

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: CEMENT MASONS LOCAL 527 HEALTH & WELFARE TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 08/31/1952
2a Plan sponsor's name (employer, if for a single-employer plan): CEMENT MASONS LOCAL 527 HEALTH & WELFARE TRUST FUND
2b Employer Identification Number (EIN): 43-0650799
2c Plan Sponsor's telephone number: 314-739-1129
2d Business code (see instructions): 238900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	550
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	498
	<b>6a(2)</b>	511
	<b>6b</b>	22
	<b>6c</b>	20
	<b>6d</b>	553
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	97

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

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

4A 4B 4D 4E 4F

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>43-0650799</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**GUARDIAN INSURANCE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5123390</b>	<b>64246</b>	<b>00322768</b>	<b>673</b>	<b>08/01/2023</b>	<b>07/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>10626</b>	<b>(b)</b> Total amount of fees paid <b>37715</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**DIGITAL INSURANCE LLC**

**200 GALLERIA PARKWAY SUITE 1950  
ATLANTA, GA 30339**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>10626</b>	<b>37715</b>		<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions.....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions.....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	697179
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>43-0650799</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**GUARDIAN INSURANCE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5123390</b>	<b>64246</b>	<b>00417764</b>	<b>520</b>	<b>08/01/2023</b>	<b>07/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>11804</b>	<b>(b)</b> Total amount of fees paid <b>5423</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**DIGITAL INSURANCE LLC**

**8235 FORSYTH BLVD SUITE 1200  
ST. LOUIS, MO 63105**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>11804</b>	<b>5423</b>		

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

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

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

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

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

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

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

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

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

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

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

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

**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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** 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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	98365
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>43-0650799</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**HUMANA INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>39-1263473</b>	<b>73288</b>	<b>249194</b>		<b>08/01/2023</b>	<b>07/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>200</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

**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

**CLJM LLC DBA HUNTLEIGH MCGEHEE**

**8235 FORSYTH BLVD SUITE 1200  
ST. LOUIS, MO 63105**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>200</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

**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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** 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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	17229
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>43-0650799</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**AETNA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-6033492</b>	<b>60054</b>	<b>E000636</b>	<b>73</b>	<b>08/01/2023</b>	<b>12/31/2023</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	118954
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>

<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0650799</b>
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**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**UNITEDHEALTHCARE STOP LOSS-UNITED HEALTH**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>36-2739571</b>	<b>79413</b>	<b>417003415366</b>	<b>509</b>	<b>08/01/2023</b>	<b>07/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions.....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions.....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	577610
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0650799</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

UMR, INC.

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	338367	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4696	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EVERSIDE HEALTH LLC

1400 WEWATTA ST  
DENVER, CO 80202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	198178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CEMENT MASONS LOCAL 527

3341 HOLLENBERG DRIVE  
BRIDGETON, MO 63044

43-0210270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	COMMON MEMBERSHIP	159938	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANDERS MINKLER HUBER & HELM LLP

800 MARKET STREET  
ST. LOUIS, MO 63101

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	124926	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CEMENT MASONS LOCAL 527 PENSION PLA

3341 HOLLENBERG DRIVE  
BRIDGETON, MO 63044

51-0179270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	COMMON MEMBERSHIO	117287	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ONEDIGITAL

8235 FORSYTH BLVD SUITE 1200  
ST LOUIS, MO 63105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	75268	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COMMERCE BANK

8000 FORSYTH, 4TH FLOOR  
ST. LOUIS, MO 63105

43-0554795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	48215	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7843	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HAMMOND AND SHINNERS PC

7730 CARONDELET AVE, STE 200  
ST. LOUIS, MO 63105

43-1164305

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	30177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

YVETTE HUBBS

3341 HOLLENBERG DRIVE  
BRIDGETON, MO 63044

43-0650799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28893	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SAMANTHA SMITH

3341 HOLLENBERG DRIVE  
BRIDGETON, MO 63044

43-0650799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25965	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LABOR FIRST, LLC

1000 MIDLANTIC DRIVE STE 100  
MOUNT LAUREL, NJ 08054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	22330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

H&H HEALTH ASSOCIATES, INC.

3660 S GEYER RD  
ST LOUIS, MO 63127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	21293	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WITHUM

4600 EAST-WEST HIGHWAY, SUITE 900  
BETHESDA, MD 20814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MADDOCK HENSON

5353 S. LINDBERGH BLVD.  
ST. LOUIS, MO 63126

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANCE ADVISORS

220 BROADACRES DR  
BLOOMFIELD, NJ 07003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	7148	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BMI AUDIT SERVICES

100 E WAYNE ST., SUITE 400  
SOUTH BEND, IN 46601

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	6900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0650799</b>	

**Part I Asset and Liability Statement**

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	300756	205326
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	925992	739805
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	350088	341078
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7363228	8894500
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1699182	2125680
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2772952	2806369
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	829214	1023884
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1428162	1552006
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	338419	264750

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	16007993	17953398
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	1186830	740213
<b>h</b> Operating payables .....	<b>1h</b>	17564	6164
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	67238	51149
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	1271632	797526
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	14736361	17155872

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	8887760	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	865300	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		9753060
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	421479	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	50829	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	93841	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	19018	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		585167
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	7559	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	29939	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		37498
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	10699600	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	10618474	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		81126
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	277894	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		160611
<b>c</b> Other income .....	<b>2c</b>		104073
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10999429

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	6267194	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	1438325	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		7705519
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>	68446	
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	22110	
(4) IQPA audit fees.....	<b>2i(4)</b>	101361	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	40849	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	28363	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	613270	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		874399
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		8579918

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2419511
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**CEMENT MASONS' LOCAL #527 HEALTH & WELFARE TRUST FUND**

**FINANCIAL STATEMENTS WITH  
SUPPLEMENTARY INFORMATION AND  
ADDITIONAL INFORMATION  
AND  
INDEPENDENT AUDITORS' REPORT  
YEARS ENDED JULY 31, 2024 AND 2023**

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## **Independent Auditors' Report**

Board of Trustees  
Cement Masons' Local #527 Health & Welfare Trust Fund  
Bridgeton, Missouri

### **Opinion**

We have audited the accompanying financial statements of Cement Masons' Local #527 Health & Welfare Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of 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 the Plan 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 ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

## **Supplemental Schedules Required by ERISA**

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

In 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.

## **Report on Additional Information**

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

*Anders Mintzer Heber & Helms LLP*

May 12, 2025

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Statements of Net Assets Available for Benefits**  
**July 31, 2024 and 2023**

<b>Assets</b>	<u>2024</u>	<u>2023</u>
Investments, at Fair Value	\$ 16,667,189	\$ 14,431,157
Receivables		
Employer contributions	739,805	925,992
Pharmacy rebate	169,890	132,851
Dividends and interest	43,614	36,933
Due from related parties	-	137,467
Stop loss insurance proceeds	84,942	-
Total Receivables	<u>1,038,251</u>	<u>1,233,243</u>
Non-Interest Bearing Cash	205,326	300,756
Prepaid Benefits	42,632	42,837
Total Assets	<u>17,953,398</u>	<u>16,007,993</u>
<b>Liabilities</b>		
Accounts Payable and Accrued Expenses	6,164	17,564
Due to Broker	-	50,000
Due to Related Parties	51,149	17,238
Total Liabilities	<u>57,313</u>	<u>84,802</u>
Net Assets Available for Benefits	<u>\$ 17,896,085</u>	<u>\$ 15,923,191</u>

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended July 31, 2024 and 2023**

