

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN</u> <u>4940 WASHINGTON BLVD</u> <u>SAINT LOUIS, MO 63108-1621</u>	1c Effective date of plan <u>08/01/2002</u> 2b Employer Identification Number (EIN) <u>37-6085017</u> 2c Plan Sponsor's telephone number <u>314-367-6555</u> 2d Business code (see instructions) <u>237990</u>

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.	04/28/2025	ROBERT GREEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/29/2025	DONNA RICHTER
	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. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	1307
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)	677
	6a(2)	786
	6b	24
	6c	697
	6d	1507
	6e	4
	6f	1511
	6g(1)	1307
6g(2)	1511	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	195

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 2 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 **08/01/2023** and ending **07/31/2024**

A Name of plan EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN	D Employer Identification Number (EIN) 37-6085017

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

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02181	1511	08/01/2023	07/31/2024

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

(a) Total amount of commissions paid 1489	(b) Total amount of fees paid 13853
--	--

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 COMP
8403 COLESVILLE ROAD
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	
1489	13853	ASSET MANAGEMENT FEE	0

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

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

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

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	2759849

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** 2436981

c Additions: (1) Contributions deposited during the year **7c(1)** 180000
 (2) Dividends and credits **7c(2)** 156721
 (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)** 336721

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2773702

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)** 13853
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 13853

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2759849

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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)	0
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)	0
(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)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

(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 1505328
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1777675
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2) -130219
	(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) -130219
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1647456
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 121371
	(2) Administration charge made by carrier	7e(2) 20757
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4)
▶		
	(5) Total deductions	7e(5) 142128
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 1505328

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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)	0
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)	0
(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)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN	D Employer Identification Number (EIN) 37-6085017	

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

BNY MELLON 25-6078093	201 WASHINGTON STREET 14TH FLOOR BOSTON, MA 02108
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL FINANCIAL GROUP 42-0127290	711 HIGH STREET DES MOINES, IA 50392
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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)

EKON BENEFITS

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

43-1317863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 17 38 50	NONE	32498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMMERCE BANK

922 WALNUT TREE
KANSAS CITY, KS 64106

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 33 50 59 68 65	CUSTODIAN	8301	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	23748	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAVANAGH & O'HARA LLP

333 SALEM PLACE
SUITE 240
FAIRVIEW HEIGHTS, IL 62208

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	22774	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SCHEFFEL BOYLE

143 N. KANSAS STREET
EDWARDSVILLE, IL 62025

37-1206530

(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	17480	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE UNION LABOR LIFE INSURANCE CO.

8403 COLESVILLE ROAD
13TH FLOOR
SILVER SPRING, MD 20910

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	13853	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2546	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARQUETTE ASSOCIATES

180 NORTH LASALLE STREET
SUITE 3500
CHICAGO, IL 60601

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 51	NONE	9846	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

A Name of plan <u>EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN</u>	D Employer Identification Number (EIN) <u>37-6085017</u>	

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: <u>J FOR JOBS</u>		
b Name of sponsor of entity listed in (a): <u>THE UNION LABOR LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2759849</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6616027</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL REAL ESTATE INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1505328</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO MID CAP</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-341</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2855005</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO SMALL CAP</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-342</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2907030</u>
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

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b Name of plan sponsor **c** EIN-PN

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 **08/01/2023** and ending **07/31/2024**

A Name of plan EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN	D Employer Identification Number (EIN) 37-6085017	

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	347814	361327
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	350658	381648
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19437	27331
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	502222	1191423
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(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)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	10339382	12378062
(10) Value of interest in pooled separate accounts	1c(10)	4214656	4265177
(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)	8303141	10720882
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	6321	6956

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		
f Total assets (add all amounts in lines 1a through 1e)	1f	24083631	29332806
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	64813	56429
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	64813	56429
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	24018818	29276377

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)	4021148	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4021148
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	52517	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		52517
(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)	301722	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		301722
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1963680
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		8522
(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)		301535
c Other income.....	2c		1761
d Total income. Add all income amounts in column (b) and enter total.....	2d		6650885

