree contributions. The gross liabilities, values of retiree contributions, and net liabilities are:

	2024	2023
Plan Benefits Before Reduction for Retiree Contributions	\$ 10,602,367	\$ 11,382,414
Less Projected Retiree Contributions (Net of Contribution Allowance)	-	-
Net Postretirement Benefit Obligation	<u>\$ 10,602,367</u>	<u>\$ 11,382,414</u>

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 4: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements

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 Fair Value Measurements

Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Money Market Funds: Valued using cost which approximates fair value.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Interest-Bearing Cash: Valued on original cost.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JUNE 30, 2024 AND 2023****NOTE 4: FAIR VALUE MEASUREMENTS (continued)**

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to transact at their net asset value.

Common Trust Fund: Valued at the Net Asset Value (NAV) of units of a common trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV 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.

Pooled Separate Account: Valued at the net asset value of shares held by the Plan at year-end. Pooled separate accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate, and mutual funds. The NAV is based on the market value of the underlying investments. The NAV is not a publicly-quoted price in an active market.

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

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

	Fair Value Measurements at June 30, 2024			
	Quoted Prices in Active Markets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	<u>Total</u>
U.S. Government Obligations	\$ -	\$ 4,638,549	\$ -	\$ 4,638,549
Corporate Obligations	\$ -	\$ 1,670,019	\$ -	\$ 1,670,019
Registered Investment Cos.	\$ 29,563,380	\$ -	\$ -	\$ 29,563,380
Money Market	\$ 309,809	\$ -	\$ -	\$ 309,809
Interest-Bearing Cash	\$ 4,771,758	\$ -	\$ -	\$ 4,771,758
Total Investments in the Fair Value Hierarchy	<u>\$ 34,644,947</u>	<u>\$ 6,308,568</u>	<u>\$ -</u>	<u>\$ 40,953,515</u>
Total Investments Measured at NAV	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,001,575</u>
Total Investments at Fair Value				<u><u>\$ 47,955,090</u></u>

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 4: FAIR VALUE MEASUREMENTS (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:

	Fair Value Measurements at June 30, 2023			
	Quoted Prices in Active Markets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	<u>Total</u>
U.S. Government Obligations	\$ -	\$ 4,541,158	\$ -	\$ 4,541,158
Corporate Obligations	\$ -	\$ 2,166,023	\$ -	\$ 2,166,023
Registered Investment Cos.	\$ 29,550,922	\$ -	\$ -	\$ 29,550,922
Money Market	\$ 160,033	\$ -	\$ -	\$ 160,033
Interest-Bearing Cash	\$ 5,051,789	\$ -	\$ -	\$ 5,051,789
Total Investments in the Fair Value Hierarchy	\$ 34,762,744	\$ 6,707,181	\$ -	\$ 41,469,925
Total Investments Measured at NAV	\$ -	\$ -	\$ -	\$ 7,197,030
Total Investments at Fair Value				\$ 48,666,955

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on net asset value (NAV) per share as of June 30, 2024 and 2023.

<u>June 30, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
POOLED SEPARATE ACCOUNTS:				
Separate Account W1 [a]	\$4,009,195	-	Quarterly	See [a]
COMMON TRUST FUND:				
American Core Realty Fund, LLC [b]	\$2,992,380	-	See [b]	See [b]
<u>June 30, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
POOLED SEPARATE ACCOUNTS:				
Separate Account W1 [a]	\$3,760,150	-	Quarterly	See [a]
COMMON TRUST FUND:				
American Core Realty Fund, LLC [b]	\$3,436,880	-	See [b]	See [b]

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 4: FAIR VALUE MEASUREMENTS (continued)

Separate Account W1 of the Union Labor Life Insurance Company [a]

Contract holders may withdraw an amount equal to all or a portion of their investment in the Account by making a written request for a redemption of their units to Union Labor Life. If a contract holder makes a redemption request in which it requests a redemption of less than 80% of its investment in the Account, Union Labor Life will make a payment to such contract holder equal to the full amount of the redemption request through the redemption of the contract holder's units on the first business day following the third valuation date from the date of receipt of the redemption request. The unit value of the contract holder's units will be calculated as of the third valuation date. Union Labor Life may, in its discretion, make payments in the amount of the redemption request on the first or second valuation date following receipt of the redemption request.