	2024	2023
Additions to Net Assets:		
Investment Income		
Interest and dividends	\$ 622,665	\$ 452,997
Net appreciation in fair value of investments	519,631	2,299
	1,142,296	455,296
Less: investment expense	(40,849)	(39,265)
Net Investment Income	1,101,447	416,031
Contribution Income		
Employer contributions	8,887,760	8,755,605
Participant contributions	865,300	1,031,779
Total Contribution Income	9,753,060	9,787,384
Other Income		
Reimbursement for common expenses	101,598	241,452
Other income	2,475	36,368
Total Other Income	104,073	277,820
Total Additions	10,958,580	10,481,235
Deductions from Net Assets:		
Benefit Payments		
Benefit payments to/for participants	5,393,093	6,290,864
Pharmacy benefits, net	1,122,540	1,520,542
Clinic expense	198,178	150,732
Insurance premiums paid:		
Retiree	148,247	404,713
Life	98,365	107,136
Dental	608,450	601,665
Vision	68,713	59,858
Stop loss	514,550	518,759
Total Insurance premiums paid	1,438,325	1,692,131
Total Benefit Payments	8,152,136	9,654,269
Administrative Expenses	833,550	927,104
Total Deductions	8,985,686	10,581,373
Net Increase (Decrease)	1,972,894	(100,138)
Net Assets Available for Benefits, Beginning of Year	15,923,191	16,023,329
Net Assets Available for Benefits, End of Year	\$ 17,896,085	\$ 15,923,191

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Statements of Benefit Obligations**  
**July 31, 2024 and 2023**

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Claims payable and incurred but not reported	\$ 740,213	\$ 1,186,830
Postemployment Benefit Obligations, at Estimated Amounts:		
Accumulated eligibility credits	6,344,012	4,674,668
Total Benefit Obligations Other than Postretirement Benefit Obligations	7,084,225	5,861,498
Postretirement Benefit Obligations:		
Current retirees, beneficiaries, and dependents	2,786,140	2,977,715
Other participants fully eligible for benefits	6,026,800	7,702,447
Other participants not fully eligible for benefits	24,639,410	24,076,598
Total Post-retirement Benefit Obligations	33,452,350	34,756,760
Total Benefit Obligations	\$ 40,536,575	\$ 40,618,258

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Statements of Changes in Benefit Obligations**  
**For the Years Ended July 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Balance at beginning of year	\$ 1,186,830	\$ 1,067,922
Claims and premiums incurred	7,705,519	9,773,177
Claims and premiums paid	<u>(8,152,136)</u>	<u>(9,654,269)</u>
Balance at End of Year	<u>740,213</u>	<u>1,186,830</u>
Postemployment Benefit Obligations, at Estimated Amounts:		
Balance at beginning of year	4,674,668	3,371,464
Net change during year	<u>1,669,344</u>	<u>1,303,204</u>
Balance at End of Year	<u>6,344,012</u>	<u>4,674,668</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>7,084,225</u>	<u>5,861,498</u>
Postretirement Benefit Obligations:		
Balance at beginning of year	34,756,760	37,646,443
Increase (decrease) during the year attributable to:		
Benefits accumulated and other changes, net of experience gains(losses) and Plan changes	(707,721)	766,417
Expected benefits paid	(651,933)	(427,348)
Change due to change in retiree self pay rates	(577,009)	-
Changes in actuarial assumptions	(1,089,485)	(4,726,147)
Interest	<u>1,721,738</u>	<u>1,497,395</u>
Balance at End of Year	<u>33,452,350</u>	<u>34,756,760</u>
Plan's Total Benefit Obligations, End of Year	<u>\$ 40,536,575</u>	<u>\$ 40,618,258</u>

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
**July 31, 2024 and 2023**

**1. Plan Description**

The following description of Cement Masons' Local #527 Health & Welfare Trust Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and the summary plan description for a more complete description of the Plan's provisions.

**General**

The Plan is a multiemployer health and welfare plan that was established and maintained pursuant to a collective bargaining agreement ("CBA") between the Operative Plasterers' and Cement Masons' Union Local No. 527 (the "Union") and various employer associations (the "Associations") in St. Louis, Missouri. The Associations represent the participating employers (the "Employers") who enter into a CBA with the Union. Since the formation of the trust, additional Employer organizations now participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

**Eligibility**

Benefits are payable to eligible employees of Employers, the administrative employees of the Plan, and retirees who elect to continue their coverage under the self-pay provision. The Plan also contains provisions for the Consolidated Omnibus Budget Reconciliation Act ("COBRA"). The rules state that when an employee loses eligibility status as a result of a qualifying event, the employee and their qualified dependents must be offered the opportunity to continue Plan coverage for up to the maximum continuation period, as specified in the Plan.

The Plan also provides full benefits to certain active and retired employees if they have accumulated, in the current year or prior years, credit amounts (expressed in hours) in excess of hours required for current coverage. Accumulated eligibility credits equal to a maximum of six months may be carried forward.

Employees, along with their eligible dependents, become eligible for coverage on the first day of the second month following the month a member obtains at least 500 credit hours during the preceding six consecutive months.

Continuing eligibility is determined on a six-month basis. Once employees have established initial eligibility, they will continue to be eligible if one of the following conditions are met:

- If an employee works at least 500 hours in a six month period, eligibility will be extended for the six month period beginning the second month after completion.

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
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- If an employee has worked at least 1,000 hours during a 12 consecutive month period with at least 250 of those hours worked in the last six months, eligibility will be extended for the next six month period beginning the second month after completion.

**Contributions**

The CBA provides that Employers make monthly contributions to the Plan for each hour worked to provide benefits for employees. The contribution rate is determined annually by the Trustees with the assistance of the Plan's actuarial consultant. The contribution rates for the Plan years ending July 31, 2024 and 2023 were:

August 1, 2022 - March 31, 2023	\$9.49 per hour
April 1, 2023 - July 31, 2024	\$9.69 per hour

Monthly self-pay contributions are required for retired and disabled members and COBRA participants. The monthly self-pay contribution rates for the years ended July 31, 2024 and 2023 are as follows:

Medical:	August 1, 2022 - December 31, 2022	\$222 - \$1,135 per month
	January 1, 2023 - July 31, 2023	\$227 - \$1,402 per month
	August 1, 2023 - July 31, 2024	\$101 - \$1,477 per month
Life:	August 1, 2022 - December 31, 2022	\$6 - \$87 per month
	January 1, 2023 - July 31, 2024	\$6 - \$119 per month
Dental:	August 1, 2022 - December 31, 2022	\$36 - \$102 per month
	January 1, 2023 - July 31, 2023	\$38 - \$108 per month
	August 1, 2023 - July 31, 2024	\$39 - \$111 per month
Vision:	August 1, 2022 - July 31, 2024	\$8.34 per month

**Benefits**

The Plan provides death, accident, hospital, medical, dental, prescription drug, vision and disability benefits for covered employees and their families, as specified in the Plan. Benefits under the Plan are provided on an insured and self-insured basis. Dental, life, vision, and accidental death and dismemberment benefits are provided through insurance coverage. The Plan remits monthly premiums at a composite or specified rate per subscriber for each of these insured benefits. The claims for all self-insured benefits are processed by the Plan's third-party claims processor under an administrative-service-only arrangement. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
**July 31, 2024 and 2023**

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

**2. Summary of Significant Accounting Policies**

**Basis of Presentation**

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

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

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

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

**Fair Value Measurements**

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

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
**July 31, 2024 and 2023**

**Employer Contributions Receivable**

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance is necessary as of July 31, 2024 or 2023.