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1269632	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1269632
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)	33845	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	17480	
(5) Investment advisory and investment management fees.....	2i(5)	37631	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	21915	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	2093	
(11) Other expenses.....	2i(11)	10730	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		123694
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1393326

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5257559
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: SCHEFFEL BOYLE

(2) EIN: 37-1206530

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

A Name of plan <u>EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN</u>	D Employer Identification Number (EIN) <u>37-6085017</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 41-6271370

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>71</u>
--	----------	-----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN

REPORT AND FINANCIAL STATEMENTS

JULY 31, 2024

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1-3
FINANCIAL STATEMENTS:	
<u>EXHIBIT</u>	
A Statements of Net Assets Available for Benefits	4
B Statements of Changes in Net Assets Available for Benefits	5
NOTES TO FINANCIAL STATEMENTS	6-14
SUPPLEMENTAL INFORMATION:	
<u>SCHEDULES</u>	
1 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Mutual Funds	15
2 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Collective Investment Trusts	16
3 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Pooled Separate Accounts	17
4 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Cash and Cash Equivalents	18
5 Schedule H, Line 4j – Schedule of Reportable Transactions	19



ALTON EDWARDSVILLE BELLEVILLE HIGHLAND
JERSEYVILLE COLUMBIA CARROLLTON

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Employers and Laborers Locals 100 & 397
Annuity Plan

Opinion

We have audited the accompanying financial statements of Employers and Laborers Locals 100 & 397 Annuity Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of July 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Employers and Laborers Locals 100 & 397 Annuity Plan as of July 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Employers and Laborers Locals 100 & 397 Annuity Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Employers and Laborers Locals 100 & 397 Annuity Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 Employers and Laborers Locals 100 & 397 Annuity Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Employers and Laborers Locals 100 & 397 Annuity Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, schedules of assets (held at end of year) as of July 31, 2024, and schedule of reportable transactions for the year ended July 31, 2024, together referred to as "supplemental information," 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.

Schuffel Boyl

Edwardsville, Illinois
May 1, 2025

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at Fair Value	\$ 28,555,544	\$ 23,359,401
Receivables:		
Employer Contributions	379,029	354,498
Accrued Interest and Dividends	27,331	19,437
Reciprocals Due from Other Funds	31,371	24,420
Total Receivables	<u>437,731</u>	<u>398,355</u>
Other Assets:		
Prepaid Expenses	6,956	6,321
Cash (Non-Interest Bearing)	361,327	347,814
Total Other Assets	<u>368,283</u>	<u>354,135</u>
Total Assets	<u>29,361,558</u>	<u>24,111,891</u>
LIABILITIES		
Reciprocals Due to Other Funds	28,752	28,260
Accounts Payable	<u>56,429</u>	<u>64,813</u>
Total Liabilities	<u>85,181</u>	<u>93,073</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 29,276,377</u>	<u>\$ 24,018,818</u>

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Net Investment Income:		
Net Appreciation in Fair Value Investments	\$ 2,040,027	\$ 244,380
Interest, Dividends, and Capital Gains	584,658	471,679
Gain on Sale of Investments	3,291	362,053
Total Investment Income	<u>2,627,976</u>	<u>1,078,112</u>
Less, Investment Expenses	(37,631)	(51,851)
Net Investment Income	<u>2,590,345</u>	<u>1,026,261</u>
Contributions:		
Employers	4,053,721	3,357,775
Reciprocals In	130,992	129,696
Reciprocals Out	(160,077)	(143,835)
Refunds - Employers'	(3,488)	(165)
Total Contributions	<u>4,021,148</u>	<u>3,343,471</u>
Other Income	<u>1,761</u>	<u>6,063</u>
Total Additions	<u>6,613,254</u>	<u>4,375,795</u>
DEDUCTIONS		
Benefits Paid Directly to Participants	<u>1,269,632</u>	<u>2,221,744</u>
Administrative Expenses:		
Audit Fees	17,480	34,700
Legal Fees	21,915	20,140
Administrative Fees	33,845	26,415
Compliance Services	3,949	1,497
Insurance	6,621	5,607
Printing and Postage	160	514
Membership Fees	2,093	1,081
Total Administrative Expenses	<u>86,063</u>	<u>89,954</u>
Total Deductions	<u>1,355,695</u>	<u>2,311,698</u>
Net Increase	5,257,559	2,064,097
Net Assets Available for Benefits,		
Beginning of Year	<u>24,018,818</u>	<u>21,954,721</u>
End of Year	<u>\$ 29,276,377</u>	<u>\$ 24,018,818</u>