If a contract holder makes a redemption request to withdraw greater than 80% of the contract holder's units in the Account, Union Labor Life will make a partial payment to the contract holder in an amount equal to 80% of the value of the redeemed units calculated as of the second valuation date following receipt of the redemption request and such payment will be made on the first business day following the third valuation date. Union Labor Life will make a final payment equal to the value of the remainder of the redeemed units within three weeks after the third valuation date. Union Labor Life will credit the remaining amount of the contract holder's investment to be withdrawn (as finally determined as of the second valuation date) with short-term interest, accruing from the first business day after the third valuation date until payment is actually made.

American Core Realty Fund, LLC (b)

The Fund has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans, and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations, and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial, and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

Requests for redemptions of units in the Fund may be made at any time, with a letter of authorization signed by a representative of the Plan. Redemption requests shall be deemed timely as of the next valuation date after receipt of a notice of redemption. The valuation date is typically the last business day of each calendar quarter and such other intermediate dates as American shall determine. Although American is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. American is not required to liquidate or encumber assets or defer investments in order to satisfy a redemption request.

NOTE 5: RISKS AND UNCERTAINTIES

Investment Risk

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

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 5: RISKS AND UNCERTAINTIES (continued)

and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Benefit Obligations

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

Concentration of Revenue

Revenues consist predominantly of employer contributions pursuant to a collective bargaining agreement and are directly tied to the amount of work available in the region. A significant decline in work available to participants would severely impact the revenues of the Plan.

Concentration of Credit Risk

The Plan holds cash in accounts at several institutions. The Federal Deposit Insurance Corporation (FDIC) insures account balances up to \$250,000. The Plan held cash in accounts in excess of the FDIC limit as of June 30, 2024 and 2023 as follows:

	2024	
	<u>Book</u>	<u>Bank</u>
FDIC-Insured Deposits	\$ 68,139	\$ 200,000
Government Backed Sweep Account	4,703,619	5,180,752
Uninsured Deposits	80	-
Total Cash and Interest-Bearing Cash	<u>\$ 4,771,838</u>	<u>\$ 5,380,752</u>

	2023	
	<u>Book</u>	<u>Bank</u>
FDIC-Insured Deposits	\$ 153,665	\$ 200,000
Government Backed Sweep Account	4,898,124	4,704,275
Uninsured Deposits	80	-
Total Cash and Interest-Bearing Cash	<u>\$ 5,051,869</u>	<u>\$ 4,904,275</u>

The Plan has additional cash invested in the Goldman Sachs Financial Square Government #465. An investment in this fund is neither insured nor guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the fund seeks to preserve the value of the investment at \$1.00 per share, it is possible to lose money by investing in this fund.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 6: TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and accordingly, the Trust's net investment income is exempt from income taxes. The Trust obtained a favorable tax determination letter from the IRS on August 5, 2004, and the board of trustees believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are \$0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all tax years are open for examination by federal and state taxing authorities related to UBIT.

NOTE 7: RELATED PARTIES AND REPORTABLE TRANSACTIONS

Investment transactions that exceeded 5% of net plan assets are disclosed in Schedule 2 of this report.

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA. The Plan is affiliated with the Great Plains Laborers' District Council and Great Plains Laborers-Employers' Cooperation and Education Trust by virtue of common officers or trustees.

The Plan provides administrative services to the Great Plains Laborers' Vacation Fund by charging a service fee of 1% of contributions, capped at \$20,000 each year.

The Plan is a member of a condo association that includes the District Council and another unrelated entity for shared building expenses. The Plan will also reimburse the District Council for miscellaneous expenses incurred for the Plan and paid by the District Council. During the fiscal years ended June 30, 2024 and 2023, the Plan reimbursed the District Council \$0 and \$0, respectively, for such expenses.

The Vacation Fund reimburses the Plan for its share of postage expenses. During the fiscal years ended June 30, 2024 and 2023, the Vacation Fund reimbursed the Plan \$12,093 and \$11,421, respectively, for these expenses. These expenses are recorded as administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

The Plan also collects employers' contributions for these and other various funds and distributes those amounts semi-monthly. As of June 30, 2024 and 2023, the Plan had collected but not yet transmitted

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 7: RELATED PARTIES AND REPORTABLE TRANSACTIONS (continued)

\$110,709 and \$914 of those amounts. The Plan also received a collection fee from these other funds in the amount of \$135,163 and \$140,039, respectively, for providing these services.