**Benefit Obligations**

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

**Payment of Benefits**

Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims received by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid by year end are recorded as an amount currently payable in the accompanying statements of benefit obligations.

**Refunds and Rebates**

Prescription refunds due from the Plan's PBM are recorded when earned. Refunds due at year end are recorded as a receivable on the statements of net assets available for benefits, with the offset being recorded on the statement of changes in net assets available for benefits as a reduction to pharmacy benefits. Pharmacy rebates totaled \$310,043 and \$322,476 for the years ended July 31, 2024 and 2023, respectively.

**Stop Loss**

Claims paid by the Plan that exceeded the stop loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in insurance premiums paid in the accompanying statement of changes in net assets available for benefits.

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
**July 31, 2024 and 2023**

**Administrative Expenses**

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with other related plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans. The Plan also pays administrative fees to third-party claims administrators. These expenses are reported as claims administration fees and are included in administrative expenses on the statements of changes in net assets available for benefits.

**Reclassifications**

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

**3. Change in Accounting Principle**

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

**4. Postretirement Benefit Obligations**

The amount reported as postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to July 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the Employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's Employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The obligation is net of anticipated self-payments.

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
**July 31, 2024 and 2023**

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, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions and funding method used in the most recent valuation as of July 31, 2024 and 2023 were:

Actuarial cost method:	Projected unit credit actuarial cost method
Interest discount rate:	5.25% per annum. The assumption used in the prior valuation was 5.00%.
Spouse coverage:	75% of Actives are assumed to be married and elect spouse coverage at retirement. Males assumed three years older than females.
Election of retirement coverage:	100% of Actives are assumed to elect retiree medical coverage at retirement.
Retiree contributions:	<p>Current and future retirees are assumed to contribute \$1,317.98 per month medical coverage (2024 rate). There is no charge for spouse coverage while the retiree is alive. Upon the retiree's death, the spouse is charged \$1,317.98 per month for coverage. Vision coverage is \$8.34 per month. Dental coverage is \$39.68 per month for Member only and \$79.59 for Member and Spouse. Retiree contributions are not assumed to increase. (2024)</p> <p>Current and future retirees are assumed to contribute \$1,247.33 per month medical coverage (2023 rate). There is no charge for spouse coverage while the retiree is alive. Upon the retiree's death, the spouse is charged \$1,247.33 per month for coverage. Vision coverage is \$8.34 per month. Dental coverage is \$38.52 per month for Member only and \$77.27 for Member and Spouse. Retiree contributions are not assumed to increase. (2023)</p>

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
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Benefits not valued: Retirees were assumed to be paying the full cost of dental, vision and life insurance benefits, so these items were not included in this valuation. Retirees and spouses over the age of 65 are also paying the full premium for their benefits, so they were not valued either.

Claim costs: The overall annual medical claim costs (including prescription drug costs) assumed for each covered person for the current fiscal year (sample rates):

July 31, 2024				
Participant				
Age	Male	Female		
45	\$ 10,923	\$ 15,909		
50	13,449	16,858		
55	16,423	18,009		
60	19,945	20,253		
64	24,310	22,631		
65	N/A	N/A		

July 31, 2024				
Spouse				
Age	Male	Female		
45	\$ 8,923	\$ 12,188		
50	11,319	14,063		
55	14,152	16,023		
60	17,582	18,252		
64	21,638	20,454		
65	N/A	N/A		

July 31, 2023				
Participant				
Age	Male	Female		
45	\$ 10,246	\$ 14,924		
50	12,617	15,814		
55	15,406	16,894		
60	18,710	18,999		
64	22,805	21,229		
65	N/A	N/A		

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
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July 31, 2023			
Spouse			
Age	Male		Female
45	\$	8,371	\$ 11,433
50		10,618	13,192
55		13,276	15,031
60		16,493	17,122
64		20,298	19,188
65		N/A	N/A

**Mortality:**

Actives: RP-2014 Blue Collar Employee Mortality Table, male and female rates, projected generationally with the MP-2021 scale.

Healthy Retirees: RP-2014 Blue Collar Annuitant mortality table, male and female rates, projected generationally with the MP-2021 scale.

Disabled Lives: RP-2014 Disabled Tables, male and female rates.

**Retirement:**

Rates are shown below:

Age	%	Age	%
55	20%	61	20%
56	5%	62	60%
57	5%	63	25%
58	5%	64	25%
59	5%	65+	100%
60	20%		

**Disablement:**

Sample rates are shown below:

Age	%	Age	%
20	0.06%	40	0.22%
25	0.09%	45	0.36%
30	0.11%	50	0.61%
35	0.15%	55	1.01%
		60	1.63%

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
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Turnover:

Sample rates are shown below:

Age	%	Age	%
20	6.58%	45	3.21%
25	5.27%	50	1.52%
30	4.83%	55	0.33%
35	4.47%	60	0.00%
40	3.84%		

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rate increased by one percentage point in each year, it would increase the obligations as of July 31, 2024 and 2023 by \$5,521,979 and \$5,526,816, respectively.

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

The Plan's deficiency of net assets over benefit obligations at July 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBAs. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates. The benefit obligation has been reduced actuarially by what retirees are estimated to be paying in the future. This amounted to \$10,764,146 and \$11,016,802 as of July 31, 2024 and 2023, respectively.

**5. Fair Value Measurements**

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

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

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
**July 31, 2024 and 2023**

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

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

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

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

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

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
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The fair value of investments is measured as of July 31, as follows:

	2024			
	Total	Fair Value Measurements		Level 3
		Level 1	Level 2	
Money market fund	\$ 8,894,500	\$ 8,894,500	\$ -	\$ -
U.S. government and agency securities	2,125,680	1,170,516	955,164	-
Foreign bonds	279,431	-	279,431	-
Municipal bonds	264,750	-	264,750	-
Corporate bonds	2,526,938	-	2,526,938	-
Registered investment companies	1,552,006	1,552,006	-	-
Common stocks	<u>1,023,884</u>	<u>1,023,884</u>	-	-
Total assets in the fair value hierarchy	<u>\$16,667,189</u>	<u>\$ 12,640,906</u>	<u>\$ 4,026,283</u>	<u>\$ -</u>
	2023			
	Total	Fair Value Measurements		Level 3
		Level 1	Level 2	
Money market fund	\$ 7,363,228	\$ 7,363,228	\$ -	\$ -
U.S. government and agency securities	1,699,182	991,325	707,857	-
Municipal bonds	338,419	-	338,419	-
Corporate bonds	2,772,952	-	2,772,952	-
Registered investment companies	1,428,162	1,428,162	-	-
Common stocks	<u>829,214</u>	<u>829,214</u>	-	-
Total assets in the fair value hierarchy	<u>\$14,431,157</u>	<u>\$10,611,929</u>	<u>\$ 3,819,228</u>	<u>\$ -</u>

**6. Related Party Transactions**

The Plan leases office premises from the Union under an operating lease which expired on December 31, 2011. The lease has continued under terms comparable to the expired lease agreement on a month to month basis.

In addition to the agreement described in the preceding paragraph, there is an agreement between the Plan and other associated parties that certain common expenses relating to the operation of the office, including salaries, are allocated to and paid by each participating party. Total reimbursements paid by the Plan to other related parties amounted to \$200,740 and \$77,701 for the years ended July 31, 2024 and 2023, respectively. Total reimbursements received by the Plan from other parties for those same years amounted to \$101,598 and \$241,452, respectively. Effective January 1, 2024, all employees salaries and benefits are paid by the Union and the Plan reimburses the Union for their portion of the salaries and benefits.

