

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	--

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WEL</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WELFARE PLAN</u></p> <p><u>4940 WASHINGTON AVENUE</u> <u>4940 WASHINGTON AVENUE</u> <u>ST. LOUIS, MO 63108</u> <u>ST. LOUIS, MO 63108</u></p>	<p>1c Effective date of plan <u>08/01/1966</u></p> <p>2b Employer Identification Number (EIN) <u>37-6060398</u></p> <p>2c Plan Sponsor's telephone number <u>314-367-6555</u></p> <p>2d Business code (see instructions) <u>236200</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/13/2025	ROBERT GREEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/13/2025	ROBERT GREEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EKON BENEFITS 4940 WASHINGTON AVENUE ST. LOUIS, MO 63108		3b Administrator's EIN 43-1317863	
		3c Administrator's telephone number 314-367-6555	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	395
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d):			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	329
a(2) Total number of active participants at the end of the plan year		6a(2)	365
b Retired or separated participants receiving benefits		6b	62
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	427
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f Total. Add lines 6d and 6e		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	207

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 4D 4L

9a Plan funding arrangement (check all that apply)		9b 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		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>4</u>	(3) <input checked="" type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>4</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(5) <input type="checkbox"/> G (Financial Transaction Schedules)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WEL		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WELFARE PLAN		D Employer Identification Number (EIN) 37-6060398	

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

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10537	425	08/01/2023	07/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	640617
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WEL		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WELFARE PLAN		D Employer Identification Number (EIN) 37-6060398	

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

1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0140031	772	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	33

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

J.W. TERRILL

**825 MARYVILLE CENTRE DR STE 200
CHESTERFIELD, MO 63017**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	33	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier.....	10a	44806
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WEL		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WELFARE PLAN		D Employer Identification Number (EIN) 37-6060398	

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

EYE MED

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	10545821001	1015	01/01/2024	07/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1026
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WEL	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WELFARE PLAN	D Employer Identification Number (EIN) 37-6060398

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

EYE MED

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	10545831001	0	01/01/2024	07/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WEL	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WELFARE PLAN	D Employer Identification Number (EIN) 37-6060398	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERITAIN HEALTH

9201 WATSON ROAD
ST. LOUIS, MO 63126

16-1264154

(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	CLAIMS MANAGEMENT	206716	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)

EKON BENEFITS

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

43-1317863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	ADMINISTRATOR	58667	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)

CAVANAGH & O'HARA

1609 NORTH ILLINOIS
BELLEVILLE, IL 62226

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	33529	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)

MONETARY MANAGEMENT

13537 BARRETT PARKWAY
ST. LOUIS, MO 63021

43-1581414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	33095	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)

SCHEFFEL BOYLE

143 N. KANSAS ST.
EDWARDSVILLE, IL 62025

37-1206530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	23850	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)

MARSH & MCLENNAN

825 MARYVILLE CENTER DR
CHESTERFIELD, MO 63017

26-3237576

(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	CONSULTANT	22359	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

922 WALNUT STREET
KANSAS CITY, MO 64106

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 33 59	CUSTODIAN	5124	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) 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?
			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) 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?
			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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WEL	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WELFARE PLAN	D Employer Identification Number (EIN) 37-6060398	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	554109	713995
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	596115	580358
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	393367	344191
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2183850	576057
(2) U.S. Government securities	1c(2)	3653638	5540672
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1449762	1619368
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2456381	3429258
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	24739	26953

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11311961	12830852
Liabilities			
g Benefit claims payable	1g	800000	700000
h Operating payables	1h	54984	50732
i Acquisition indebtedness	1i		
j Other liabilities	1j	51134	33850
k Total liabilities (add all amounts in lines 1g through 1j)	1k	906118	784582
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10405843	12046270

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6991852	
(B) Participants	2a(1)(B)	398722	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7390574
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	86310	
(B) U.S. Government securities	2b(1)(B)	118550	
(C) Corporate debt instruments	2b(1)(C)	37278	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		242138
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	24907	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		24907
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	13328283	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13261629	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		66654
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	817419	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		488
d Total income. Add all income amounts in column (b) and enter total	2d		8542180

