

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 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) _____ ☐ 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 SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/27/1977
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE PL 5100 ED SMITH WAY SUITE A MARION, IL 62959 5100 ED SMITH WAY SUITE A MARION, IL 62959
2b	Employer Identification Number (EIN) 37-1037101
2c	Plan Sponsor's telephone number 618-998-1300
2d	Business code (see instructions) 237310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/25/2025	HEATHER LAUGHLAND-ETHERTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/25/2025	MATT SMITH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 846
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) 846 6a(2) 889 6b 6c 6d 889 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 383

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

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

4A 4B 4D 4E

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	501
SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE PL	37-1037101	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10276	925	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4155	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY (EASTERN STATES) 333 WEST 34TH STREET NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4155		SUPPLEMENTAL COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	337524
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE PL	37-1037101	

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

(a) Name of insurance carrier					
THE UNION LABOR LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02109		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	(b) Total amount of fees paid
1113	10356

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
THE UNION LABOR LIFE INSURANCE CO	8403 COLESVILLE 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	
	10356	ASSET MANAGEMENT FEE	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
ULLICO INVESETMENT COMPANY	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	
1113		COMMISSIONS	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

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	(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	1954156

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE PL	37-1037101	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3320, C4585	900	10/01/2023	09/30/2024

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	35892
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024	
A Name of plan SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE PL	D Employer Identification Number (EIN) 37-1037101

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02109		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 414	(b) Total amount of fees paid 3852
---	---------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE UNION LABOR LIFE INSURANCE CO 8403 COLESVILLE 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	
	3852	ASSET MANAGEMENT FEE	7

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

(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	1607602

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

Specify nature of costs ▶

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

0

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

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

7e(1)

(2) Administration charge made by carrier

7e(2)

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

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024		
A Name of plan SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE PL	D Employer Identification Number (EIN) 37-1037101	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD TOTAL STOCK MARKET INDEX	400 DEVON PARK DRIVE WAYNE, PA 19087-1815

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEUBERGER BERMAN OPTION STRATEGY	1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104-0002

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LORD ABBETT CORE FIXED INCOME	90 HUDSON STREET JERSEY CITY, NJ 07302-3973

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BAIRD CORE PLUS BOND FD INSTL	PO BOX 701 MILWAUKEE, WI 53201-0701

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

MAINSTAY MACKAY HIGH YLD CORE BD FD

PO BOX 219003
KANSAS CITY, MO 64121-9000

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

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

(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

(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)

EMPLOYEE 3

37-1037101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	169891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 1

37-1037101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	157082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 4

37-1037101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	109092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE 6

37-1037101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	107056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 7

37-1037101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 2

37-1037101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75324	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY (MIDWEST), INC

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 11	NONE	71864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDWEST REGION HEALTH & SAFETY FUND

37-1384481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	70101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVRX

224 NORTH PARK AVENUE
FREMONT, NE 68025

86-1323040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	54099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAVANAGH & OHARA, LLP

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	40285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 5

37-1037101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	EMPLOYEE	39288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTRAL LABORERS PENSION FUND

37-6052379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROMOLO & ASSOCIATES, LLC

84-2885766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERSPECTIVES, LTD

36-3444982

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	19701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	11000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024		
A Name of plan SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE		B Three-digit plan number (PN) ▶ 501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE PL		D Employer Identification Number (EIN) 37-1037101
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: ULLICO SEPARATE ACCOUNT W-1		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-209	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1954156
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE ACCOUNT R		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-206	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1607602
a Name of MTIA, CCT, PSA, or 103-12 IE: THL CREDIT BANK LOAN SELECT		
b Name of sponsor of entity listed in (a): THL CREDIT		
c EIN-PN 98-0628636-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 766425
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024		
A Name of plan SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE PL	D Employer Identification Number (EIN) 37-1037101	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1385097	1543753
(2) Participant contributions	1b(2)	605093	707415
(3) Other	1b(3)	418227	173027
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4323355	6359128
(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)	815236	766425
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3356740	3561758
(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)	8441414	9691924
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	57864	44301
f Total assets (add all amounts in lines 1a through 1e)	1f	19403026	22847731
Liabilities			
g Benefit claims payable	1g	2640800	2491200
h Operating payables	1h	1127273	1212091
i Acquisition indebtedness	1i		
j Other liabilities	1j	48420	123574
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3816493	3826865
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15586533	19020866

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)	14090867	
(B) Participants	2a(1)(B)	6768774	
(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)		20859641
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	69007	
(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)		69007
(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)	285063	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		285063
(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)		79282
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		219225
(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)		863010
c Other income	2c		251251
d Total income. Add all income amounts in column (b) and enter total	2d		22626479

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17201093	
(2) To insurance carriers for the provision of benefits.....	2e(2)	404101	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17605194
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)	829280	
(2) Contract administrator fees.....	2i(2)	210523	
(3) Recordkeeping fees.....	2i(3)	12549	
(4) IQPA audit fees.....	2i(4)	29500	
(5) Investment advisory and investment management fees	2i(5)	11000	
(6) Bank or trust company trustee/custodial fees	2i(6)	18196	
(7) Actuarial fees	2i(7)	71864	
(8) Legal fees	2i(8)	40285	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	363755	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1586952
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19192146

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3434333
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ROMOLO & ASSOCIATES, LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	185263
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☒	

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

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

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

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

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

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Southern Illinois Laborers' and Employers
Health and Welfare Fund
Marion, Illinois

Opinion

We have audited the accompanying financial statements of Southern Illinois Laborers' and Employers Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits and Benefit Obligations as of July 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits and of Changes in Benefit Obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Southern Illinois Laborers' and Employers Health and Welfare Fund as of July 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Southern Illinois Laborers' and Employers Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Delinquent Participant Contributions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and

relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in dark ink, appearing to read "Romolo & Associates LLC", is written over the printed name of the firm.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

May 9, 2025

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE 1
37-1037101 PLAN #501
JULY 31, 2024