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
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The amounts due (to) from other parties as of July 31, consist of the following:

	<u>2024</u>	<u>2023</u>
Due From Related Parties:		
Cement Masons' Union Local #527	\$ -	\$ 38,043
Cement Masons' Local #527 Pension Plan	-	99,424
Total Due from Related Parties	\$ -	\$ 137,467
Due to Related Parties:		
Cement Masons' Union Local #527	\$ (37,651)	\$ (7,133)
Cement Masons' Local #527 Pension Plan	(13,498)	(10,105)
Total Due to Related Parties	\$ (51,149)	\$ (17,238)

**7. Employee Benefit Plans**

The Plan contributes to a multiemployer defined benefit pension plan under the terms of the CBA that covers its union employees. The risk of participating in U.S. multiemployer pension plans is different from single-employer pension plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits of employment to other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in the multiemployer plan, it may be required to make payments to the plan for its proportionate share of the multiemployer plan's unfunded vested liabilities, referred to as withdrawal liability. The Plan has no intention of stopping its participation in the multiemployer plan.

The Plan's participation in this plan for the years ended July 31, 2024 and 2023 is outlined in the following table. The Pension Protection Act ("PPA") zone status column ranks the funded status of multiemployer pension plan depending upon a plan's current and projected funding and is based on information the Plan received from the pension plan and is certified by that plan's actuary. The most recent PPA zone status available for the years ended July 31, 2024 and 2023 is for the pension plan's year-end at July 31, 2024 and 2023, respectively. Among other factors, a plan is in the red zone if it has a current funded percentage less than 65 percent, in the yellow zone if it has a current funded percentage between 65 - 80 percent, or projects a credit balance deficit within seven years, and a plan is in the green zone if it has a current funded percentage greater than 80 percent and does not have a projected credit balance deficit within seven years. Information with respect to multiemployer defined benefit pension plan in which the Plan participates is as follows.

Pension Fund	EIN/Pension Plan Plan Number	PPA Pension Zone		FIP/RP Status Pending or Implemented	Entity Contributions		Surcharge Imposed	Expiration Date
		Status			2024	2023		
		2024	2023					
Cement Masons Local #527 Pension Plan	51-0179270-001	Green	Green	No	\$ 21,750	\$ 63,165	No	March 2026

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
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The Plan also contributed to a multiemployer health and welfare plan for its union employees. For the years ended July 31, 2024 and 2023, benefits for health and welfare were paid in the amount of \$21,629 and \$64,939, respectively, for their employees.

**8. Plan Amendments**

In June 2023, the Trustees approved an amendment to revise the retiree coverage.

In December 2023, the Trustees approved an amendment to revise wording defining what an "owner" is and the benefit coverage they are entitled to.

**9. Plan Termination**

The Trustees shall have the right to discontinue or terminate this Plan in whole or in part. The rights of all affected participants to benefits accrued to the date of termination, partial termination or discontinuance to the extent of funded as of such date shall be nonforfeitable.

In the event of termination or discontinuance of the Plan, the Trustees shall continue to apply the funds available to them to the obligations and purposes of the Plan until such funds are exhausted. Any terminations must be in conformity with ERISA and the regulations issued thereunder.

**10. Tax Status of Plan**

The Internal Revenue Service has determined and informed the Plan's Trustees by a letter dated December 19, 1968, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of July 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
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**11. Risks and Uncertainties**

**Investments**

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

**Contributions**

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

**Benefit Obligations**

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation and employee 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.

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

The following is a reconciliation of net assets available for benefits per the financial statements at July 31, 2024 and 2023 to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 17,896,085	\$ 15,923,191
Less: Claims payable at year end	(740,213)	(1,186,830)
Net assets available for benefits per the Form 5500	\$ 17,155,872	\$ 14,736,361

The following is a reconciliation of benefits paid per the financial statements for the year ended July 31, 2024 to Form 5500:

Benefits paid per the financial statements	\$ 8,152,136
Plus: claims payable - current year	740,213
Less: claims payable - prior year	(1,186,830)
Benefits paid per Form 5500	\$ 7,705,519

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Notes to Financial Statements**  
**July 31, 2024 and 2023**

**13. Subsequent Events**

Management has evaluated subsequent events through May 12, 2025, the date the financial statements were available to be issued.

In August 2024, the Trustees approved changing vision coverage to EyeMed effective January 1, 2025.

In October 2024, the Trustees approved an amendment to the Plan for a revised list of procedures subject to the prior authorization requirement.

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>MONEY MARKET FUND:</b>		
FINANCIAL SQUARE TR GOVERNMENT INSTITUTIONAL CLASS FD #465	\$ 8,894,500	\$ 8,894,500
<b>U.S GOVERNMENT AND AGENCY SECURITIES</b>		
FHR 2021-5074 CL DA 2% 11/25/50	34,956	27,108
FHR 2021-5081 CL QA 2% 12/25/50	35,750	27,778
FHR 2021-5131 CL LG 2% 8/25/51	61,425	48,165
FHR 2024-3910 CL GZ 5% 8/15/41	72,367	74,018
FHR 2024-5420 CL JN 6% 12/25/48	97,580	98,602
FHR 3954 CL PG 2.50% 7/15/41	3,388	3,298
FHR 4100 CL JA 3.5% 10/15/41	9,217	8,672
FHR 4136 CL EB 1.75% 10/15/42	11,385	10,467
FHR 4224 CL MA 2.75% 1/15/43	12,811	11,899
FHR 4666 CL PB 3% 8/15/45	3,847	3,650
FM SCRT 2017-3 CL MA 3% 7/25/56	16,799	15,545
FN UMBS POOL #FM5329 2% 1/1/31	26,729	24,234
FN UMBS POOL #MA4204 2% 12/1/40	33,889	28,096
FNMA NT 2.625% 9/6/24	97,884	94,729
FNMA POOL #735648 V/R 02/01/34	361	366
FNMA POOL #816308 V/R 2/1/35	2,057	2,043
FNMA POOL #817330 V/R 7/1/35	317	313
FNMA POOL #AJ4087 3% 10/1/26	1,510	1,431
FNMA POOL #BM4874 V/R 11/1/48	3,965	3,741
FNR 2003-117 CL KB 6% 12/25/33	7,619	7,512
FNR 2006-77 CL PC 6.5% 8/25/36	1,473	1,331
FNR 2012-117 CL AD 3.5% 10/25/42	5,877	5,269
FNR 2015-19 CL CA 3.5% 1/25/43	5,554	5,362
FNR 2015-2 CL PA 2.25% 3/25/44	5,045	4,662
FNR 2016-96 CL A 1.75% 12/25/46	8,649	7,986
FNR 2017-62 CL AB 3% 8/25/45	9,706	9,070
FNR 2020-94 CL CA 1.5% 11/25/44	35,010	29,164
FNR 2021-3 CL PH 1.25% 2/25/51	36,940	27,646
FR UMBS POOL #SB8100 1% 3/25/36	39,506	40,533
FR UMBS POOL #SB8257 5.5% 9/1/38	39,764	40,459
GNR 2013-144 CL PA 2.5% 4/20/43	5,133	4,865
GNR 2017-H23 CL MA 3% 11/20/67	43,416	44,054
GNR 2019-136 CL P 1.5% 10/20/45	23,641	19,094
GNR 2022-116 CL A 2.1% 4/16/63	45,263	41,939
GNR 2022-167 CL AE V/R 7/16/52	43,422	44,125
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**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>U.S GOVERNMENT AND AGENCY SECURITIES (CONTINUED):</b>		
GNR 2023-117 CL JA 6% 10/20/49	\$ 42,700	\$ 43,626
SLST 2018-2 CL A1 3.5% 11/25/28	17,379	16,763
TN VALLEY AUTHORITY NT 6.75% 11/1/25	18,039	15,388
US TREASURY NT 0.375% 1/31/26	44,957	47,058
US TREASURY NT 0.5% 4/30/27	84,714	77,141
US TREASURY NT 0.5% 5/31/27	100,168	90,520
US TREASURY NT 1.25% 9/30/28	97,332	103,108
US TREASURY NT 1.625% 11/30/26	47,800	42,462
US TREASURY NT 1.75% 11/15/29	51,812	44,891
US TREASURY NT 1.875% 2/15/32	201,657	202,772
US TREASURY NT 2% 2/15/25	37,692	39,358
US TREASURY NT 2.25% 11/15/25	31,177	29,142
US TREASURY NT 2.25% 11/15/27	41,725	42,542
US TREASURY NT 2.375% 5/15/29	71,915	65,234
US TREASURY NT 2.875% 5/15/28	72,130	67,244
US TREASURY NT 2.875% 8/15/28	58,796	52,747
US TREASURY NT 3.5% 2/15/33	75,650	72,129
US TREASURY NT 4.125% 11/15/32	91,789	90,707
US TREASURY NT 4.5% 11/15/33	102,066	103,458
<b>TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES</b>	<u>2,241,250</u>	<u>2,125,680</u>
<b>MUNICIPAL BONDS:</b>		
CLEVELAND OH WTR TXBL 1.345% 1/1/28	50,000	45,411
GLENPOOL OK TXBL 2.703% 12/1/27	45,000	42,527
NE ST PWR TXBL 2.593% 1/1/29	45,000	41,796
SD ST HSG TXBL 2.634% 5/1/25	40,000	39,292
TX ST HSG TXBL 5.465% 3/1/32	50,000	52,061
WSTRN MN TXBL 2.379% 1/1/26	45,000	43,663
<b>TOTAL MUNICIPAL BONDS</b>	<u>275,000</u>	<u>264,750</u>
<b>CORPORATE BONDS:</b>		
3M COMPANY NT 2.875% 10/15/27	44,724	42,658
AIR LEASE CORP NT 5.85% 12/15/27	24,741	25,654
ALABAMA POWER NT 3.94% 9/1/32	49,999	47,113
AMEREN ILLINOIS CO NT 4.95% 6/1/33	49,848	50,042
AMERIPRISE FINL NT 3.7% 10/15/24	44,845	44,822
AMGEN INC NT 2.45% 2/21/30	29,990	26,755
AON NORTH AMERICA NT 5.45% 3/1/34	30,350	30,618
AT&T INC NT 5.4% 2/15/34	25,251	25,541
AVALONBAY CMNTY NT 5% 2/15/33	44,612	45,035
BANK OF AMERICA CORP NT V/R 9/25/25	30,000	29,787