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Employers and Laborers Locals 100 & 397 Annuity Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a defined benefit contribution plan covering many construction industry members of Locals 100 & 397 Laborers Unions of East St. Louis and Granite City, Illinois. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). It began operations effective August 1, 2002.

B. Contributions

On a monthly basis, participating employers, covered under the collective bargaining agreements with Locals 100 & 397, remit \$7.50 (\$6.50 in 2023) for regular hours, \$11.25 (\$9.75 in 2023) for time and one-half and \$15.00 (\$13.00 in 2023) for double time per hour worked per participant. Employee or participant contributions into the Plan are prohibited, except for rollover contributions. Rollovers to the Plan are accepted and the participant may withdraw rollover monies any time.

C. Participant Accounts

Each participant has an individual account maintained, which is credited with the employers' contributions. Per the approved plan document, all participants are credited with their appropriate share of the Plan's earnings on each valuation date based on a proportion of each participant's weighted account balance to the total of the weighted account balances for all participants. Also, plan expenses are allocated annually to each participant's account. Plan expenses not directly credited to specific participant's shall first be reduced by the forfeiture account. The remaining expenses shall be allocated among the individual participant accounts either proportionately to the account balance of each participant as compared to the whole or allocated equally to each participant.

D. Vesting

Participants become 100% vested after they have earned one hour of vesting service. If the participants' contributions are to be reported on some basis other than hours worked, they will become vested when the first dollar (\$1.00) of contributions are made on their behalf.

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN (CONT'D)

E. Reciprocals from (to) Other Funds

In accordance with agreements in place between Employers and Laborers Locals 100 & 397 and other Laborers' local unions, contributions earned by members of Employers and Laborers Locals 100 & 397 while working in other local union jurisdictions are remitted to the Plan and counted towards those members' eligibility in the Plan. Similarly, contributions received by the Plan for hours worked by members of other local union jurisdictions while working in the Employers and Laborers Locals 100 & 397 jurisdiction are due to the respective members' local union office. Reciprocity earned or due but not received or paid as of the financial statement date have been reported as a receivable or payable.

F. Payment of Benefits

A participant would be eligible for benefit payments based on the following:

- Retirement subject to the Plan, either normal or early, with early retirement established as attainment of age 55 and five (5) years of service.
- Death of the participant.
- Total and permanent disability subject to the provision of the Plan.
- Absence from covered employment for two consecutive plan years of zero hours.
- Hardship distributions under certain conditions.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

C. Cash and Concentrations of Cash

Cash consists of two non-interest bearing demand deposit accounts. One of the cash accounts is an agency account held by Ekon Benefits, the third-party administrator, for the benefit of their plan clients. Cash held by Ekon Benefits at July 31, 2024 and 2023 was \$331,941 and \$-0-, respectively. Cash balances are secured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At times, the balance in the accounts may exceed federally insured limits.

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

D. 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 Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for discussion of fair value measurements.

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

E. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

F. Employer Contributions Receivable

Employer contributions receivable represent employer contributions due to the Plan for benefits earned by participants prior to the end of the Plan year, but not yet remitted to the Plan. Employer contributions receivable are carried at reported amounts less an estimate made for doubtful receivables based on a review of outstanding amounts. Management determines the allowance for expected credit losses by regularly evaluating individual employer receivables and considering an employer's financial condition and payment history, and current economic conditions. Employer contributions receivable are written off when deemed uncollectible. Management is of the opinion that no allowance is necessary as of July 31, 2024 and 2023.

G. 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. 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.

H. Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

NOTE 3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

FASB ASC 820, *Fair Value Measurements*, provides a framework for measuring fair value that requires an entity to determine fair value based on exit price in the principal market for the asset or liability being measured. Fair value is defined as the exchange price that would be received on the measurement date to sell an asset or the price paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The guidance also established a three level fair value hierarchy that describes the inputs that are used to measure assets and liabilities.