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	VANGUARD TOT STK MKT IDX ADM	REG'D INVESTMT CO			34,468.716	\$2,080,951	\$4,571,586
	LORD ABBETT CORE FXD INCOME	REG'D INVESTMT CO			131,334.319	1,353,498	1,221,409
	BAIRD CORE PLUS BOND FD INSTL	REG'D INVESTMT CO			246,918.784	2,812,413	2,516,102
	MAINSTAY HIGH YLD CORE BD FD	REG'D INVESTMT CO			132,779.865	687,774	690,455
	NEUBERGER BERMAN OPT STRAT	REG'D INVESTMT CO			26,548	683,224	692,372
	TOTAL					\$7,617,860	\$9,691,924
	ULLICO SEPARATE ACCOUNT W-1	POOLED SEP ACCT			1,099,403.374	\$826,121	\$1,954,156
	ULLICO SEPARATE ACCOUNT R	POOLED SEP ACCT			420,383.575	1,775,000	1,607,602
	TOTAL					\$2,601,121	\$3,561,758
	THL CREDIT BANK LOAN SELECT FD	COMMON TRUST			328,180	\$1,075,000	\$766,425
	BANTERRA BANK	CERT OF DEPOSIT- WELF	09/07/2024	4.75%	118,483.33	\$118,483	\$118,483
	BANTERRA BANK	CERT OF DEPOSIT-VAC	09/07/2024	4.75%	130,356.65	\$130,357	\$ 130,357
	BANTERRA BANK – GENERAL CKG	INT-BEARING CASH- WELF			2,749,048.14	\$2,749,048	\$2,749,048
	BANTERRA BANK – PAYROLL CKG	INT-BEARING CASH- WELF			26.32	27	27
	BANTERRA BANK – CLAIMS CKG	INT-BEARING CASH- WELF			1.81	2	2
	BANTERRA BANK – CLEARING CKG	INT-BEARING CASH- WELF			1,309.08	1,309	1,309
	TOTAL					\$2,750,386	\$2,750,386
	BANTERRA BANK – VACATION CKG	INT-BEARING CASH- VAC			3,316,356.40	\$3,316,356	\$3,316,356
	FIRST AM INST PRIME OB FD CL Z	MONEY MARKET			43,546.18	\$43,546	\$43,546
	TOTAL ASSETS					\$17,653,108	\$20,379,235

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

SCHEDULE 2

37-1037101 PLAN #501

FOR THE YEAR ENDED JULY 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitutes Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$185,263	\$ -	\$ -

**SOUTHERN ILLINOIS LABORERS'
AND EMPLOYERS
HEALTH AND WELFARE FUND
FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023**

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Southern Illinois Laborers' and Employers
Health and Welfare Fund
Marion, Illinois

Opinion

We have audited the accompanying financial statements of Southern Illinois Laborers' and Employers Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits and Benefit Obligations as of July 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits and of Changes in Benefit Obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Southern Illinois Laborers' and Employers Health and Welfare Fund as of July 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Southern Illinois Laborers' and Employers Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Delinquent Participant Contributions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and

relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in dark ink, appearing to read "Romolo & Associates LLC", is written over the printed name of the firm.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

May 9, 2025

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****STATEMENT A****JULY 31, 2024 AND 2023**

	ASSETS	
	<u>2024</u>	<u>2023</u>
Investments, at Fair Value		
Registered Investment Companies	\$ 9,691,924	\$ 8,441,414
Pooled Separate Account	3,561,758	3,356,740
Common Trust	766,425	815,236
Certificates of Deposit - Welfare	118,483	114,335
Certificates of Deposit - Vacation	130,357	125,792
Cash - Interest Bearing - Welfare	2,750,386	1,416,512
Cash - Interest Bearing - Vacation	3,316,356	2,647,058
Money Market Funds	43,546	19,658
Total Investments	<u>\$ 20,379,235</u>	<u>\$ 16,936,745</u>
Receivables		
Participating Employers' Contributions	\$ 1,543,753	\$ 1,385,097
Participants' Contributions - Vacation	707,415	605,093
Medical Refund Receivables	-	453
Stop Loss Reimbursements Receivable	-	310,713
Pharmacy Rebate Receivable	120,279	71,121
Accrued Interest - Welfare	192	86
Accrued Interest - Vacation	1,040	840
Related Parties	18,560	16,416
Total Receivables	<u>\$ 2,391,239</u>	<u>\$ 2,389,819</u>
Prepaid Expenses	<u>\$ 32,956</u>	<u>\$ 18,598</u>
Fixed Assets	<u>\$ 44,301</u>	<u>\$ 57,864</u>
Total Assets	<u><u>\$ 22,847,731</u></u>	<u><u>\$ 19,403,026</u></u>
LIABILITIES		
Accounts Payable for Administrative Expenses	\$ 301,888	\$ 275,670
Unearned Revenues	123,574	48,420
Payable to Claims Administrators	910,203	851,603
Total Liabilities	<u>\$ 1,335,665</u>	<u>\$ 1,175,693</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 21,512,066</u></u>	<u><u>\$ 18,227,333</u></u>

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****STATEMENT B****FOR THE YEARS ENDED JULY 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net Appr (Depr) in Fair Market Value of Investments	\$ 1,161,517	\$ 294,982
Dividends	285,063	277,696
Capital Gains Distributions	-	499
Securities Litigation Proceeds	-	80
Interest	60,164	32,844
Interest - Vacation	8,843	6,040
Total Investment Income (Loss)	\$ 1,515,587	\$ 612,141
Less Investment Fees	(18,196)	(18,255)
Net Investment Income (Loss)	\$ 1,497,391	\$ 593,886
Contributions		
Participating Employers	\$ 14,090,867	\$ 13,104,219
Participants - Vacation	6,518,152	5,358,633
Participants - Welfare	250,622	255,347
Total Contributions	\$ 20,859,641	\$ 18,718,199
Administrative Services	\$ 229,890	\$ 222,999
Miscellaneous Receipts	152	156
Liquidated Damages	21,209	29,682
TOTAL ADDITIONS	\$ 22,608,283	\$ 19,564,922
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Claims Paid - Welfare	\$ 11,632,324	\$ 14,202,542
Premiums Paid - Welfare	404,101	336,102
Benefits Paid to Participants - Vacation	5,718,369	4,837,359
Administrative Expenses - Note 17	1,568,756	1,470,714
TOTAL DEDUCTIONS	\$ 19,323,550	\$ 20,846,717
Net Increase (Decrease)	\$ 3,284,733	\$ (1,281,795)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	\$ 18,227,333	\$ 19,509,128
END OF YEAR	\$ 21,512,066	\$ 18,227,333