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6118067	
(2) To insurance carriers for the provision of benefits.....	2e(2)	636779	
(3) Other.....	2e(3)	-300634	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6454212
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	255508	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	23850	
(5) Investment advisory and investment management fees	2i(5)	36571	
(6) Bank or trust company trustee/custodial fees	2i(6)	5124	
(7) Actuarial fees	2i(7)	9875	
(8) Legal fees	2i(8)	33734	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	82879	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		447541
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6901753

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1640427
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHEFFEL BOYLE

(2) EIN: 37-1206530

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

EMPLOYERS AND LABORERS
LOCALS 100 & 397
HEALTH AND WELFARE FUND

REPORT AND FINANCIAL STATEMENTS

JULY 31, 2024

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1-3
FINANCIAL STATEMENTS	
<u>EXHIBIT</u>	
A Statements of Net Assets Available for Benefits	4
B Statements of Changes in Net Assets Available for Benefits	5
C Statements of Plan Benefit Obligations	6
D Statements of Changes in Plan Benefit Obligations	7
NOTES TO FINANCIAL STATEMENTS	8-18
SUPPLEMENTAL INFORMATION	
<u>SCHEDULE</u>	
1 Schedules of Administrative Expenses	19
2 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	20-22
3 Schedule H, Line 4j - Schedule of Reportable Transactions	23



ALTON EDWARDSVILLE BELLEVILLE HIGHLAND
JERSEYVILLE COLUMBIA CARROLLTON

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Employers and Laborers Locals 100 & 397
Health and Welfare Fund

Opinion

We have audited the accompanying financial statements of Employers and Laborers Locals 100 & 397 Health and Welfare 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 plan benefit obligations as of July 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in plan 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 plan benefit obligations of Employers and Laborers Locals 100 & 397 Health and Welfare Fund as of July 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Employers and Laborers Locals 100 & 397 Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Employers and Laborers Locals 100 & 397 Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses for the years ended July 31, 2024 and 2023, are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules, schedule of assets (held at end of year) as of July 31, 2024, and schedule of reportable transactions for the year ended July 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Edwardsville, Illinois
May 6, 2025

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments at Fair Value	\$ 11,165,355	\$ 9,743,631
Receivables:		
Employer Contributions	580,358	596,115
Accrued Investment Income	58,371	38,604
Reciprocals Due from Other Funds	76,816	81,666
Stop-Loss and Refunds	98,001	189,894
Pharmacy Rebates	56,550	55,771
Stop-Loss Premium Dividend	54,453	27,432
Total Receivables	<u>924,549</u>	<u>989,482</u>
Other Assets:		
Prepaid Expenses	26,953	24,739
Cash (Non-Interest Bearing)	713,995	554,109
Total Other Assets	<u>740,948</u>	<u>578,848</u>
Total Assets	<u>12,830,852</u>	<u>11,311,961</u>
LIABILITIES:		
Accounts Payable	50,732	54,984
Reciprocals Due to Other Funds	33,850	51,134
Total Liabilities	<u>84,582</u>	<u>106,118</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,746,270</u>	<u>\$ 11,205,843</u>

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

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

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Net Investment Income:		
Interest	\$ 229,282	\$ 171,913
Dividends and Capital Gains	37,763	28,457
Net Appreciation in Fair Value of Investments	884,073	225,269
	<u>1,151,118</u>	<u>425,639</u>
Less: Investment Expenses	(36,571)	(27,058)
Net Investment Income	<u>1,114,547</u>	<u>398,581</u>
Contributions:		
Employer Contributions	6,771,392	6,561,589
Participant Contributions	398,722	446,119
Reciprocals In	435,311	385,665
Reciprocals Out	(214,851)	(233,435)
Total Contributions	<u>7,390,574</u>	<u>7,159,938</u>
Other Income	488	-
Total Additions	<u>8,505,609</u>	<u>7,558,519</u>
DEDUCTIONS:		
Benefit Provided and Insurance Premiums:		
Claims Paid	6,218,067	5,419,321
Insurance Premiums	636,779	587,242
	<u>6,854,846</u>	<u>6,006,563</u>
Less: Refunds and Stop-Loss		
Refunds	(221,746)	(135,760)
Stop-Loss	(78,888)	(174,660)
	<u>(300,634)</u>	<u>(310,420)</u>
Net Benefits Provided and Insurance Premiums	<u>6,554,212</u>	<u>5,696,143</u>
Contributions to Midwest Region Health & Safety	37,666	33,524
Administrative Expenses	373,304	385,953
Total Deductions	<u>6,965,182</u>	<u>6,115,620</u>
Net Increase	1,540,427	1,442,899
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>11,205,843</u>	<u>9,762,944</u>
End of Year	<u>\$ 12,746,270</u>	<u>\$ 11,205,843</u>