Level 1 asset and liability fair values are based on quoted prices in active markets for identical assets and liabilities.

Level 2 asset and liability fair values are based on observable inputs that include: quoted market prices for similar assets or liabilities; quoted market prices that are not in an active market; or other inputs that are observable in the market and can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 assets and liabilities are financial instruments whose value is calculated by the use of pricing models and/or discounted cash flow methodologies, as well as financial instruments for which the determination of fair value requires significant judgment or estimation.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following describes the valuation methodologies the Plan uses to measure the financial instruments at fair value. There have been no changes in the methodologies used at July 31, 2024 and 2023.

Cash and Cash Equivalents

Cash and cash equivalents are held in money market funds with a quoted Net Asset Value that represents fair value of the funds, resulting in a Level 1 classification.

Mutual Funds

Mutual funds are stated at fair value based on the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds are deemed to be actively traded, resulting in a Level 1 classification.

Other

Investments in collective investment trusts and pooled separate accounts are valued as a practical expedient utilizing the net asset valuation and have not been classified in the fair value hierarchy.

The collective investment trusts and pooled separate accounts are valued at the net asset value of units of participation held by the Plan at year-end based on the collective investment trusts and pooled separate accounts' underlying assets.

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

The following tables set forth, by level within the fair value hierarchy, the Fund's investments at fair value as of July 31, 2024 and 2023:

<u>July 31, 2024</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and Cash Equivalents	\$ 1,191,423	\$ 1,191,423	\$ -	\$ -
Mutual Funds	10,720,882	10,720,882	-	-
Total	11,912,305	\$ 11,912,305	\$ -	\$ -
*Investments measured at NAV	16,643,239			
Investments at Fair Value	<u>\$ 28,555,544</u>			
<u>July 31, 2023</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and Cash Equivalents	\$ 502,222	\$ 502,222	\$ -	\$ -
Mutual Funds	8,303,141	8,303,141	-	-
Total	8,805,363	\$ 8,805,363	\$ -	\$ -
*Investments measured at NAV	14,554,038			
Investments at Fair Value	<u>\$ 23,359,401</u>			

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended July 31, 2024 and 2023, there were no significant transfers in or out of Level 1, 2 or 3.

Fair Value of Investments That Calculate NAV

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of July 31, 2024 and 2023, respectively.

<u>July 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
BNYMM Afl-Cio SI Sif Stock Index Fund UC1	\$ 6,616,027	N/A	Daily	1 Day
BNYMM Afl-Cio SI Mid Cap Sif UC1	2,855,005	N/A	Daily	1 Day
BNYMM Afl-Cio SI Sm Cap UCI	2,907,030	N/A	Daily	1 Day
Principal Real Estate Inv				
U.S. Property Separate Acct	1,505,328	N/A	Quarterly	90 Days
Ullico Separate Account J	2,759,849	N/A	Monthly or Quarterly	60-90 Days
	<u>\$ 16,643,239</u>			

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

Fair Value of Investments That Calculate NAV (Cont'd)

<u>July 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
BNYMM Afl-Cio SI Sif Stock Index Fund UC1	\$ 5,801,914	N/A	Daily	1 Day
BNYMM Afl-Cio SI Mid Cap Sif UC1	2,248,032	N/A	Daily	1 Day
BNYMM Afl-Cio SI Sm Cap UCI	2,289,436	N/A	Daily	1 Day
Principal Real Estate Inv				
U.S. Property Separate Acct	1,777,675	N/A	Quarterly	90 Days
Ullico Separate Account J	2,436,981	N/A	Monthly or Quarterly	60-90 Days
	<u>\$ 14,554,038</u>			

The following summarizes the investment strategy for each of the Plan's investments in the table presented above:

BNYM Mellon AFL-CIO SL Stock Index Fund

The BNYM Mellon AFL-CIO SL Stock Index Fund is a collective investment trust whose investment objective is to track the performance of the S&P 500 Index. The Fund will seek to match the performance of the Index by investing in a portfolio of large capitalization equity securities. The Fund is constructed to mirror the index to provide long-term capital growth.