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>CORPORATE BONDS (CONTINUED):</b>		
BANK OF AMERICA NT V/R 4/23/27	\$ 15,000	\$ 14,626
BANK OF NY MELLON NT V/R 7/22/32	50,000	50,626
BOEING CO NT 3.2% 3/1/29	44,322	40,825
CAMDEN PROPERTY TRST NT 3.15% 7/1/29	24,938	23,240
CAPITAL ONE FIN NT 3.75% 7/28/26	19,386	19,501
CATERPILLAR FINL NT 3.65% 8/12/25	59,927	59,234
CH ROBINSON NT 4.2% 4/15/28	24,449	24,454
CITIGROUP INC NT V/R 6/9/27	25,000	23,437
COMCAST CORP NT 4.15% 10/15/28	48,973	49,214
COMERICA INC NT 4% 2/1/29	26,843	23,390
CONOCOPHILLIPS CO NT 5.05% 9/15/33	49,904	50,673
CWHL 2004-22 CL A-1 V/R 11/25/34	1,277	1,154
EMERSON ELEC NT 0.875% 10/15/26	49,856	46,160
ENTERGY LA NT 2.4% 10/1/26	41,450	42,876
FLORIDA P&L NT 5.05% 4/1/28	44,942	45,792
FORDO 2022-B CL A3 3.74% 9/15/26	29,085	28,852
FORDO 2022-C CL A3 4.48% 12/15/26	39,337	39,131
GATX CORP NT 3.25% 9/15/26	24,450	24,162
GENERAL MOTORS NT 3.6% 6/21/30	27,105	27,580
GOLDMAN SACHS GRP NT V/R 2/12/26	20,000	19,513
HENRY J KAISER FMY NT 3.356% 12/1/25	40,000	39,201
HONEYWELL INTL NT 4.25% 1/15/29	49,886	49,721
HUBBELL INC NT 3.5% 2/15/28	24,483	23,993
INTEL CORP NT 4.15% 8/5/32	49,919	47,925
JOHN DEERE CAP CORP NT 3.45% 3/7/29	39,876	38,307
JOHN DEERE NT 4.85% 10/11/29	39,965	40,733
JPMMT 2006-A2 CL 2A1 5.7732% 4/25/36	892	771
JPMORGAN CHASE & CO NT V/R 5/6/30	57,629	47,585
KIMBERLY-CLARK NT 4.5% 2/16/33	49,924	49,857
LOCKHEED MARTIN NT 4.45% 5/15/28	49,910	49,996
MARM 2004-13 CL 2A1 V/R 4/21/34	274	268
MARM 2004-15 CL 4A1 V/R 12/25/34	842	799
METLIFE NT 3.6% 11/13/25	39,997	39,382
MICROSOFT NT 3.3% 2/6/27	56,351	48,847
MID-AMERICA APTS NT 4.2% 6/15/28	46,684	48,991
MORGAN STANLEY NT V/R 10/21/25	30,000	29,695
MPLX NT 4.95% 9/1/32	24,858	24,481
NATIONAL FUEL GAS NT 5.2% 7/15/25	38,604	34,922
NATIONAL RURAL UTIL NT 5.15% 6/15/29	49,888	51,111
NIKE INC NT 2.375% 11/1/26	39,943	38,171
NORTHERN TRUST NT 1.95% 5/1/30	49,811	43,342