NOTE 8: PLAN AMENDMENTS AND CHANGES

Effective July 1, 2022, the Plan was amended to comply with the No Surprises Act. In addition, participants and dependents receiving emergency services at a health care facility, an independent freestanding emergency department or from air ambulances will only be responsible for paying their network cost sharing and cannot be billed by the provider or facility for emergency services, non-emergency services from an out-of-network provider at an in-network health care facility or an air ambulance services from out-of-network provider. This change was added to the Health Care Benefit Determination Procedures subsection of the Summary Plan Description.

Readers should refer to the most current Summary Plan Description and the various plan announcements that were mailed out to the participants in regard to this and other plan changes.

NOTE 9: EMPLOYEE BENEFIT PLANS

The Plan provides benefits to its employees through participation agreements with various multiemployer plans.

Defined Benefit Pension Plans

The Plan's office employees are covered by two multiemployer defined benefit pension plans. The risk of participating in a multiemployer defined benefit pension is different from single employer plans. Assets contributed to a multiemployer defined benefit 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 Plan chooses to stop participating in this plan, the Plan may be required to pay those plans an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.

The Plan's participation in a multiemployer defined benefit pension plan for the years ending June 30, 2024 and 2023, is outlined in the table below. The "EIN/Pension Plan Number" column provides the employer identification number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the Plan. Among other factors, plans in the red zone are below 65% funded; plan in the yellow zone are between 65% and 80% funded; and plan in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year-end date of the Plan to which the annual report (Form 5500) relates.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 9: EMPLOYEE BENEFIT PLANS (continued)

<u>Pension Fund</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status</u>	<u>FIP/RP Status Pending/ Implemented</u>	<u>Contributions</u>	<u>Most Recently Available Annual Report (Form 5500)</u>	<u>Surcharge Imposed</u>
Central Laborers' Pension Fund	37-6052379/001	Neither Endangered Nor Critical Status 1/1/2024	FIP	\$90,681	12/31/2023	Yes
		Endangered 1/1/2023	FIP	\$80,221	12/31/2022	Yes
<u>Pension Fund</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status</u>	<u>FIP/RP Status Pending/ Implemented</u>	<u>Contributions</u>	<u>Most Recently Available Annual Report (Form 5500)</u>	<u>Surcharge Imposed</u>
LIUNA Staff & Affiliates Pension Fund	52-0743575/001	Neither Endangered Nor Critical Status 1/1/2024	N/A	\$75,637	12/31/2023	No
		Neither Endangered Nor Critical Status 1/1/2023	N/A	\$62,686	12/31/2022	No

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to the Pension Plans as indicated in the Pension Plans' most recently available annual report (Form 5500).

Defined Contribution Retirement Plans

In addition to the preceding Plans, office employees are covered by the Central Laborers Annuity Fund. Contributions to the plan are made monthly under the terms of a participation agreement. The Plan's contributions to the annuity plan for the years ended June 30, 2024 and 2023, totaled \$21,381 and \$17,453.

Welfare Plan That Provides Postretirement Benefits

The Plan's employees are also covered the North Central Illinois Laborers' Health and Welfare Fund that provides medical benefits to eligible employees and their dependents and retirees. Contributions to the welfare plan are made monthly under the terms of a participation agreement. Contributions to this welfare plan for the years ended June 30, 2024 and 2023, totaled \$84,101 and \$70,578, respectively.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JUNE 30, 2024 AND 2023****NOTE 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 51,777,666	\$ 51,852,267
Benefit Obligations Currently Payable (Health Claims & Death Benefits)	(3,812,200)	(4,750,600)
Valuation of Property at Fair Value	315,120	315,390
Net Assets Available for Benefits per Form 5500	<u>\$ 48,280,586</u>	<u>\$ 47,417,057</u>

The following is a reconciliation of claims paid per the financial statements to Form 5500:

	Year Ended <u>June 30, 2024</u>
Claims Paid per the Financial Statements	\$ 28,055,226
Add: Amounts Currently Payable at June 30, 2024	3,812,200
Less: Amounts Currently Payable at June 30, 2023	<u>(4,750,600)</u>
Claims Paid per Form 5500	<u>\$ 27,116,826</u>

Claims that have been processed and approved for payment at year-end, but not paid, claims incurred but not reported are not considered a liability under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements, but are recorded on the Form 5500 as a liability.