BNYM Mellon AFL-CIO SL Mid Cap Stock Index Fund

The BNYM Mellon AFL-CIO SL Mid Cap Stock Index Fund is a collective investment trust whose investment objective is to track the performance of the S&P MidCap 400 Index. The Fund will seek to match the performance of the Index by investing in a portfolio of mid-capitalization equity securities. The Fund is constructed to mirror the index to provide long-term capital growth.

BNYM Mellon AFL-CIO SL Small Cap Stock Index Fund

The BNYM Mellon AFL-CIO SL Small Cap Stock Index Fund is a collective investment trust whose investment objective is to track the performance of the Russell 2000 Index. The Fund will seek to match the performance of the Index by investing in a portfolio of small capitalization equity securities. The Fund is constructed to mirror the index to provide long-term capital growth.

Principal U.S. Property Separate Account

The Principal U.S. Property Separate Account is an open-end, commingled real estate separate account sponsored by Principal Life Insurance Company and managed by Principal Real Estate Investors. The Separate Account is a diversified real estate equity portfolio consisting primarily of high quality, well-leased real estate properties in multifamily, industrial, office, retail and hotel sectors.

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

Ullico J Separate Account

The Ullico J Separate Account is an insurance company pooled separate account available through the purchase of a group annuity contract issued by Union Labor Life. The account consists primarily of construction and permanent mortgage loans issued for U.S. commercial properties. The valuation of mortgages held in the portfolio is performed generally by determining the appropriate discount rate for each mortgage as of the valuation date and applying that rate to discount the future payments to present value.

NOTE 4. INVESTMENTS

The Plan had the following investments at July 31, 2024 and 2023, which represent 5% or more of the Plan's net assets:

July 31, 2024

<u>Description of Asset</u>	<u>Adjusted Cost</u>	<u>Market Value</u>
BNYMM Afl-Cio SI Sif Stock Index Fund UCI	\$4,874,740	\$6,616,027
BNYMM Afl-Cio SI Mid Cap Sif UC1	2,214,836	2,855,005
BNYMM Afl-Cio SI Small Cap UCI	2,239,777	2,907,030
Commerce Bond Fund	8,718,559	7,968,018
Principal Real Estate Inv U.S. Property Separate Acct	1,320,163	1,505,328
Ullico Separate Account J	2,320,340	2,759,849

July 31, 2023

<u>Description of Asset</u>	<u>Adjusted Cost</u>	<u>Market Value</u>
BNYMM Afl-Cio SI Sif Stock Index Fund UCI	\$5,224,558	\$5,801,914
BNYMM Afl-Cio SI Mid Cap Sif UC1	1,989,836	2,248,032
BNYMM Afl-Cio SI Small Cap UCI	1,989,777	2,289,436
Commerce Bond Fund	7,015,465	6,108,480
Principal Real Estate Inv U.S. Property Separate Acct	1,425,000	1,777,675
Ullico Separate Account J	2,136,917	2,436,981

NOTE 5. TRUST AGREEMENT

The Plan's contributions are collected through a trust agreement with Commerce Bank. All employers' remittances and participant rollover contributions are deposited therein. The plan administrator, on a monthly basis, allocates the various contributions among Pension, Health & Welfare, Annuity, and any miscellaneous sub-accounts as required by the collective bargaining agreements.

NOTE 6. PLAN TERMINATION

Although it has not been expressed any intent to do so, the Plan has the right to discontinue acceptance of its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In such a case, each participant shall have a non-forfeitable right to a share of the assets then remaining after providing for the expenses of the Plan. No part of the assets shall be returned to any contributing employer.

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 7. TAX STATUS

The Plan obtained its latest determination letter on August 4, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan was restated effective January 1, 2015. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the U.S. federal tax authorities. The Plan has analyzed the tax positions taken or expected to be taken by the Plan and has concluded that there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or that require disclosure in the financial statements. The Plan is subject to routine audits by the federal tax authorities; however, there are currently no audits on any tax periods in progress.