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>CORPORATE BONDS (CONTINUED):</b>		
NOVARTIS CAPITAL CORP NT 3% 11/20/25	\$ 45,015	\$ 44,096
NUCOR CORP NT 3.95% 5/23/25	24,984	24,743
OREILLY AUTOMOTIVE NT 3.6% 9/1/27	29,952	29,014
PACIFICORP NT 3.5% 6/15/29	44,917	42,566
PARKER-HANNIFIN NT 3.25% 6/14/29	34,890	32,827
PEPSICO INC NT 3.9% 7/18/32	41,799	43,104
PHARMACIA CORP NT 6.6% 12/1/28	48,834	37,791
REALTY INCOME NT 3% 1/15/27	24,668	23,958
ROPER TECHNOLOGIES NT 2% 6/30/30	24,719	21,423
SEMT 2004-10 CL A1A V/R 11/20/34	3,192	3,996
SPIRE MISSOURI NT 4.8% 2/15/33	52,444	54,959
STATE STREET CORP NT 5.272% 8/3/26	50,000	50,438
SYNIT 2022-A2 CL A 3.86% 7/17/28	49,993	49,373
TENNESSEE GAS PL NT 7% 3/15/27	26,082	26,232
UDR INC NT 3.2% 1/15/30	24,916	23,039
US BANCORP NT V/R 1/27/28	50,000	46,795
VENTAS REALTY NT 3.5% 2/1/25	24,916	24,708
VERIZON COMM NT 2.355% 3/15/32	38,186	41,829
VZMT 2022-4 CL B V/R 11/20/28	49,989	49,251
WALT DISNEY CO NT 1.85% 7/30/26	39,159	37,854
WELLS FARGO NT V/R 6/17/27	50,000	48,379
<b>TOTAL CORPORATE BONDS</b>	<u>2,598,995</u>	<u>2,526,938</u>
<b>FOREIGN BONDS:</b>		
BANCO SANTANDER NT V/R 3/14/30	29,765	30,393
BANK OF MONTREAL NT 1.25% 9/15/26	49,916	46,417
BK OF NOVA SCOTIA NT 2.951% 3/11/27	50,000	47,806
ENSTAR GROUP NT 3.1% 9/1/31	55,079	45,347
JOHNSON CONTROLS NT 1.75% 9/15/30	24,922	21,197
SHELL INTL NT 2.875% 5/10/26	39,869	38,835
TORONTO-DOMINION BK NT 3.766% 6/6/25	50,000	49,436
<b>TOTAL FOREIGN BONDS</b>	<u>299,551</u>	<u>279,431</u>
<b>REGISTERED INVESTMENT COMPANIES:</b>		
FIDELITY EMG MKTS INDEX-FAI	35,044	38,045
FIDELITY MID CAP GRW INDX	95,337	122,874
FIDELITY MID CAP VAL INDX	85,292	110,203
FIDELITY SM CAP GRW INDX	82,795	79,659
FIDELITY SM CAP VAL INDX	69,362	70,933
NUVEEN INTL EQUITY INDEX FD-R6 #7295	186,692	218,354
NUVEEN LARGE CAP VALUE INDEX FUND-R6	420,316	513,178

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>REGISTERED INVESTMENT COMPANIES (CONTINUED):</b>		
SCHWAB FUNDAMENTAL US LG CO INDX FD	\$ 341,000	\$ 398,760
<b>TOTAL REGISTERED INVESTMENT COMPANIES</b>	<u>1,315,838</u>	<u>1,552,006</u>
<b>COMMON STOCK:</b>		
ABBVIE INC	7,060	9,266
ALPHABET INC CL A	19,501	65,185
AMAZON COM INC	16,588	58,899
AMGEN INC	9,389	9,974
AMPHENOL CORP CL-A	5,189	11,567
APPLE INC	7,888	121,034
ARCH CAPITAL GROUP LIMITED	7,130	9,099
BENTLEY SYSTEMS INC	9,008	8,530
BROADCOM INC	16,522	24,102
CADENCE DESIGN SYSTEMS INC	3,845	8,030
CDW CORP/DE	6,761	8,724
CHENIERE ENERGY INC	10,163	10,958
COPART INC	4,122	8,111
CORPAY INC COM	9,184	10,214
COSTCO WHSL CORP NEW	6,896	12,330
DECKERS OUTDOOR CORPORATION	5,010	4,613
FAIR ISAAC & CO INC	6,170	8,000
FISERV INC	1,821	13,086
GODADDY INC CL A	4,994	10,182
HILTON WORLDWIDE HOLDINGS INC	6,328	10,734
HOME DEPOT INC	4,814	11,045
HONEYWELL INTL INC	8,300	9,214
HYATT HOTELS CORP CLASS A	8,924	8,840
ILLINOIS TOOL WORKS INC	4,240	9,891
INTUIT	7,436	9,710
LILLY ELI & CO	16,553	24,128
MASTERCARD INCORPORATED CLASS A	920	9,274
MCDONALDS CORP	6,137	10,616
MCKESSON CORP	5,369	9,255
META PLATFORMS INC	21,673	33,238
MICROSOFT CORP	31,095	112,955
MOTOROLA SOLUTIONS INC	6,925	9,973
MSCI INC-A	9,402	10,815
NETAPP INC	7,064	11,428
NETFLIX.COM INC	10,309	9,425
NVIDIA CORP	17,712	100,637
PALO ALTO NETWORKS INC	1,634	9,742

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

<b>(a)</b>	<b>Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets</b>	<b>Cost (d)</b>	<b>Current Value (e)</b>
	<b>COMMON STOCK (CONTINUED):</b>		
	PEPSICO INC	\$ 5,359	\$ 10,360
	PERFORMANCE FOOD GROUP CO	8,035	8,970
	PTC INC	7,078	9,782
	ROCKWELL AUTOMATION INC	10,348	9,753
	ROLLINS INCORPORATED	3,997	9,822
	RPM INC OHIO	3,402	9,717
	SERVICENOW INC	11,651	12,216
	STRYKER CORP	1,848	8,186
	TARGA RESOURCES CORP	6,900	10,822
	TESLA MOTORS INC	19,216	20,886
	THERMO FISHER CORP	1,986	9,200
	TRACTOR SUPPLY COMPANY	6,108	7,900
	TRADEWEB MARKETS INC	7,687	10,051
	TRAVEL AND LEISURE CO	8,093	8,988
	UNITEDHEALTH GROUP INC	5,237	11,523
	VISA INC CLASS A SHARES	1,885	14,612
	VONTIER CORP	7,387	8,238
	WASTE MGMT INC DEL	6,477	10,133
	ZOETIS INC	6,884	9,901
	<b>TOTAL COMMON STOCK</b>	<u>461,654</u>	<u>1,023,884</u>
	<b>TOTAL ASSETS HELD AT END OF YEAR</b>	<u>\$ 16,086,788</u>	<u>\$ 16,667,189</u>

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended July 31, 2024**

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Financial Square Tr Government (77)	\$ -	\$ 9,558,427	\$ 9,558,427	\$ 9,558,427	\$ -
Commerce Bank	Financial Square Tr Government (342)	11,063,320	-	11,063,320	11,063,320	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**Schedules of General and Administrative Expenses**  
**Years Ended July 31, 2024 and 2023**

	2024	2023
Bank service fees	\$ 17,950	\$ 19,007
Claims administration fees	248,501	221,701
Common expense	210,208	77,701
Employee benefits	43,379	128,104
Insurance	13,498	17,407
Meetings and conventions	2,767	680
Miscellaneous	7,321	6,428
Payroll	68,446	178,223
Payroll examinations	55,441	66,403
Payroll taxes	11,552	26,973
Plan administration	-	2,000
Printing and postage	360	360
Professional fees - accounting	22,110	23,055
Professional fees - claims audit	17,300	24,700
Professional fees - dependency audit	6,900	6,900
Professional fees - auditing	28,620	26,660
Professional fees - consulting	50,834	66,704
Professional fees - legal	28,363	34,098
	\$ 833,550	\$ 927,104

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
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**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