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**STATEMENTS OF BENEFIT OBLIGATIONS****STATEMENT C****JULY 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Claims Payable and Claims Incurred But Not Reported	\$ 2,491,200	\$ 2,640,800
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Accumulated Eligibility Credits	<u>7,897,400</u>	<u>8,195,900</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>\$ 10,388,600</u>	<u>\$ 10,836,700</u>
Postretirement Benefit Obligations		
Retired Plan Participants	\$ -	\$ -
Other Plan Participants Fully Eligible for Benefits	194,687	510,667
Other Plan Participants Not Yet Fully Eligible for Benefits	<u>292,495</u>	<u>627,670</u>
Total Postretirement Benefit Obligations	<u>\$ 487,182</u>	<u>\$ 1,138,337</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 10,875,782</u></u>	<u><u>\$ 11,975,037</u></u>

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED JULY 31, 2024 AND 2023****STATEMENT D**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance at Beginning of Year	\$ 2,640,800	\$ 2,675,300
Claims Reported and Approved for Payment	11,482,724	14,168,042
Claims Paid	<u>(11,632,324)</u>	<u>(14,202,542)</u>
Balance at End of Year	<u>\$ 2,491,200</u>	<u>\$ 2,640,800</u>
Other Obligations for Current Benefit Coverage, at Estimated Amounts		
Balance at Beginning of Year	\$ 8,195,900	\$ 6,607,200
Net Change During Year: Accumulated Eligibility Credit	<u>(298,500)</u>	<u>1,588,700</u>
Balance at End of Year	<u>\$ 7,897,400</u>	<u>\$ 8,195,900</u>
Total Obligations for Current Benefit Coverage	<u>\$ 10,388,600</u>	<u>\$ 10,836,700</u>
Postretirement Benefit Obligations		
Balance at Beginning of Year	\$ 1,138,337	\$ 628,184
Increase (Decrease) Attributed To		
Actuarial Experience (Gain)	-	(69,246)
Interest	-	-
Change in Assumptions	(831,822)	495,396
Plan Amendments	-	-
Benefits Earned Net of Benefits Paid	<u>180,667</u>	<u>84,003</u>
Balance at End of Year	<u>\$ 487,182</u>	<u>\$ 1,138,337</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 10,875,782</u>	<u>\$ 11,975,037</u>

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN

The following description of the Southern Illinois Laborers' and Employers Health and Welfare Fund (the Plan) provides only general information. Participants should refer to the various Summary Plan Descriptions for more information regarding the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare fund that provides health and other benefits covering all eligible participants of participating employers. The Plan and related trust were established in 1977, pursuant to a collective bargaining agreement between the employers and various local unions. It is maintained by contributions of employers based on a rate per hour or a flat monthly rate of eligible participants in accordance with collective bargaining and participation agreements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Administration of the Plan is the responsibility of the joint board of trustees.

Benefits

Welfare

The Plan provides health benefits (medical, hospital, surgical, prescription drug, dental, and vision) and life insurance coverage to eligible participants, and to their beneficiaries and covered dependents. Retired participants are entitled to certain benefits until they attain age 65 provided they qualify and pay the appropriate premium.

	<u>2024</u>	<u>2023</u>
Health Care Claims (Net of Claims Refunds)	\$ 10,927,868	\$ 13,338,404
Prescription Claims (Net of Refunds)	1,387,242	1,550,388
PPO Expense	232,336	368,887
Perspectives Insurance Premiums	19,701	18,955
Medical Records Fees	40	24,913
Stop Loss Reimbursements	(933,621)	(1,090,378)
Subrogation	(1,242)	(8,627)
Total Benefits Paid to Participants	<u>\$ 11,632,324</u>	<u>\$ 14,202,542</u>

The Plan also provides health benefits to participants during periods of unemployment, provided they have accumulated in the previous four quarters credit amounts (expressed in hours) in excess of the hours required for current coverage. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Vacation

Participants contribute after tax dollars through payroll deduction to the Plan. Participants are immediately vested in their account balances. The amount accumulated in each participant's account as of September 30 and March 31 of each year is paid to the participant unless the participant elects to hold the amount in the account. Total distributions made to vacation participants during the plan years ended July 31, 2024 and 2023, were \$5,718,369 and \$4,837,359, respectively. Investment income in the Plan is allocated to the

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (continued)

participant's account on September 30 and March 31 of each year. Participants are also charged a fee of 1% of their account balances, not to exceed \$2.00, on September 30 and March 31. The balances of participant accounts at July 31, 2024 and 2023, were \$3,452,009 and \$2,779,373, respectively. The accompanying financial statements are prepared on the accrual basis of accounting. Participant account balances do not reflect the contractors' July 2024 or 2023 contributions of \$707,415 and \$605,093 received in August 2024 and 2023. Also, participant account balances do not reflect the last quarter of interest income posted in October of 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits - Vacation	\$ 4,163,784	\$ 3,387,197
Less Participant Contributions Receivable - Vacation	(707,415)	(605,093)
Less Interest Not Posted	<u>(4,360)</u>	<u>(2,731)</u>
Participant Account Balances as of July 31, 2024 and 2023 - Vacation	<u>\$ 3,452,009</u>	<u>\$ 2,779,373</u>

Contributions

Welfare

Participating employers contribute various hourly rates for each hour worked or monthly premium amounts pursuant to the current collective bargaining agreement between employers and the union and various other participation agreements. Participants may contribute specified amounts, determined periodically by the Plan's board of trustees, to extend coverage when contributions for hours worked are less than the required amount to maintain eligibility. Retiree self-pay contributions are established annually by the board of trustees. During the year ended July 31, 2024, the rate ranged from \$876 to \$1,750 per month.