The following is a reconciliation of miscellaneous income received per the financial statements to Form 5500:

	Year Ended <u>June 30, 2024</u>	Year Ended <u>June 30, 2023</u>
Miscellaneous Income per the Financial Statements	\$ 134	\$ 163
Less: Decrease in Fair Value of Fixed Assets at June 30	<u>(270)</u>	<u>-</u>
Miscellaneous Income per Form 5500	<u>\$ (136)</u>	<u>\$ 163</u>

Fixed assets are recorded on the financial statements at book value. The Form 5500 requires the fixed assets to be valued at current value. The Plan believes current value to be approximate to the value on the real estate tax assessment and has increased the book value accordingly and recorded as miscellaneous income.

NOTE 11: RETIREE PRE-FUNDING

The Plan currently designates \$0.10 per hour of the employer contribution rate to be used to provide a retiree supplement as fully described in the Summary Plan Description. This subsidy is paid out to a third-party

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JUNE 30, 2024 AND 2023****NOTE 11: RETIREE PRE-FUNDING (continued)**

administrator on behalf of qualified retirees based on subsidy credits earned (maximum of 30). Below, the Plan has identified the portion of the employer contributions related to the \$0.10 per hour contribution rate, the investment income earned on the money market and investments and the subsidy amount transferred out to a VEBA for the retirees utilizing the subsidy for the plan years ended June 30, 2024 and 2023. No administrative expenses or liabilities have been allocated to the retiree funding.

	<u>6/30/2024</u>	<u>6/30/2023</u>
Beginning Net Assets Available for Benefits	\$ 13,764,125	\$ 13,180,950
Employer Contributions	292,259	302,118
Investment Income (Loss)	1,835,742	1,331,806
Retiree Subsidies Transferred to VEBA - cash basis	<u>(1,093,770)</u>	<u>(1,050,749)</u>
Ending Net Assets Available for Benefits	<u>\$ 14,798,356</u>	<u>\$ 13,764,125</u>

NOTE 12: MEDICARE SUBSIDY

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) for employers sponsoring postretirement health care plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.1. Under the Act, for multiemployer plans, any Medicare subsidy is received directly by the plan trust and not the individual employers participating in the Plan. The Plan has not determined whether the benefits provided by the Plan are actuarially equivalent to Medicare Part D.1 under the Act. The Plan's accumulated postretirement benefit obligation and the changes in the benefit obligation do not reflect any amount associated with the Medicare subsidy.

NOTE 13: MISCELLANEOUS INCOME

Other income consisted of the following as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Cash Back on Credit Card	\$ 134	\$ 163
Total Other Income	<u>\$ 134</u>	<u>\$ 163</u>

NOTE 14: LEASE PAYABLE

The Plan entered into a five year operating lease agreement for its copier. This lease is not a capital arrangement, therefore the new copier was not recorded as a capital asset. The Plan also has an operating lease agreement for its digital mailing system. This is also a five year lease agreement.

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JUNE 30, 2024 AND 2023****NOTE 14: LEASE PAYABLE (continued)**

Lease expense for the years ended June 30, 2024 and 2023, was \$11,206 and \$14,126, respectively. The following is a schedule, by years, of future minimum rental payments required under the above-mentioned operating leases that have initial or remaining non-cancelable lease terms in excess of one year as of June 30, 2024:

Year Ending June 30,

2025	\$ 13,272
2026	\$ 5,630
2027	\$ 3,083
2028	\$ 3,083
2029	\$ 1,542

The Plan has elected the short-term lease exemption for all leases with a term of 12 months or less for both existing and ongoing operating leases to not recognize the asset and liability for these leases. Lease payments for short-term leases are recognized on straight-line basis.

The Plan elected the practical expedient to not separate lease and non-lease components for real estate and office equipment leases.

NOTE 15: PRIOR YEAR RECLASSIFICATIONS

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets available for benefits.