NOTE 8. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Plan is a related party to the Employers and Laborers Locals 100 & 397 Health & Welfare Fund and Pension Fund. They share a common trust account used for employer contributions. No interfund balances exist nor were there any shared expenses for the years ended July 31, 2024 and 2023.

Ekon Benefits, the third-party plan administrator, is also the Plan consultant and the computer programmer. Ekon Benefits also handles the same functions for Employers and Laborers Locals 100 & 397 Pension and Health and Welfare Funds. Fees incurred by the Plan for Ekon's services amounted to \$33,845 and \$26,415 for the years ended July 31, 2024 and 2023, respectively.

Effective August 1, 2023, Ekon Benefits entered into an agency agreement with the Plan to serve as an agent for the purpose of (a) distributing and processing the payments of benefits and expenses, (b) accepting for deposit and allocating contributions received, (c) collecting any fees made available and payable from the various investments, and (4) execution of trade requests, with the Plan and among the various investment options.

A party-in-interest is defined under the Department of Labor regulations as any fiduciary of the Plan or any party rendering services to the Plan. The Plan pays expenses related to Plan operations and investment activity to various service providers. Therefore, payments to such service providers by the Plan qualify as party-in-interest transactions.

The Plan paid for the following services for the years ended July 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Audit Fees	\$ 17,480	\$ 34,700
Legal Fees	21,915	20,140
Investment Advisor Fees	37,631	51,851
Compliance Services	3,949	1,497
Insurance	6,621	5,607
	<u>\$ 87,596</u>	<u>\$ 113,795</u>

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

EMPLOYERS AND LABORERS LOCALS 100 & 397
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 9. CONCENTRATIONS

For the years ended July 31, 2024 and 2023, the Plan had two and one employers, respectively, who remitted over 5% of the contributions:

	2024	2023
RCS Construction	\$ 235,598	\$ 194,836
Keeley & Sons	213,256	

NOTE 10. RISKS AND UNCERTAINTIES

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

NOTE 11. PLAN AMENDMENTS

The Plan was amended to change the RMD to age 73, if the participant reaches age 72 on or after January 1, 2023 as a result of the *Setting Every Community Up for Retirement Enhancement Act of 2022* ("SECURE Act 2.0").

NOTE 12. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through May 1, 2025, which is the date the financial statements were available to be issued. After year-end, the Plan approved a change to implement daily valuation of investments. The Plan will submit a redemption request for the Principal Real Estate fund and liquidate assets as needed to move to the daily valuation structure.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
FEIN 37-6085017 / PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MUTUAL FUNDS
JULY 31, 2024

(a)	<u>Identity of Issuer, Borrower, Lessor or Similar Party</u> (b)	<u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u> (c)	<u>Cost</u> (d)	<u>Current Value</u> (e)
	Fidelity Emerging Markets Index Fund-Fai	International Equity	\$ 1,365,265	\$ 1,385,075
	Fidelity International Index Fund - Inst Prm	International Equity	1,113,475	1,367,789
	Commerce Bond Fund	Fund #333	<u>8,718,559</u>	<u>7,968,018</u>
	Total Mutual Funds		<u>\$ 11,197,299</u>	<u>\$ 10,720,882</u>

Note: There were no parties in interest.

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
FEIN 37-6085017 / PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
COLLECTIVE INVESTMENT TRUSTS
JULY 31, 2024

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	BNYMM Afl-Cio SI Sif Stock Index Fund UC1	Collective Investment Trusts	\$ 4,874,740	\$ 6,616,027
	BNYMM Afl-Cio SI Mid Cap Sif UC1	Collective Investment Trusts	2,214,836	2,855,005
	BNYMM Afl-Cio SI Sm Cap UCI	Collective Investment Trusts	<u>2,239,777</u>	<u>2,907,030</u>
	Total Collective Investment Trusts		<u>\$ 9,329,353</u>	<u>\$ 12,378,062</u>

Note: There were no parties in interest.