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<b>MONEY MARKET FUND:</b>		
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FHR 4666 CL PB 3% 8/15/45	3,847	3,650
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FNMA POOL #AJ4087 3% 10/1/26	1,510	1,431
FNMA POOL #BM4874 V/R 11/1/48	3,965	3,741
FNR 2003-117 CL KB 6% 12/25/33	7,619	7,512
FNR 2006-77 CL PC 6.5% 8/25/36	1,473	1,331
FNR 2012-117 CL AD 3.5% 10/25/42	5,877	5,269
FNR 2015-19 CL CA 3.5% 1/25/43	5,554	5,362
FNR 2015-2 CL PA 2.25% 3/25/44	5,045	4,662
FNR 2016-96 CL A 1.75% 12/25/46	8,649	7,986
FNR 2017-62 CL AB 3% 8/25/45	9,706	9,070
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FNR 2021-3 CL PH 1.25% 2/25/51	36,940	27,646
FR UMBS POOL #SB8100 1% 3/25/36	39,506	40,533
FR UMBS POOL #SB8257 5.5% 9/1/38	39,764	40,459
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**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>U.S GOVERNMENT AND AGENCY SECURITIES (CONTINUED):</b>		
GNR 2023-117 CL JA 6% 10/20/49	\$ 42,700	\$ 43,626
SLST 2018-2 CL A1 3.5% 11/25/28	17,379	16,763
TN VALLEY AUTHORITY NT 6.75% 11/1/25	18,039	15,388
US TREASURY NT 0.375% 1/31/26	44,957	47,058
US TREASURY NT 0.5% 4/30/27	84,714	77,141
US TREASURY NT 0.5% 5/31/27	100,168	90,520
US TREASURY NT 1.25% 9/30/28	97,332	103,108
US TREASURY NT 1.625% 11/30/26	47,800	42,462
US TREASURY NT 1.75% 11/15/29	51,812	44,891
US TREASURY NT 1.875% 2/15/32	201,657	202,772
US TREASURY NT 2% 2/15/25	37,692	39,358
US TREASURY NT 2.25% 11/15/25	31,177	29,142
US TREASURY NT 2.25% 11/15/27	41,725	42,542
US TREASURY NT 2.375% 5/15/29	71,915	65,234
US TREASURY NT 2.875% 5/15/28	72,130	67,244
US TREASURY NT 2.875% 8/15/28	58,796	52,747
US TREASURY NT 3.5% 2/15/33	75,650	72,129
US TREASURY NT 4.125% 11/15/32	91,789	90,707
US TREASURY NT 4.5% 11/15/33	102,066	103,458
<b>TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES</b>	<u>2,241,250</u>	<u>2,125,680</u>
<b>MUNICIPAL BONDS:</b>		
CLEVELAND OH WTR TXBL 1.345% 1/1/28	50,000	45,411
GLENPOOL OK TXBL 2.703% 12/1/27	45,000	42,527
NE ST PWR TXBL 2.593% 1/1/29	45,000	41,796
SD ST HSG TXBL 2.634% 5/1/25	40,000	39,292
TX ST HSG TXBL 5.465% 3/1/32	50,000	52,061
WSTRN MN TXBL 2.379% 1/1/26	45,000	43,663
<b>TOTAL MUNICIPAL BONDS</b>	<u>275,000</u>	<u>264,750</u>
<b>CORPORATE BONDS:</b>		
3M COMPANY NT 2.875% 10/15/27	44,724	42,658
AIR LEASE CORP NT 5.85% 12/15/27	24,741	25,654
ALABAMA POWER NT 3.94% 9/1/32	49,999	47,113
AMEREN ILLINOIS CO NT 4.95% 6/1/33	49,848	50,042
AMERIPRISE FINL NT 3.7% 10/15/24	44,845	44,822
AMGEN INC NT 2.45% 2/21/30	29,990	26,755
AON NORTH AMERICA NT 5.45% 3/1/34	30,350	30,618
AT&T INC NT 5.4% 2/15/34	25,251	25,541
AVALONBAY CMNTY NT 5% 2/15/33	44,612	45,035
BANK OF AMERICA CORP NT V/R 9/25/25	30,000	29,787

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>CORPORATE BONDS (CONTINUED):</b>		
BANK OF AMERICA NT V/R 4/23/27	\$ 15,000	\$ 14,626
BANK OF NY MELLON NT V/R 7/22/32	50,000	50,626
BOEING CO NT 3.2% 3/1/29	44,322	40,825
CAMDEN PROPERTY TRST NT 3.15% 7/1/29	24,938	23,240
CAPITAL ONE FIN NT 3.75% 7/28/26	19,386	19,501
CATERPILLAR FINL NT 3.65% 8/12/25	59,927	59,234
CH ROBINSON NT 4.2% 4/15/28	24,449	24,454
CITIGROUP INC NT V/R 6/9/27	25,000	23,437
COMCAST CORP NT 4.15% 10/15/28	48,973	49,214
COMERICA INC NT 4% 2/1/29	26,843	23,390
CONOCOPHILLIPS CO NT 5.05% 9/15/33	49,904	50,673
CWHL 2004-22 CL A-1 V/R 11/25/34	1,277	1,154
EMERSON ELEC NT 0.875% 10/15/26	49,856	46,160
ENTERGY LA NT 2.4% 10/1/26	41,450	42,876
FLORIDA P&L NT 5.05% 4/1/28	44,942	45,792
FORDO 2022-B CL A3 3.74% 9/15/26	29,085	28,852
FORDO 2022-C CL A3 4.48% 12/15/26	39,337	39,131
GATX CORP NT 3.25% 9/15/26	24,450	24,162
GENERAL MOTORS NT 3.6% 6/21/30	27,105	27,580
GOLDMAN SACHS GRP NT V/R 2/12/26	20,000	19,513
HENRY J KAISER FMY NT 3.356% 12/1/25	40,000	39,201
HONEYWELL INTL NT 4.25% 1/15/29	49,886	49,721
HUBBELL INC NT 3.5% 2/15/28	24,483	23,993
INTEL CORP NT 4.15% 8/5/32	49,919	47,925
JOHN DEERE CAP CORP NT 3.45% 3/7/29	39,876	38,307
JOHN DEERE NT 4.85% 10/11/29	39,965	40,733
JPMMT 2006-A2 CL 2A1 5.7732% 4/25/36	892	771
JPMORGAN CHASE & CO NT V/R 5/6/30	57,629	47,585
KIMBERLY-CLARK NT 4.5% 2/16/33	49,924	49,857
LOCKHEED MARTIN NT 4.45% 5/15/28	49,910	49,996
MARM 2004-13 CL 2A1 V/R 4/21/34	274	268
MARM 2004-15 CL 4A1 V/R 12/25/34	842	799
METLIFE NT 3.6% 11/13/25	39,997	39,382
MICROSOFT NT 3.3% 2/6/27	56,351	48,847
MID-AMERICA APTS NT 4.2% 6/15/28	46,684	48,991
MORGAN STANLEY NT V/R 10/21/25	30,000	29,695
MPLX NT 4.95% 9/1/32	24,858	24,481
NATIONAL FUEL GAS NT 5.2% 7/15/25	38,604	34,922
NATIONAL RURAL UTIL NT 5.15% 6/15/29	49,888	51,111
NIKE INC NT 2.375% 11/1/26	39,943	38,171
NORTHERN TRUST NT 1.95% 5/1/30	49,811	43,342