Vacation

Pursuant to the collective bargaining agreements, participants contribute after-tax dollars through payroll deduction to the Plan at various rates for each hour worked by plan participants.

Forfeitures

All amounts from the Vacation Fund that are not claimed within eighteen months from the date payment was required to be made to an employee, including failure to submit withdrawal elections forms, shall be withdrawn by the trustees. Effective May 16, 2019, the Plan was amended to forfeit accounts that were not claimed within thirty-six months. These forfeitures will be used to offset administrative expenses incurred by the Welfare Fund. Total forfeitures for the years ended July 31, 2024 and 2023, were \$19,290 and \$79,477, respectively. Forfeitures were temporarily suspended for eighteen months due to a change in software. Expenses for the years ended July 31, 2024 and 2023, were \$12,749 and \$10,781. The expenses and forfeitures collected were transferred to the Welfare Fund to cover the administrative costs to run the Vacation Fund.

Insured Benefits

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (continued)

Stop Loss Coverage

The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits. The Plan is self-insured up to the first \$520,000 of claims per participant per year effective January 1, 2021. Previously the Plan was self-insured up to the first \$500,000 of claims per participant. The Plan pays a premium to an insurance company with a specific deductible per plan participant of \$520,000 effective January 1, 2021, and an aggregate specific deductible per plan period of \$34,000.

Self-Insured Benefits

All other plan benefits are self-insured. The claims were processed and paid by the Plan until January 1, 2020. At this time, medical claims that are in-network or contracted with Blue Cross Blue Shield are processed by the Plan with payment remitted by Blue Cross Blue Shield. All other medical claims are processed and paid by the Plan. The disability and dental claims are processed and paid by the Plan. The claims for prescription and vision are processed by a third-party claims processor. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Termination and Amendment of the Plan

The Plan's board of trustees, as sponsor, has the right under the Plan to modify the benefits provided to active participants. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may be used for purposes other than for the exclusive benefit of the Plan's participants. Vacation Fund account balances would be paid to the participants once all expenses have been paid.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Change in Accounting Policy

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

Basis of Accounting

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's board of trustees determines the Plan's valuation policies and procedures utilizing information provided by its investment advisers, custodians, and consultants. See Note 3 for a discussion of fair value measurements.

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

Revenue Recognition

Administrative service fees and collection services fees are recorded when earned by the Plan. The administrative services are for the wages and benefits of the employees of the Plan that administer the Annuity Fund. The plan also collects employer contributions for various funds and charges a monthly service fee for the collection services.

Fixed Assets and Depreciation

Fixed assets are recorded at their cost, less accumulated depreciation. Major additions are capitalized, whereas replacements, maintenance, and repairs that do not improve or extend the lives of the respective assets are expensed currently. Depreciation of fixed assets is provided over the estimated useful lives of the assets, computed on a straight-line basis. Depreciation expense for the years ended July 31, 2024 and 2023, was \$14,879 and \$23,845, respectively.

	<u>2024</u>	<u>2023</u>
Computer Software	\$ 247,102	\$ 247,102
Equipment and Furniture	114,434	115,139
Leasehold Improvement - Marion	9,848	9,848
Less Accumulated Depreciation	(327,083)	(314,225)
Total Fixed Assets	<u>\$ 44,301</u>	<u>\$ 57,864</u>

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Receivables

Welfare

The receivables for employer contributions at July 31, 2024 and 2023, consists of amounts collected in the succeeding months for work performed prior to July 31, 2024 and 2023. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of July 31, 2024 and 2023, the allowance for credit losses was insignificant. The Plan does maintain an on-going audit program to collect these amounts.

Self-pay receivables are payments for coverage in July 2024 and 2023, received after the plan year.

Vacation

The receivable for participant contributions at July 31, 2024 and 2023, consists of amounts for hours worked as of July 31, 2024 and 2023, of which \$707,415 and \$605,093 were collected in the succeeding months. Delinquent contributions receivable may exist at July 31, 2024 and 2023. However, due to the uncertainty of the amount and collectability, none has been accrued as receivable. The Plan does maintain an on-going audit program to collect these amounts.

Reciprocity Agreements

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

For the years ended July 31, 2024 and 2023, the Plan remitted \$663,837 and \$789,537, respectively, of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employer contributions in the Statements of Changes in Net Assets Available for Benefits. No allowance for credit losses as of July 31, 2024 or 2023, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employer contributions in the Statements of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year end are included in the respective employer contributions receivable and accounts payable in the Statements of Net Assets Available for Benefits.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. The Plan shares certain administrative expenses with the annuity plan. In computing these allocated costs, various factors were considered, including the time spent, costs incurred, and volume of transactions relating to the Plan in relation to the other plan (see related party note). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Stop Loss

Premiums for stop loss insurance are included in premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits. Stop loss refunds totaling \$933,621 and \$1,090,378 for the years ended July 31, 2024 and 2023, have been netted with claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Refunds

Refunds due from the Plan's PBM are recorded when known. Refunds due as of the financial statement date have been reported as a receivable with the offset being netted against claims paid. Pharmacy refunds totaling \$351,177 and \$287,316 for the years ended July 31, 2024 and 2023, have been netted with claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Payment of Benefits

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

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying Statements of Net Assets Available for Benefits.

Postretirement Benefits

A postretirement benefit obligation has been recognized for future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participant service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. Currently, retirees are required to contribute between \$876 and \$1,750 per month to the plan. The obligations represent the amounts that are expected to be funded by contributions from the participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

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

For measurement purposes, a 7.50% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024; the rate was assumed to gradually decrease to 4.50% until 2034. Last year, the assumed trend was 7.50% graded down to 4.5% until 2033.

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The following were other significant assumptions used in the valuations as of July 31, 2024 and 2023:

Discount Rate:	5.00% - 2024; 5.00% - 2023
Postretirement Mortality Rate:	2024: 105% for males and 95% for females of the PRI-2012 Headcount-weighted Blue Collar Healthy Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. 2023: 105% for males and 95% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.