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
FEIN 37-6085017 / PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
POOLED SEPARATE ACCOUNTS
JULY 31, 2024

(a)	<u>Identity of Issuer, Borrower,</u> <u>Lessor or Similar Party</u> (b)	<u>Description of Investment Including</u> <u>Maturity Date, Rate of Interest,</u> <u>Collateral, Par or Maturity Value</u> (c)	<u>Cost</u> (d)	<u>Current</u> <u>Value</u> (e)
	Principal Real Estate Inv U.S. Property Separate Acct	Pooled Separate Account	\$ 1,320,163	\$ 1,505,328
	Ullico Separate Account J	Pooled Separate Account	<u>2,320,340</u>	<u>2,759,849</u>
	Total Pooled Separate Accounts		<u>\$ 3,640,503</u>	<u>\$ 4,265,177</u>

Note: There were no parties in interest

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
FEIN 37-6085017 / PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
CASH AND CASH EQUIVALENTS
JULY 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>		<u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Financial Square TR Government	Cash and Cash Equivalents	\$ 71,398	\$ 71,398
	Financial Square TR Government	Cash and Cash Equivalents	1,025,029	1,025,029
	Financial Square TR Government	Cash and Cash Equivalents	<u>94,996</u>	<u>94,996</u>
	Total Cash and Cash Equivalents		<u>\$ 1,191,423</u>	<u>\$ 1,191,423</u>

Note: There were no parties in interest

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
 FEIN 37-6085017 / PLAN NUMBER: 002
 SCHEDULE H, LINE 41 - SCHEDULE OF REPORTABLE TRANSACTIONS
 JULY 31, 2024

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSET</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>GAIN OR (LOSS)</u> (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No transactions								
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No transactions								
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
Commerce Trust	Financial Square Tr Government	\$ 5,418,465	\$ -	\$ -	-	\$ 5,418,465	\$ 5,418,465	-
Commerce Trust	Financial Square Tr Government	-	4,856,158	-	-	4,856,158	4,856,158	-
Commerce Trust	Financial Square Tr Government	2,084,651	-	-	-	2,084,651	2,084,651	-
Commerce Trust	Financial Square Tr Government	-	2,052,749	-	-	2,052,749	2,052,749	-
Commerce Trust	Commerce Bond Fund #333	1,703,094	-	-	-	1,703,094	1,703,094	-
Category 4 - Single Transaction with One Broker Exceeds 5% of Value:								
No transactions								

See accompanying independent auditor's report.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2023</p> <hr/> <p style="text-align: center;">This Form Is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____


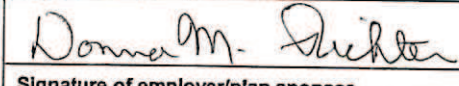
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 002</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EMPLOYERS AND LABORERS LOCAL 100 & 397 SUPPLEMENTAL ANNUITY PLAN 4940 WASHINGTON BLVD SAINT LOUIS MO 63108-1621</p>	<p>1c Effective date of plan 08/01/2002</p> <p>2b Employer Identification Number (EIN) 37-6085017</p> <p>2c Plan Sponsor's telephone number 314-367-6555</p> <p>2d Business code (see instructions) 237990</p>

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

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

SIGN HERE		4-28-25	Robert Green
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4-29-25	Donna Richter
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">1,307</td> </tr> </table>	5	1,307																															
5	1,307																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">677</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">786</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">24</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">697</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">1,507</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">1,511</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td style="text-align: right;">1,307</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td style="text-align: right;">1,511</td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)		677	6a(2)		786	6b		24	6c		697	6d		1,507	6e		4	6f		1,511	6g(1)		1,307	6g(2)		1,511	6h		0
6a(1)		677																																
6a(2)		786																																
6b		24																																
6c		697																																
6d		1,507																																
6e		4																																
6f		1,511																																
6g(1)		1,307																																
6g(2)		1,511																																
6h		0																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">195</td> </tr> </table>	7	195																															
7	195																																	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 2 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
 FEIN 37-6085017 / PLAN NUMBER: 002
 SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
 JULY 31, 2024