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE:		
Claims Payable and Claims Incurred but Not Reported	<u>\$ 700,000</u>	<u>\$ 800,000</u>
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Accumulated Eligibility Credits	<u>6,921,627</u>	<u>5,760,633</u>
Total Obligations Other Than Post-Retirement Benefit Obligations	<u>7,621,627</u>	<u>6,560,633</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Current Retirees, Beneficiaries and Dependents	3,235,849	3,750,826
Other Participants Fully Eligible for Benefits	1,760,760	1,635,749
Other Participants Not Yet Fully Eligible for Benefits	<u>5,466,916</u>	<u>5,120,731</u>
Total Post-Retirement Benefit Obligations	<u>10,463,525</u>	<u>10,507,306</u>
TOTAL PLAN BENEFIT OBLIGATIONS	<u>\$ 18,085,152</u>	<u>\$ 17,067,939</u>

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	\$ 800,000	\$ 965,000
Claims Reported and Approved for Payment	6,118,067	5,254,321
Claims Paid	<u>(6,218,067)</u>	<u>(5,419,321)</u>
Balance at End of Year	<u>700,000</u>	<u>800,000</u>
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	5,760,633	6,108,188
Net Change During Year	1,160,994	(347,555)
Balance at End of Year	<u>6,921,627</u>	<u>5,760,633</u>
Total Plan Benefit Obligations Other Than Postretirement Benefit Obligations	<u>7,621,627</u>	<u>6,560,633</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	10,507,306	11,352,469
Increase (Decrease) During the Year Attributable to:		
Benefits Earned and Other Changes	98,882	47,116
Changes in Actuarial Assumptions	<u>(142,663)</u>	<u>(892,279)</u>
Balance at End of Year	<u>10,463,525</u>	<u>10,507,306</u>
TOTAL PLAN BENEFIT OBLIGATIONS	<u>\$ 18,085,152</u>	<u>\$ 17,067,939</u>

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Employers and Laborers Locals 100 & 397 Health and Welfare Fund (the “Plan”) provides only general information. Participants should refer to the Plan document for a more comprehensive description of the Plan’s provisions.

General:

The Plan is a defined benefit health and welfare plan. The Plan was created by a Trust Agreement amended and restated effective August 1, 1984, by and between Locals 100 & 397 Brotherhood of Laborers and the Southern Illinois Builders Association, then located in Belleville, Illinois. Four trustees are named by the unions and four by the employers.

The purpose of the Plan is to provide eligible members of the unions and their families benefits for medical care, accident and health, life, hospitalization, surgical and dental expenses as determined and contracted for by the Trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan also supports health and safety programs by contributing \$0.04 per hour worked to the Midwest Region Health & Safety Fund.

Contributions:

The Plan receives contributions from participating employers who are bound by collective bargaining agreements or other agreements requiring contributions to the Employers and Laborers Locals 100 & 397 Health and Welfare Fund. Contributions are made to the Plan and enable employees working under such agreements to participate in the Plan. Employees are entitled to participate in this Plan if they work under a collective bargaining (or other) agreement, which requires their employer to make contributions to the Fund on their behalf. Employees will become eligible for benefits when they satisfy the eligibility rules of the Plan. Contributions for hours worked from August 1, 2023 through July 31, 2024 were \$8.70 an hour for regular time, \$13.05 per hour for time and one half, and \$17.40 per hour for double time. Contributions for hours worked from August 1, 2022 through July 31, 2023 were \$8.60 an hour for regular time, \$12.90 per hour for time and one half, and \$17.20 per hour for double time.