Average Retirement Ages for 2024 and 2023: See Table Below

As of 7/31/2024:		As of 7/31/2023:	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
53-57	4%	53-57	4%
58-59	10%	58-59	10%
60	15%	60	15%
61	10%	61	10%
62-66	40%	62-66	40%
67+	100%	67+	100%

	<u>2024</u>	<u>2023</u>
Plan Benefits Before Reduction for Retiree Contributions	\$ 759,786	\$ 3,137,572
Less Projected Retiree Contributions	(272,604)	(1,999,235)
Net Obligation	<u>\$ 487,182</u>	<u>\$ 1,138,337</u>

The weighted-average balance health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of July 31, 2024 and 2023, by \$50,833 and \$110,112, respectively.

The Plan provisions underlying this valuation are the same as those used in the prior valuation.

Plan obligations had been expected to increase \$180,667 due to normal plan operations, which consist of continuing accruals for active members, plus interest on the total obligation, less expected benefit payments.

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The difference between the actual and expected change was the net effect of several factors:

- Valuation assumption changes decreased obligations \$831,822. This was primarily the result of decreasing the percent assumed to participate in the plan from 10% to 2%. Other changes include updating the valuation-year per capita health costs, the contribution rates remaining unchanged rather than increasing as expected, and modifying the future trend on health costs and retiree contribution rates. The discount rate remained unchanged. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

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

Other Plan Benefits

Plan obligations other than postretirement benefit obligations at July 31, 2024 and 2023, for health claims incurred by active participants but not reported at that date and for accumulated eligibility of participants are estimated by the Plan's actuary. Such estimated amounts are reported in the accompanying Statements of Benefit Obligations at estimated present value. The Plan has determined the amount of the accumulated eligibility by multiplying the anticipated cost per participant per month, times the number of participants and months of eligibility accumulated at July 31, 2024 and 2023. Health claims incurred by retired participants but not reported at year-end are included in the postretirement benefit obligation. These amounts are paid by the Plan only if claims are submitted and approved for payment.

NOTE 3: FAIR VALUE MEASUREMENTS

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

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements

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

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

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

Certificates of Deposit: Valued on original cost as fair market value since the organization intends and has in past practice held the certificates of deposit to maturity. In the event they are redeemed prior to maturity they may be subject to a penalty.

Cash – Interest Bearing: Valued on original cost.

Money Market Funds: The money market fund is an open-end fund incorporated in the United States of America. The Fund's objective is maximum current income to the extent consistent with the preservation of capital and the maintenance of liquidity. The Fund seeks its objective by investing in high-quality short-term debt obligations. There are currently no redemption restrictions on this investment. The fair value of this investment in this category has been estimated using the net asset value (NAV) per share. There are no unfunded commitments due from the Plan.

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.

U.S. Government Securities: Valued at the closing price reported in the active market in which the bond is traded. Others are valued using pricing models maximizing the use of observable inputs for similar securities.

Pooled Separate Accounts: Valued at the net asset value of shares held by the Plan at year end. Pooled separate accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate, and mutual funds. The NAV is based on the market value of the underlying investments. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The NAV is not a publicly-quoted price in an active market. Were the Plan to initiate a full redemption of the pooled separate account, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Common Trust Funds: Valued at the NAV of units of a common trust fund. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JULY 31, 2024 AND 2023****NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the common trust funds, the investment advisors reserve the right to temporarily delay withdrawals from the funds in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2024:

	Assets at Fair Value as of July 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies	\$ 9,691,924	\$ -	\$ -	\$ 9,691,924
Certificates of Deposit - Welfare	-	-	118,483	118,483
Money Market Funds	43,546	-	-	43,546
Certificates of Deposit - Vacation	-	-	130,357	130,357
Cash Interest-Bearing - Welfare	2,750,386	-	-	2,750,386
Cash Interest-Bearing - Vacation	3,316,356	-	-	3,316,356
Total Assets in the				
Fair Value Hierarchy	15,802,212	-	248,840	16,051,052
Investments Measured at NAV				4,328,183
Total Investments at Fair Value	\$ 15,802,212	\$ -	\$ 248,840	\$ 20,379,235

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2023:

Assets at Fair Value as of July 31, 2023				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies	\$ 8,441,414	\$ -	\$ -	\$ 8,441,414
Certificates of Deposit - Welfare	-	-	114,335	114,335
Money Market Funds	19,658	-	-	19,658
Certificates of Deposit - Vacation	-	-	125,792	125,792
Cash Interest-Bearing - Welfare	1,416,512	-	-	1,416,512
Cash Interest-Bearing - Vacation	2,647,058	-	-	2,647,058
Total Assets in the				
Fair Value Hierarchy	12,524,642	-	240,127	12,764,769
Investments Measured at NAV				4,171,976
Total Investments at Fair Value	\$ 12,524,642	\$ -	\$ 240,127	\$ 16,936,745

Transfers Between 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 market value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets for the year ended July 31, 2024.

Certificates of Deposit		
	July 31, 2024	July 31, 2023
Purchases	\$ 8,713	\$ 2,303
Issuances	-	-
Transfers In	-	-
Transfers Out	-	-

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JULY 31, 2024 AND 2023****NOTE 3: FAIR VALUE MEASUREMENTS (continued)****Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements**

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs:

<u>2024</u>					
<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Certificates of Deposit	\$248,840	Original Cost	Bid/Ask Price	4.75%	N/A

<u>2023</u>					
<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Certificates of Deposit	\$240,127	Original Cost	Bid/Ask Price	2.65%	N/A

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of 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>
POOLED SEPARATE ACCOUNT:				
Separate Account W-1 [a]	\$1,954,156	-	See [a]	See [a]
Separate Account R [b]	\$1,607,602	-	See [b]	See [b]
COMMON TRUST:				
THL Credit [c]	\$766,425	-	See [c]	See [c]

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JULY 31, 2024 AND 2023****NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

July 31, 2023	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
POOLED SEPARATE ACCOUNT:				
Separate Account W-1 [a]	\$1,830,013	-	See [a]	See [a]
Separate Account R [b]	\$1,526,727	-	See [b]	See [b]
COMMON TRUST:				
THL Credit [c]	\$815,236	-	See [c]	See [c]

Pooled Separate Account**Separate Account W-1 of the Union Labor Life Insurance Company [a]**

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

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

Separate Account R of The Union Labor Life Insurance Company [b]

Separate Account R (the "Account") of the Union Labor Life Insurance Company ("Union Labor Life") is primarily a pooled fixed income fund established on October 1, 1996, and administered by Union Labor Life as a funding vehicle for group annuity contracts issued to qualified investors.