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>CORPORATE BONDS (CONTINUED):</b>		
NOVARTIS CAPITAL CORP NT 3% 11/20/25	\$ 45,015	\$ 44,096
NUCOR CORP NT 3.95% 5/23/25	24,984	24,743
OREILLY AUTOMOTIVE NT 3.6% 9/1/27	29,952	29,014
PACIFICORP NT 3.5% 6/15/29	44,917	42,566
PARKER-HANNIFIN NT 3.25% 6/14/29	34,890	32,827
PEPSICO INC NT 3.9% 7/18/32	41,799	43,104
PHARMACIA CORP NT 6.6% 12/1/28	48,834	37,791
REALTY INCOME NT 3% 1/15/27	24,668	23,958
ROPER TECHNOLOGIES NT 2% 6/30/30	24,719	21,423
SEMT 2004-10 CL A1A V/R 11/20/34	3,192	3,996
SPIRE MISSOURI NT 4.8% 2/15/33	52,444	54,959
STATE STREET CORP NT 5.272% 8/3/26	50,000	50,438
SYNIT 2022-A2 CL A 3.86% 7/17/28	49,993	49,373
TENNESSEE GAS PL NT 7% 3/15/27	26,082	26,232
UDR INC NT 3.2% 1/15/30	24,916	23,039
US BANCORP NT V/R 1/27/28	50,000	46,795
VENTAS REALTY NT 3.5% 2/1/25	24,916	24,708
VERIZON COMM NT 2.355% 3/15/32	38,186	41,829
VZMT 2022-4 CL B V/R 11/20/28	49,989	49,251
WALT DISNEY CO NT 1.85% 7/30/26	39,159	37,854
WELLS FARGO NT V/R 6/17/27	50,000	48,379
<b>TOTAL CORPORATE BONDS</b>	<u>2,598,995</u>	<u>2,526,938</u>
<b>FOREIGN BONDS:</b>		
BANCO SANTANDER NT V/R 3/14/30	29,765	30,393
BANK OF MONTREAL NT 1.25% 9/15/26	49,916	46,417
BK OF NOVA SCOTIA NT 2.951% 3/11/27	50,000	47,806
ENSTAR GROUP NT 3.1% 9/1/31	55,079	45,347
JOHNSON CONTROLS NT 1.75% 9/15/30	24,922	21,197
SHELL INTL NT 2.875% 5/10/26	39,869	38,835
TORONTO-DOMINION BK NT 3.766% 6/6/25	50,000	49,436
<b>TOTAL FOREIGN BONDS</b>	<u>299,551</u>	<u>279,431</u>
<b>REGISTERED INVESTMENT COMPANIES:</b>		
FIDELITY EMG MKTS INDEX-FAI	35,044	38,045
FIDELITY MID CAP GRW INDX	95,337	122,874
FIDELITY MID CAP VAL INDX	85,292	110,203
FIDELITY SM CAP GRW INDX	82,795	79,659
FIDELITY SM CAP VAL INDX	69,362	70,933
NUVEEN INTL EQUITY INDEX FD-R6 #7295	186,692	218,354
NUVEEN LARGE CAP VALUE INDEX FUND-R6	420,316	513,178

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
<b>REGISTERED INVESTMENT COMPANIES (CONTINUED):</b>		
SCHWAB FUNDAMENTAL US LG CO INDX FD	\$ 341,000	\$ 398,760
<b>TOTAL REGISTERED INVESTMENT COMPANIES</b>	<u>1,315,838</u>	<u>1,552,006</u>
<b>COMMON STOCK:</b>		
ABBVIE INC	7,060	9,266
ALPHABET INC CL A	19,501	65,185
AMAZON COM INC	16,588	58,899
AMGEN INC	9,389	9,974
AMPHENOL CORP CL-A	5,189	11,567
APPLE INC	7,888	121,034
ARCH CAPITAL GROUP LIMITED	7,130	9,099
BENTLEY SYSTEMS INC	9,008	8,530
BROADCOM INC	16,522	24,102
CADENCE DESIGN SYSTEMS INC	3,845	8,030
CDW CORP/DE	6,761	8,724
CHENIERE ENERGY INC	10,163	10,958
COPART INC	4,122	8,111
CORPAY INC COM	9,184	10,214
COSTCO WHSL CORP NEW	6,896	12,330
DECKERS OUTDOOR CORPORATION	5,010	4,613
FAIR ISAAC & CO INC	6,170	8,000
FISERV INC	1,821	13,086
GODADDY INC CL A	4,994	10,182
HILTON WORLDWIDE HOLDINGS INC	6,328	10,734
HOME DEPOT INC	4,814	11,045
HONEYWELL INTL INC	8,300	9,214
HYATT HOTELS CORP CLASS A	8,924	8,840
ILLINOIS TOOL WORKS INC	4,240	9,891
INTUIT	7,436	9,710
LILLY ELI & CO	16,553	24,128
MASTERCARD INCORPORATED CLASS A	920	9,274
MCDONALDS CORP	6,137	10,616
MCKESSON CORP	5,369	9,255
META PLATFORMS INC	21,673	33,238
MICROSOFT CORP	31,095	112,955
MOTOROLA SOLUTIONS INC	6,925	9,973
MSCI INC-A	9,402	10,815
NETAPP INC	7,064	11,428
NETFLIX.COM INC	10,309	9,425
NVIDIA CORP	17,712	100,637
PALO ALTO NETWORKS INC	1,634	9,742

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**July 31, 2024**

<b>(a)</b>	<b>Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets</b>	<b>Cost (d)</b>	<b>Current Value (e)</b>
	<b>COMMON STOCK (CONTINUED):</b>		
	PEPSICO INC	\$ 5,359	\$ 10,360
	PERFORMANCE FOOD GROUP CO	8,035	8,970
	PTC INC	7,078	9,782
	ROCKWELL AUTOMATION INC	10,348	9,753
	ROLLINS INCORPORATED	3,997	9,822
	RPM INC OHIO	3,402	9,717
	SERVICENOW INC	11,651	12,216
	STRYKER CORP	1,848	8,186
	TARGA RESOURCES CORP	6,900	10,822
	TESLA MOTORS INC	19,216	20,886
	THERMO FISHER CORP	1,986	9,200
	TRACTOR SUPPLY COMPANY	6,108	7,900
	TRADEWEB MARKETS INC	7,687	10,051
	TRAVEL AND LEISURE CO	8,093	8,988
	UNITEDHEALTH GROUP INC	5,237	11,523
	VISA INC CLASS A SHARES	1,885	14,612
	VONTIER CORP	7,387	8,238
	WASTE MGMT INC DEL	6,477	10,133
	ZOETIS INC	6,884	9,901
	<b>TOTAL COMMON STOCK</b>	<u>461,654</u>	<u>1,023,884</u>
	<b>TOTAL ASSETS HELD AT END OF YEAR</b>	<u>\$ 16,086,788</u>	<u>\$ 16,667,189</u>

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning **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**

<b>1a</b> Name of plan <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
	<b>1c</b> Effective date of plan <b>08/31/1952</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>CEMENT MASONS LOCAL 527 HEALTH &amp; WELFARE TRUST FUND</b>  <b>3341 HOLLENBERG DRIVE</b>  <b>BRIDGETON MO 63044</b>	<b>2b</b> Employer Identification Number (EIN) <b>43-0650799</b>
	<b>2c</b> Plan Sponsor's telephone number <b>314-739-1129</b>
	<b>2d</b> Business code (see instructions) <b>238900</b>

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

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

<b>SIGN HERE</b>		<b>5/12/25</b>	<b>BRAD CAMPBELL</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)  
v. 230728

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

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

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	550
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). <b>a (1)</b> Total number of active participants at the beginning of the plan year ..... <b>a (2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines 6d and 6e ..... <b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b>	498
	<b>6a(2)</b>	511
	<b>6b</b>	22
	<b>6c</b>	20
	<b>6d</b>	553
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	97

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

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

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

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

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

**Cement Masons' Local #527 Health & Welfare Trust Fund**  
**EIN: 43-0650799 Plan Number: 501**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended July 31, 2024**

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Financial Square Tr Government (77)	\$ -	\$ 9,558,427	\$ 9,558,427	\$ 9,558,427	\$ -
Commerce Bank	Financial Square Tr Government (342)	11,063,320	-	11,063,320	11,063,320	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						