The Plan also provides health benefits to participants during periods of unemployment, provided they have accumulated in the current year, or in prior years, credit amounts of 1,200 (expressed in hours).

Certain participants make contributions equal to the difference between amounts paid-in for their account and the amount necessary to retain insurance coverage. These individuals are considered “self-pay” on a calendar year basis.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN (CONT'D)

Reciprocals from (to) Other Funds:

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

Benefits:

The employer contributions are received and held in trust by the Board of Trustees pending the payment of benefits and administrative expenses. Benefits provided by the Plan may be either insured or self-insured. Eligibility for coverage is determined on a twelve-month basis. Upon attaining eligibility, members are covered under the Plan for a twelve-month period from November 1st to October 31st.

Eligibility:

Participants should refer to the plan agreement for a complete description of eligibility under the Plan.

Other:

The Plan's Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided to active employees. The Plan may be terminated only by joint agreement between industry and union as provided in the trust declaration, subject to the provisions set forth in ERISA.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

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

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, incurred but not reported claims, eligibility credits, claims payable, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Cash and Concentrations of Cash:

Cash consists of two non-interest bearing demand deposit accounts. One of the cash accounts is an agency account held by Ekon Benefits, the third-party administrator, for the benefit of their plan clients. Cash held by Ekon Benefits at July 31, 2024 and 2023 was \$565,720 and \$-0-, respectively. Cash balances are secured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At times, the balance in the accounts may exceed federally insured limits.

Investment Valuation and Income Recognition:

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

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

Benefit Payments:

Claims and insurance premiums are recorded when paid by the Plan. Claims and insurance premiums not yet paid at year-end are included as an amount currently payable in the accompanying statement of benefit obligations.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

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

Employer Contributions Receivable:

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

Pharmacy Rebates:

Rebates due from the Plan's pharmacy benefits manager (PBM) are recorded when earned. Rebates earned but not paid as of the financial statement date have been reported as a receivable, with the offset being netted against benefit payments. Pharmacy rebates and subsidies totaling \$126,613 and \$117,113 have been netted with refunds in the accompanying statements of changes in net assets available for benefits for the years ended July 31, 2024 and 2023, respectively.

Postretirement Benefit Obligations:

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. These postretirement benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to July 31, reduced by the actuarial present value of contributions expected to be received in the future from current retirees in the Plan. The obligations represent the amounts that are expected to be funded by contributions from the Plan and from existing assets of the Plan. 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 participating employers.

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 estimated self-payments of \$5,535,616 and \$5,306,356 for the years ended July 31, 2024 and 2023, respectively.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

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

Postretirement Benefit Obligations (Cont'd):

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

Other Plan Obligations:

Plan obligations at July 31 for health claims incurred by active participants but not reported at that date are estimated by the Plan. Such estimated amounts are reported in the accompanying statements of plan benefit obligations at present value. Health claims incurred by retired participants but not reported at year-end are included in claims incurred but not reported.

The liability for accumulated eligibility reserve represents estimated future benefits based on participants' accumulated eligibility credits and was calculated by using the average monthly claim cost per individual multiplied by the estimated number of months of remaining coverage for the participants.

Stop-Loss:

Premiums for stop-loss insurance are included in insurance premium payments in the accompanying statements of changes in net assets available for benefits.

Administrative Expenses:

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

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

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

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

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

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

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

Cash and Cash Equivalents

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

Common Stocks

Common stocks are stated at fair value based on the closing price reported on the active market on which the individual securities are traded, resulting in a Level 1 classification.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

U.S. Government and Agency Securities

U.S. government and agency securities are stated at fair value based on pricing models maximizing the use of observable inputs for similar securities, resulting in a Level 2 classification.

Corporate Bonds

Corporate bonds are stated at fair value based on pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available. Corporate bonds therefore result in a Level 2 classification.