NOTE 16: OTHER RECEIVABLES

Other receivables consisted of the following as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Stop Loss Premium Rebate	\$ 37,966	\$ 53,112
Stop Loss Receivable	328,113	174,900
Prescription Rebates	362,796	433,479
Postage from Vacation Fund	161	1,069
Claims and Rx Refunds	5,000	14,772
NIA Service Fee	20,000	10,022
Total Other Receivables	<u>\$ 754,036</u>	<u>\$ 687,354</u>

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JUNE 30, 2024 AND 2023****NOTE 17: SUBSEQUENT EVENTS**

Management has evaluated subsequent events through April 4, 2025, the date on which the financial statements were available to be issued.

NOTE 18: ADMINISTRATIVE EXPENSES

A summary of expenses incurred by the Plan during the years ended June 30, 2024 and 2023, follows:

	<u>2024</u>	<u>2023</u>
Insurance	\$ 21,809	\$ 21,326
Employee Benefits - Pension and Annuity	187,698	160,360
Employee Benefits - Health and Welfare	84,101	70,578
Salaries Expense	269,407	231,383
Payroll Tax Expense	26,233	24,070
Legal Fees	66,878	60,269
Consulting Fees	35,000	30,000
Auditing Fees	24,750	24,750
Accounting Fees	2,750	2,700
Actuary Fees	103,200	117,029
Membership/Registration Fees and Dues	14,631	14,203
Office Expense, Postage, and Printing	48,210	56,938
Bank Charges	8,558	10,777
Telephone	5,325	5,824
Utilities	10,665	13,320
Travel and Meeting Expenses	3,300	4,092
Depreciation	4,919	5,425
Contract Administrators	532,227	531,701
Computer Maintenance	58,866	45,034
Conferences and Seminars	17,752	3,355
Real Estate Taxes	9,753	9,624
Repairs and Maintenance	6,558	6,457
Prescription Drug Administration Fees	1,078	1,799
Health and Safety	120,733	107,551
Dental Administration Fees	41,657	41,748
Blue Cross Administration Fees	178,606	263,665
Sapphire Vendor Fees	33,801	-
PCORI Fee	10,947	10,077
Total Administrative Expenses	<u>\$ 1,929,412</u>	<u>\$ 1,874,055</u>