IDENTITY OF PARTY INVOLVED (a)	DESCRIPTION OF ASSET (b)	PURCHASE PRICE (c)	SELLING PRICE (d)	LEASE RENTAL (e)	EXPENSE INCURRED WITH TRANSACTION (f)	COST OF ASSET (g)	CURRENT VALUE OF ASSET ON TRANSACTION DATE (h)	GAIN OR (LOSS) (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No transactions								
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No transactions								
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
Commerce Trust	Financial Square Tr Government	\$ 5,418,465	\$ -	\$ -	-	\$ 5,418,465	\$ 5,418,465	\$ -
Commerce Trust	Financial Square Tr Government	-	4,856,158	-	-	4,856,158	4,856,158	-
Commerce Trust	Financial Square Tr Government	2,084,651	-	-	-	2,084,651	2,084,651	-
Commerce Trust	Financial Square Tr Government	-	2,052,749	-	-	2,052,749	2,052,749	-
Commerce Trust	Commerce Bond Fund #333	1,703,094	-	-	-	1,703,094	1,703,094	-
Category 4 - Single Transaction with One Broker Exceeds 5% of Value:								
No transactions								

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
FEIN 37-6085017 / PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MUTUAL FUNDS
JULY 31, 2024

(a)	<u>Identity of Issuer, Borrower, Lessor or Similar Party</u> (b)	<u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u> (c)	<u>Cost</u> (d)	<u>Current Value</u> (e)
	Fidelity Emerging Markets Index Fund-Fai	International Equity	\$ 1,365,265	\$ 1,385,075
	Fidelity International Index Fund - Inst Prm	International Equity	1,113,475	1,367,789
	Commerce Bond Fund	Fund #333	<u>8,718,559</u>	<u>7,968,018</u>
	Total Mutual Funds		<u>\$ 11,197,299</u>	<u>\$ 10,720,882</u>

Note: There were no parties in interest.

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
FEIN 37-6085017 / PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
COLLECTIVE INVESTMENT TRUSTS
JULY 31, 2024

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	BNYMM Afl-Cio SI Sif Stock Index Fund UC1	Collective Investment Trusts	\$ 4,874,740	\$ 6,616,027
	BNYMM Afl-Cio SI Mid Cap Sif UC1	Collective Investment Trusts	2,214,836	2,855,005
	BNYMM Afl-Cio SI Sm Cap UCI	Collective Investment Trusts	<u>2,239,777</u>	<u>2,907,030</u>
	Total Collective Investment Trusts		<u>\$ 9,329,353</u>	<u>\$ 12,378,062</u>

Note: There were no parties in interest.

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
FEIN 37-6085017 / PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
POOLED SEPARATE ACCOUNTS
JULY 31, 2024

(a)	<u>Identity of Issuer, Borrower,</u> <u>Lessor or Similar Party</u> (b)	<u>Description of Investment Including</u> <u>Maturity Date, Rate of Interest,</u> <u>Collateral, Par or Maturity Value</u> (c)	<u>Cost</u> (d)	<u>Current</u> <u>Value</u> (e)
	Principal Real Estate Inv U.S. Property Separate Acct	Pooled Separate Account	\$ 1,320,163	\$ 1,505,328
	Ullico Separate Account J	Pooled Separate Account	<u>2,320,340</u>	<u>2,759,849</u>
	Total Pooled Separate Accounts		<u>\$ 3,640,503</u>	<u>\$ 4,265,177</u>

Note: There were no parties in interest

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397 ANNUITY PLAN
FEIN 37-6085017 / PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
CASH AND CASH EQUIVALENTS
JULY 31, 2024

(a)	<u>Identity of Issuer, Borrower, Lessor or Similar Party</u> (b)	<u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u> (c)	<u>Cost</u> (d)	<u>Current Value</u> (e)
	Financial Square TR Government	Cash and Cash Equivalents	\$ 71,398	\$ 71,398
	Financial Square TR Government	Cash and Cash Equivalents	1,025,029	1,025,029
	Financial Square TR Government	Cash and Cash Equivalents	94,996	94,996
	Total Cash and Cash Equivalents		<u>\$ 1,191,423</u>	<u>\$ 1,191,423</u>

Note: There were no parties in interest

See accompanying independent auditor's report.