Contract holders may withdraw an amount equal to all or a portion of their investment in the Account by making a written request for redemption of their units to Union Labor Life. If a contract holder makes a redemption request in which it requests a redemption of less than 80% of its investment in the Account, Union Labor Life will make a payment to such contract holder equal to the full amount of the redemption

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

request through the redemption of the contract holder's units on the first business day following the third valuation date from the date of receipt of the redemption request. The unit value of the contract holder's units will be calculated as of the third valuation date. Union Labor Life may, in its discretion, make payments in the amount of the redemption request on the first or second valuation date following receipt of the redemption request.

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

Common Trust

THL Credit Bank Loan Select Fund [c]

The principal investment objective of the Master Fund is to seek to provide as high a level of current income and preservation of capital as is consistent with investment in U.S. dollar-denominated senior secured corporate loans and notes. The Fund expects to invest in bank loans whose senior or subordinated debt is rated below investment grade by a nationally recognized rating agency. In addition, the Fund may invest up to 10% of its assets in high yield securities.

Generally, Intertrust Fund Services (Cayman) Limited, formerly Walkers Fund Services Limited (the "Trustee"), intends to permit redemptions for investors, on the last business day of each calendar month, or 30 business days prior written notice, subject to the liquidity limit of 25% of the Plan's capital as of the redemption date.

NOTE 4: TAX STATUS

The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)9 of the Internal Revenue Code (IRC), and, accordingly, the trust's net investment income is exempt from income taxes. The trust has obtained a favorable tax determination letter from the IRS on November 22, 1978, and the plan administrator and the board of trustees believe that the trust, as amended, continues to qualify and operate in accordance with applicable provisions of the IRC.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are \$0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 4: TAX STATUS (continued)

taken by the Plan, and has concluded that as of July 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all tax years are open for examination by federal and state taxing authorities related to UBIT.

NOTE 5: PRIOR YEAR RECLASSIFICATIONS

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

NOTE 6: NON-EXEMPT TRANSACTION

During the plan year, various participating employers failed to remit the withheld participants' vacation contributions to the Plan by the due date, which is 90 days after the amounts are deducted by the employer. The total of these late contributions was \$185,263.

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 21,512,066	\$ 18,227,333
Benefit Obligations Currently Payable (Health Claims)	<u>(2,491,200)</u>	<u>(2,640,800)</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 19,020,866</u>	<u>\$ 15,586,533</u>

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

	<u>July 31, 2024</u>
Claims Paid per the Financial Statements	\$ 11,632,324
Add: Amounts Currently Payable at July 31, 2024	2,491,200
Less: Amounts Currently Payable at July 31, 2023	<u>(2,640,800)</u>
Claims Paid per Form 5500	<u>\$ 11,482,724</u>

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

Fixed assets are recorded on the financial statements at book value. The Form 5500 requires the fixed assets to be valued at current value. The Plan believes book value approximates current value; therefore, there is no difference between book value and current value on the financial statements and the Form 5500 for the current year.

NOTE 8: MEDICARE SUBSIDY

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

NOTE 9: RELATED PARTY TRANSACTIONS

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA. The expenses are recorded as administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

The Plan has an agreement with Central Laborers' Pension Fund to identify and collect delinquent contributions due to the Plan. The Pension Fund shall report delinquencies and their status to the Plan quarterly. A fifteen percent fee for the identification and collection services will be deducted from the quarterly transfer of delinquent contributions. The Pension Fund also charges a 1% collection fee for the collection of vacation contributions. The total fees paid to the Pension Fund were \$32,353 and \$41,120 for the years ended July 31, 2024 and 2023.

Administrative Services

In addition, some of the Plan's board members serve as board members of the Southern Illinois Laborers' and Employers Annuity Fund. The Plan provides administrative services to the Southern Illinois Laborers' and Employers Annuity Fund for \$10,000 per month and charges a 1% service fee for collecting employer contributions. The Annuity Fund also reimburses the Welfare Fund for postage. In addition, the Plan collects and processes all employer contributions for various other related organizations. A service fee of 1% was collected from each organization.

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JULY 31, 2024 AND 2023****NOTE 9: RELATED PARTY TRANSACTIONS (continued)**

The following amounts were reimbursed by related parties for the years ended July 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Reimbursed From		
Southern IL Laborers' & Employers Annuity - Service Fee	\$ 73,293	\$ 70,288
Southern IL Laborers' & Employers Annuity - Administrative Fee	120,000	120,000
Southern IL Laborers' & Employers Annuity - Postage Reimbursed	2,833	2,583
Service Fee Collected from Other Organizations	33,764	30,128
Total Expense Reimbursed from Other Funds	<u>\$ 229,890</u>	<u>\$ 222,999</u>

As of July 31, 2024 and 2023, the Plan had a related party receivable and payable as follows:

<u>Due From:</u>	<u>2024</u>	<u>2023</u>
Southern Illinois Laborers & Employers Annuity Fund		
Administrative Fee	\$ 10,000	\$ 10,000
Service Fee	7,821	6,396
Postage Fee	739	20
Total Due from Annuity Fund	<u>\$ 18,560</u>	<u>\$ 16,416</u>

Due To:

Central Laborers' Pension Fund - Collection Services	\$ 3,592	\$ 12,173
(Included in Accounts Payable)		

The above receivables and payables are related to normal business operations and are paid on a monthly or quarterly basis.