**NORTH CENTRAL ILLINOIS LABORERS'
HEALTH AND WELFARE FUND
SUPPLEMENTAL INFORMATION**

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE 1

30-0088171 PLAN #501

JUNE 30, 2024

(c) Description of investment, including maturity date,
rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	US TREASURY NOTE	US GOV'T SECURITY	8/31/25	5.0%	60,000	\$59,941	\$59,953
	US TREASURY NOTE	US GOV'T SECURITY	2/28/26	0.5%	420,000	414,334	391,091
	US TREASURY NOTE	US GOV'T SECURITY	2/15/30	1.5%	520,000	513,920	446,306
	US TREASURY NOTE	US GOV'T SECURITY	11/15/33	4.5%	350,000	359,139	353,227
	US TREASURY NOTE	US GOV'T SECURITY	6/30/25	2.75%	150,000	145,957	146,568
	US TREASURY NOTE	US GOV'T SECURITY	6/30/29	3.25%	290,000	278,206	275,512
	US TREASURY NOTE	US GOV'T SECURITY	5/31/25	4.25%	280,000	277,911	277,662
	US TREASURY NOTE	US GOV'T SECURITY	7/31/27	0.375%	500,000	423,633	441,015
	US TREASURY NOTE	US GOV'T SECURITY	7/31/26	0.625%	225,000	200,408	206,982
	US TREASURY NOTE	US GOV'T SECURITY	4/30/29	2.875%	75,000	74,625	70,140
	US TREASURY NOTE	US GOV'T SECURITY	3/31/30	3.625%	400,000	407,782	385,124
	US TREASURY NOTE	US GOV'T SECURITY	4/30/25	3.875%	150,000	148,547	148,386
	US TREASURY NOTE	US GOV'T SECURITY	5/15/34	4.375%	470,000	470,845	470,146
	US TREASURY NOTE	US GOV'T SECURITY	11/30/30	4.375%	430,000	441,237	430,353
	US TREASURY NOTE	US GOV'T SECURITY	4/30/29	4.625%	530,000	533,748	536,084
	TOTAL	US GOV'T SECURITY				\$4,750,233	\$4,638,549
	AFLAC	CORPORATE BOND	3/15/26	1.125%	25,000	\$24,976	\$23,339
	AIR LEASE CORP	CORPORATE BOND	7/1/25	3.375%	55,000	56,649	53,743
	AIR PRODUCTS & CHEM	CORPORATE BOND	5/15/27	1.85%	65,000	68,741	59,732
	ATHENE HOLDING	CORPORATE BOND	4/3/30	6.15%	10,000	10,361	10,350
	ATHENE HOLDING	CORPORATE BOND	1/12/28	4.125%	15,000	16,650	14,466
	AUTOZONE	CORPORATE BOND	2/1/28	4.5%	115,000	114,989	112,454
	BANK OF MONTREAL	CORPORATE BOND	3/8/27	2.65%	40,000	38,304	37,499
	BAT CAP CORP	CORPORATE BOND	8/15/27	3.557%	40,000	42,935	37,994
	BIO RAD LABS	CORPORATE BOND	3/15/27	3.3%	35,000	34,190	33,150
	BP CAP MKTS AMER	CORPORATE BOND	11/6/28	4.234%	35,000	33,218	33,906
	BROOKFIELD FIN	CORPORATE BOND	1/25/28	3.9%	20,000	18,249	19,087
	CGI INC	CORPORATE BOND	9/14/26	1.45%	35,000	31,834	32,051
	CITIGROUP	CORPORATE BOND	1/12/26	3.7%	60,000	67,860	58,434
	COREBRIDGE FINL	CORPORATE BOND	4/4/25	3.5%	20,000	19,736	19,667
	DR HORTON	CORPORATE BOND	10/15/26	1.3%	10,000	8,792	9,154
	DAIMLER CHRYSLER	CORPORATE BOND	1/18/31	8.5%	15,000	19,946	17,841
	FLEXTRONICS INTL	CORPORATE BOND	2/1/26	3.75%	100,000	108,928	97,046
	GOLDMAN SACHS GROUP	CORPORATE BOND	8/23/28	VAR	30,000	29,159	29,320
	JPMORGAN CHASE & CO	CORPORATE BOND	7/25/28	4.851%	75,000	72,533	74,232
	MCDONALDS	CORPORATE BOND	3/1/30	2.125%	60,000	62,708	51,500
	MCKESSON	CORPORATE BOND	2/15/28	3.95%	15,000	14,981	14,440
	MERCK & CO	CORPORATE BOND	2/24/26	0.75%	110,000	111,003	102,717
	MITSUBISHI UFJ FINL	CORPORATE BOND	2/22/27	3.677%	30,000	33,140	28,947
	MORGAN STANLEY	CORPORATE BOND	7/17/26	VAR	60,000	60,580	59,412
	MORGAN STANLEY	CORPORATE BOND	10/23/24	3.7%	55,000	61,349	54,673
	NXP BV FDG	CORPORATE BOND	6/18/26	3.875%	30,000	29,186	29,133
	ORACLE CORP	CORPORATE BOND	11/15/27	3.25%	30,000	33,959	28,282
	ORANGE SA	CORPORATE BOND	3/1/31	9.0%	30,000	46,711	35,783
	PHILIP MORRIS INTL	CORPORATE BOND	8/15/29	3.375%	45,000	46,467	41,576
	PRECISION CASTPARTS	CORPORATE BOND	6/15/25	3.25%	10,000	9,693	9,805
	RIO TINTO FIN	CORPORATE BOND	7/15/28	7.125%	25,000	32,326	26,953
	ROYAL BK CDA	CORPORATE BOND	8/3/27	4.24%	35,000	35,118	34,055
	SIMON PPTY GROUP	CORPORATE BOND	2/1/28	1.75%	65,000	64,867	57,905
	SIMON PPTY LP	CORPORATE BOND	9/13/29	2.45%	10,000	8,785	8,786
	SOUTHERN CAL EDISON	CORPORATE BOND	3/1/29	4.2%	30,000	33,825	28,705

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

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE 1
30-0088171 PLAN #501
JUNE 30, 2024