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>July 31, 2024</u>				
Cash and Cash Equivalents	\$ 576,057	\$ -	\$ -	\$ 576,057
Common Stocks	3,429,258	-	-	3,429,258
U.S. Government and Agency Securities	-	5,540,672	-	5,540,672
Corporate Bonds	-	1,619,368	-	1,619,368
Investments at Fair Value	<u>\$4,005,315</u>	<u>\$7,160,040</u>	<u>\$ -</u>	<u>\$11,165,355</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>July 31, 2023</u>				
Cash and Cash Equivalents	\$2,183,850	\$ -	\$ -	\$ 2,183,850
Common Stocks	2,456,381	-	-	2,456,381
U.S. Government and Agency Securities	-	3,653,638	-	3,653,638
Corporate Bonds	-	1,449,762	-	1,449,762
Investments at Fair Value	<u>\$4,640,231</u>	<u>\$5,103,400</u>	<u>\$ -</u>	<u>\$ 9,743,631</u>

Changes in Fair Value Levels

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS

The following is a summary of significant assumptions used in the valuation as of July 31, 2024 and 2023:

Costing Method:	Projected Unit Credit Cost Method
Weighted-Average Discount Rate:	5.12% for 2024 and 4.96% for 2023
Average Retirement Age:	62 for 2024 and 2023
Mortality:	2024: PRI-2012 Employee Blue Collar Table, male and female rates, projected mortality improvement using Scale MP-2021 2023: PRI-2012 Employee Blue Collar Table, male and female rates, projected mortality improvement using Scale MP-2021
Medical Trend Rates:	2024: 5.75% graded down to 4.50% over 4 years 2023: 6.00% graded down to 4.50% over 4 years

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

Benefit Obligations

The Plan's deficiency of net assets over benefit obligations at July 31, 2024 and 2023 relates primarily to the post-retirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported as post-retirement benefit obligation. If the assumed rates increased by one percentage point in each year, total benefit obligations as of July 31, 2024 and 2023 would increase to \$19,725,632 and \$18,421,875, respectively.

NOTE 5. TRUST AGREEMENT

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 6. TAX STATUS

The Plan has received an exemption letter from the Internal Revenue Service stating that the Plan is tax-exempt under the provision of section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employees' Beneficiary Association. The Plan is required to operate in conformity with the Code to maintain its tax-exempt status. The Plan's administrator believes the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes the Plan continues to be tax-exempt.

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

NOTE 7. PLAN TERMINATION

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

NOTE 8. CONCENTRATIONS

For the years ended July 30, 2024 and 2023, the Plan had three and two employers, respectively, who remitted over 5% of the contributions:

	<u>2024</u>	<u>2023</u>
New Frontier Materials	\$ 914,496	\$ 909,024
City of Granite City	438,480	464,927
Keeley & Sons	247,376	

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 9. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

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

Ekon Benefits, the third-party administrator, is also the Plan consultant, computer programmer and actuary. Fees paid by the Plan for Ekon Benefit's services amounted to \$58,667 and \$65,133 for the years ended July 31, 2024 and 2023, respectively.

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

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

Significant party-in-interest transactions include claims administration by Meritain Health. Fees paid by the Plan for the claims administration amounted to \$206,716 and \$198,446 for the years ended July 31, 2024 and 2023, respectively.

NOTE 10. RISKS AND UNCERTAINTIES

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

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

NOTE 11. STOP-LOSS INSURANCE

The Plan has a contract with Ullico, which provides excess stop-loss coverage for active members of the Plan. Premiums paid, net of dividends, were \$586,164 and \$537,604 for the years ended July 31, 2024 and 2023, respectively. In addition, stop-loss recoveries netted against benefits paid directly to participants and beneficiaries were \$78,888 and \$174,660 for the years ended July 31, 2024 and 2023, respectively.

NOTE 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 the Form 5500:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$12,746,270	\$11,205,843
Less: Benefit Obligations Payable	<u>(700,000)</u>	<u>(800,000)</u>
Net Assets Available for Benefits per Form 5500	<u>\$12,046,270</u>	<u>\$10,405,843</u>