Lease Agreement

The Plan entered into a new lease agreement with Downstate Illinois Laborers District Council (DILLDC) on March 1, 2024. The terms of the lease as of March 1, 2024, are as follows:

- The lease term began on March 1, 2024, and terminates on February 28, 2027.
- The lease now covers both Suite A and B.
- The Plan is responsible for janitorial and utility expenses.
- The Plan will pay DILLDC monthly installments of \$7,722 payable in advance on the first day of each month.
- The lease may automatically renew on a month-to-month basis, unless either party gives written notice of termination no later than thirty days prior to the end of the term or renewal term.

Prior to the new lease agreement, the Plan was paying monthly installments of \$5,242 to DILLDC, formerly Southern and Central Illinois Laborers District Council (SCILDC). The total lease expense paid to DILLDC/SCILDC as of July 31, 2024 and 2023, was \$80,543 and \$62,900.

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 10: VACATION AND COMPENSATORY LEAVE

In accordance with full disclosure of any Plan liability for any accumulated vacation and compensatory leave, the following information is provided. As of July 31, 2024 and 2023, the employees of the Plan are entitled to additional vacation and compensatory leave. Therefore, the calculated dollar equivalent due the employees is \$49,910 and \$38,885 and is included in accounts payable.

NOTE 11: PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan's employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans in the following aspects:

- Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If the Plan stops participating in its multiemployer plans, and continues in business, the Plan could be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the plan.

The Plan's participation in a multiemployer defined benefit pension plan for the years ended December 31, 2023 and 2022, is outlined in the following table. The "EIN/PN" column provides the Employer Identification Number (EIN) and the three-digit plan number (PN). The zone status is based on information that is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65% funded; plans in the yellow zone are less than 80% funded; and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2023 and 2022 contributions.

<u>Pension Fund</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status</u>	<u>FIP/RP Status Pending/Implemented</u>	<u>Contributions</u>	<u>Most Recently Available Annual Report (Form 5500)</u>	<u>Surcharge Imposed</u>
Central Laborers' Pension Fund	37-6052379/001	Neither Endangered Nor Critical Status 1/1/2024	FIP	\$110,933	12/31/2023	Yes
		Endangered 1/1/2023	FIP	\$127,592	12/31/2022	Yes

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 11: PARTICIPATION IN MULTIEMPLOYER PLANS (continued)

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan was not listed in the previous plan's Form 5500 as providing more than 5% of the total contributions for the Plan years ended 2023 and 2022.

Defined Contribution Retirement Plan

In addition to the preceding plan, office employees are covered by the Southern Illinois Laborers' & Employers Annuity Fund. Contributions to the plan are made monthly under the terms of a participation agreement. The Plan's contributions to the annuity plan for the years ended July 31, 2024 and 2023, totaled \$59,615 and \$66,301.

Welfare Plan That Provides Postretirement Benefits

The Plan's employees are covered by the Southern Illinois Laborers' & Employers Health & Welfare Fund that provides medical benefits to eligible employees and their dependents and retirees. Contributions to the welfare plan are made monthly under the terms of a participation agreement. Contributions to this welfare plan for the years ended July 31, 2024 and 2023, totaled \$123,987 and \$133,328, respectively.

NOTE 12: PLAN AMENDMENTS

The Summary Plan Description was restated effective January 1, 2022, for the Health and Welfare Fund. The Summary Plan Description for the Vacation Fund was restated in 2017.

The Plan was amended to comply with the No Surprises Act. This amendment was effective August 1, 2022.

An amendment was signed on August 18, 2022, making vision benefits available to retirees, to be effective retroactively as of January 1, 2022.

Effective August 18, 2022, the Plan was amended to update the procedures for crediting of hours.

Also effective August 18, 2022, the Plan was amended to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA).

Effective November 3, 2022, the introductory section of the SPD was revised to show an updated listing of trustees and professionals.

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 13: LEASES

The Plan's leasing operations consist principally of the leasing of equipment under operating leases that expire over the next five years.

The following is a schedule by years of future minimum rental payments required under the above operating leases that have initial or remaining non-cancelable lease terms in excess of one year as of July 31, 2024:

<u>Year Ending</u> <u>July 31,</u>	<u>Quadient Postage</u> <u>Machine</u>	<u>Culligan Water</u>
2025	\$13,323	\$660
2026	\$13,323	\$275
2027	\$13,323	-
2028	\$13,323	-
2029	\$13,323	-

Lease expense on these leases was \$7,836 and \$7,836 for years ended July 31, 2024 and 2023.

NOTE 14: SUBSEQUENT EVENTS

Management has evaluated subsequent events through May 9, 2025, the date on which the financial statements were available to be issued.

NOTE 15: RISKS AND UNCERTAINTIES

Investment Risk

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

Concentration of Revenue

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

Benefit Obligations

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JULY 31, 2024 AND 2023****NOTE 15: RISKS AND UNCERTAINTIES (continued)**Concentration of Credit Risk

The Plan holds cash at one institution. The Federal Deposit Insurance Corporation (FDIC) insures account balances up to \$250,000. The Plan held cash in accounts as of July 31, 2024 and 2023, as follows:

	2024	
	<u>Book</u>	<u>Bank</u>
Deposits Under FDIC Insurance Coverage	\$ 11,711	\$ 250,000
Deposits Under Pass Through Coverage (Vacation)	3,316,356	3,046,834
Sweep Invested in Promontory Interfinancial Networks	2,738,675	3,113,338
Uninsured Deposits	-	11,926
Total Cash	<u>\$ 6,066,742</u>	<u>\$ 6,422,098</u>

	2023	
	<u>Book</u>	<u>Bank</u>
Deposits Under FDIC Insurance Coverage	\$ 73,687	\$ 250,000
Deposits Under Pass Through Coverage (Vacation)	2,647,058	2,533,220
Sweep Invested in Promontory Interfinancial Networks	1,342,825	1,639,661
Uninsured Deposits	-	11,891
Total Cash	<u>\$ 4,063,570</u>	<u>\$ 4,434,772</u>

The Plan has additional cash invested in the money market fund called First American Prime Obligations Fund. An investment in this fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the fund seeks to preserve the value of the investment at \$1.00 per share, it is possible to lose money by investing in this fund.