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	T MOBILE USA	CORPORATE BOND	3/15/28	4.95%	100,000	\$100,201	\$99,334
	TORONTO DOMINION BK	CORPORATE BOND	9/15/27	4.69%	40,000	39,037	39,402
	TRANSCONTINENTAL GAS	CORPORATE BOND	2/1/26	7.85%	30,000	37,190	30,864
	VAITRIS	CORPORATE BOND	6/22/25	1.65%	55,000	56,604	52,859
	WELLS FARGO & CO	CORPORATE BOND	3/24/28	3.526%	55,000	52,879	52,461
	3M COMPANY	CORPORATE BOND	4/15/30	3.05%	10,000	8,681	8,962
	TOTAL	CORPORATE BOND				\$1,797,340	\$1,670,019
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			124,849.97	\$124,850	\$124,850
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			4,072.88	4,073	4,073
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			180,886.13	180,886	180,886
	TOTAL	MONEY MARKET				\$309,809	\$309,809
	COMMERCE GENERAL CKG ACCT	INT-BEARING CASH				\$1,412,854	1,412,854
	COMMERCE CLEARING ACCT	INT-BEARING CASH				1,382,087	1,382,087
	COMMERCE PREFUNDING CKG ACCT	INT-BEARING CASH				332,168	332,168
	COMMERCE CLAIMS CKG ACCT	INT-BEARING CASH				1,644,649	1,644,649
	TOTAL	INT-BEARING CASH				\$4,771,758	\$4,771,758
	VANGUARD TTL STOCK MKT INDEX	REG'D INV CO					
	PIMCO ALL ASSET CLASS A	REG'D INV CO			64,621.27	789,602	710,834
	VANGUARD TOTAL INTL STOCK	REG'D INV CO			45,831.49	1,196,390	1,483,107
	VANGUARD TTL STOCK MKT INDEX	REG'D INV CO			56,502.97	2,760,213	7,360,642
	BAIRD SHORT-TERM BOND FUND	REG'D INV CO			57,476.40	531,057	539,703
	MESIROW HIGH YIELD	REG'D INV CO			177,396.15	1,468,407	1,511,415
	VANGUARD TTL STK MARKET INDEX	REG'D INV CO			19,915.17	1,500,752	2,594,350
	BAIRD AGGREGATE BOND-INSTL CL	REG'D INV CO			1,590,406.78	16,166,433	15,363,329
	TOTAL	REG'D INV CO				\$24,412,854	\$29,563,380
	AMERICAN CORE REALTY FUND, LLC	COMMON TRUST			24.825	\$2,170,895	\$2,992,380
	ULLICO SEPARATE ACCOUNT W-1	POOLED SEP ACCT			2,274,000.86	\$3,272,963	\$4,009,195

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

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS

30-0088171 PLAN #501

FOR THE YEAR ENDED JUNE 30, 2024

SCHEDULE 2

(A) Identity of Party Involved	(B) Description of Asset	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expense Incurred with Transaction	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain or (Loss)
GOLDMAN SACHS FINANCIAL #465	MONEY MARKET	\$16,502,047	-	N/A	-	\$16,502,047	\$16,502,047	N/A
GOLDMAN SACHS FINANCIAL #465	MONEY MARKET	-	\$16,352,271	N/A	-	\$16,352,271	\$16,352,271	\$0

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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. 1510 - 0110
1510 - 0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

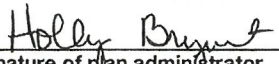
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report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

Part II Basic Plan Information - enter all requested information

1a Name of plan NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 07/01/2002
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 NORTH CENTRAL ILLINOIS LABORERS H 4208 W PARTRIDGE WAY, UNIT #3 PEORIA IL 61615	2b Employer Identification Number (EIN) 30-0088171 2c Plan Sponsor's telephone number 309-692-0860 2d Business code (see instructions) 237310

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 	4/1/2025	HOLLY BRYANT
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	4/4/2025	TONY PENN
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE 		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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	1,851
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1,851
a(2) Total number of active participants at the end of the plan year	6a(2)	1,822
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,822
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	723

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 4L

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
--	--

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 6
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

NORTH CENTRAL ILLINOIS LABORERS' HEALTH AND WELFARE FUND

SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS

30-0088171 PLAN #501

FOR THE YEAR ENDED JUNE 30, 2024

SCHEDULE 2

(A) Identity of Party Involved	(B) Description of Asset	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expense Incurred with Transaction	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain or (Loss)
GOLDMAN SACHS FINANCIAL #465	MONEY MARKET	\$16,502,047	-	N/A	-	\$16,502,047	\$16,502,047	N/A
GOLDMAN SACHS FINANCIAL #465	MONEY MARKET	-	\$16,352,271	N/A	-	\$16,352,271	\$16,352,271	\$0

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