The Plan has certificates of deposit at a financial institution in which it also holds cash accounts. The certificates of deposit are covered by pass-through coverage and standard FDIC insurance coverage. These have not exceeded the limit for the years ended July 31, 2024 and 2023.

NOTE 16: MISCELLANEOUS RECEIPTS

Miscellaneous receipts consisted of the following as of July 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
SIEC Refund	\$ 152	\$ 156
Total Other Income	<u>\$ 152</u>	<u>\$ 156</u>

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND**NOTES TO FINANCIAL STATEMENTS****JULY 31, 2024 AND 2023****NOTE 17: ADMINISTRATIVE EXPENSES**

A summary of expenses incurred by the Plan during the years ended July 31, 2024 and 2023, follows:

	<u>2024</u>	<u>2023</u>
Insurance	\$ 22,347	\$ 21,882
Membership/Registration Fees and Dues	6,440	5,070
Office Expense, Postage, and Printing	57,164	50,986
Rent	80,543	62,900
Travel, Convention, and Meeting Expenses	6,362	3,444
Depreciation	14,879	23,845
National Health and Safety	70,101	61,138
Payroll Audit Compliance	-	10,756
Attorney Fees	40,285	33,832
Actuary Fees	15,000	8,000
Audit Fee	29,500	28,000
Accounting Fees	375	375
Central Laborers' Audit Recovery Fee	12,174	16,502
Investment Consultants	11,000	11,000
Telephone and Internet	10,545	10,820
Utilities	20,199	14,035
Central Laborers' Collection Fees	20,179	24,618
Computer Support and Maintenance	27,380	28,061
Consultant Fees	56,864	55,261
Building and Equipment Maintenance	20,251	12,705
PCORI Fees	4,770	4,230
Membership Assessment	2,500	-
Wages	496,755	516,426
Payroll Taxes	37,761	42,237
Employee Benefits	294,764	327,490
Late Fees	95	106
Missing Participants	-	81
BCBS Admin Fee	210,523	96,914
Total Administrative Expenses	<u>\$ 1,568,756</u>	<u>\$ 1,470,714</u>

**SOUTHERN ILLINOIS LABORERS'
AND EMPLOYERS
HEALTH AND WELFARE FUND
SUPPLEMENTAL INFORMATION**

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE 1
37-1037101 PLAN #501
JULY 31, 2024

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	VANGUARD TOT STK MKT IDX ADM	REG'D INVESTMT CO			34,468.716	\$2,080,951	\$4,571,586
	LORD ABBETT CORE FXD INCOME	REG'D INVESTMT CO			131,334.319	1,353,498	1,221,409
	BAIRD CORE PLUS BOND FD INSTL	REG'D INVESTMT CO			246,918.784	2,812,413	2,516,102
	MAINSTAY HIGH YLD CORE BD FD	REG'D INVESTMT CO			132,779.865	687,774	690,455
	NEUBERGER BERMAN OPT STRAT	REG'D INVESTMT CO			26,548	683,224	692,372
	TOTAL					\$7,617,860	\$9,691,924
	ULLICO SEPARATE ACCOUNT W-1	POOLED SEP ACCT			1,099,403.374	\$826,121	\$1,954,156
	ULLICO SEPARATE ACCOUNT R	POOLED SEP ACCT			420,383.575	1,775,000	1,607,602
	TOTAL					\$2,601,121	\$3,561,758
	THL CREDIT BANK LOAN SELECT FD	COMMON TRUST			328,180	\$1,075,000	\$766,425
	BANTERRA BANK	CERT OF DEPOSIT- WELF	09/07/2024	4.75%	118,483.33	\$118,483	\$118,483
	BANTERRA BANK	CERT OF DEPOSIT-VAC	09/07/2024	4.75%	130,356.65	\$130,357	\$ 130,357
	BANTERRA BANK – GENERAL CKG	INT-BEARING CASH- WELF			2,749,048.14	\$2,749,048	\$2,749,048
	BANTERRA BANK – PAYROLL CKG	INT-BEARING CASH- WELF			26.32	27	27
	BANTERRA BANK – CLAIMS CKG	INT-BEARING CASH- WELF			1.81	2	2
	BANTERRA BANK – CLEARING CKG	INT-BEARING CASH- WELF			1,309.08	1,309	1,309
	TOTAL					\$2,750,386	\$2,750,386
	BANTERRA BANK – VACATION CKG	INT-BEARING CASH- VAC			3,316,356.40	\$3,316,356	\$3,316,356
	FIRST AM INST PRIME OB FD CL Z	MONEY MARKET			43,546.18	\$43,546	\$43,546
	TOTAL ASSETS					\$17,653,108	\$20,379,235

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

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH AND WELFARE FUND

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

SCHEDULE 2

37-1037101 PLAN #501

FOR THE YEAR ENDED JULY 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitutes Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$185,263	\$ -	\$ -

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 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**

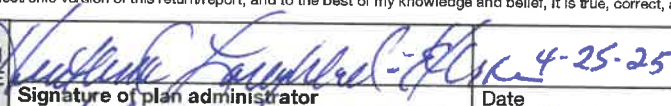
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report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

Part II Basic Plan Information - enter all requested information

1a Name of plan SOUTHERN IL LABORERS & EMPLOYERS HEALTH & WELFARE	1b Three-digit plan number (PN) ► 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES SOUTHERN IL LABORERS & EMPLOYERS 5100 ED SMITH WAY SUITE A MARION IL 62959	1c Effective date of plan 07/27/1977 2b Employer Identification Number (EIN) 37-1037101 2c Plan Sponsor's telephone number 618-998-1300 2d Business code (see instructions) 237310

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

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

SIGN HERE  Signature of plan administrator	Date 4-25-25	HEATHER LAUGHLAND-ETHERTON
SIGN HERE  Signature of employer/plan sponsor	Date 4/25/2025	MATT SMITH
SIGN HERE Signature of DFE	Date 	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	846
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	846
a (2) Total number of active participants at the end of the plan year	6a(2)	889
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	889
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	383

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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