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

	<u>2024</u>	<u>2023</u>
Benefit Payments and Expenses Per the Financial Statements	\$ 6,554,212	\$ 5,696,143
Add: Benefit Obligations Payable - End of Year	700,000	800,000
Less: Benefit Obligations Payable - Beginning of Year	<u>(800,000)</u>	<u>(965,000)</u>
Benefit Payments and Expenses Per Form 5500	<u>\$ 6,454,212</u>	<u>\$ 5,531,143</u>
Net Increase in Net Assets Available for Benefits Per the Financial Statements	\$ 1,540,427	\$ 1,442,899
Add: Benefit Obligations Payable - Beginning of Year	800,000	965,000
Less: Benefit Obligations Payable - End of Year	<u>(700,000)</u>	<u>(800,000)</u>
Net Increase in Net Assets Available for Benefits Per Form 5500	<u>\$ 1,640,427</u>	<u>\$ 1,607,899</u>

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

NOTE 13. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through May 6, 2025, which is the date the financial statements were available to be issued. From this evaluation, no events were identified that met the requirement for disclosure.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
SCHEDULES OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Administrative:		
Claims Administration - Meritain Health	\$ 206,716	\$ 198,446
Ekon Benefits	48,792	54,833
Marsh & McLennan	22,359	20,900
	<u>277,867</u>	<u>274,179</u>
Professional Fees:		
Actuary Fees - Ekon Benefits	9,875	10,300
Legal Fees - Cavanaugh & O'Hara	33,529	32,813
Legal Fees - Kelly & Kelly	205	363
Audit Fees - Scheffel Boyle	23,850	42,150
	<u>67,459</u>	<u>85,626</u>
Insurance	<u>8,823</u>	<u>9,026</u>
Bank Charges:		
U.S Bank and Commerce	<u>5,124</u>	<u>4,850</u>
Office Expenses:		
Dues	449	441
Printing, Postage and Stationery	4,416	165
PICORI Fee and Excise Tax	2,370	2,397
Compliance	5,188	7,646
Miscellaneous	1,608	1,623
	<u>14,031</u>	<u>12,272</u>
 Total Administrative Expenses	 <u>\$ 373,304</u>	 <u>\$ 385,953</u>

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
FEIN: 37-6060398 / PLAN NUMBER: 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED JULY 31, 2024

<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>		<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE</u>	<u>SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
(a)	(b)	(c)		(d)	(e)
INTEREST-BEARING CASH AND CASH EQUIVALENTS:					
	Commerce Bank	Financial Square Tr Government Institutional Class Fd #465	480,510	\$ 480,510	\$ 480,510
	Commerce Bank	Financial Square Tr Government Institutional Class Fd #465	95,547	95,547	95,547
Total - Interest-Bearing Cash and Cash Equivalents				576,057	576,057
COMMON STOCKS:					
	Abbie Inc	Common Stock	265	24,907	49,110
	Adobe Inc	Common Stock	50	17,588	27,582
	Advanced Micro Devices Inc	Common Stock	85	12,641	12,281
	Alphabet Inc Class A	Common Stock	1,535	80,677	263,314
	Amazon Com Inc	Common Stock	1,205	93,314	225,311
	American Tower Corp	Common Stock	75	16,143	16,530
	Amgen Inc	Common Stock	135	22,965	44,883
	Apple Inc	Common Stock	1,790	157,911	397,523
	Booking Holding Inc.	Common Stock	8	18,711	29,720
	Broadcom Inc	Common Stock	740	40,228	118,903
	Cadence Design Systems Inc	Common Stock	100	29,358	26,766
	Caterpillar Inc	Common Stock	30	5,562	10,386
	Cheniere Energy Inc	Common Stock	65	10,043	11,872
	Chevron Corp	Common Stock	120	18,961	19,256
	Chubb LTD	Common Stock	100	21,834	27,566
	Costco Whsl Corp	Common Stock	75	31,919	61,650
	Deere & Co	Common Stock	40	14,421	14,879
	Delta Air Lines Inc	Common Stock	520	19,611	22,370
	Eog Resources Inc.	Common Stock	150	17,152	19,020
	Home Depot Inc	Common Stock	155	25,220	57,065
	Intuit	Common Stock	75	39,715	48,551
	Intuitive Surgical Inc	Common Stock	50	13,801	22,230
	JP Morgan Chase & Co	Common Stock	210	24,788	44,688
	Kla Corporation	Common Stock	53	21,492	43,623
	Lam Resh Corp	Common Stock	46	7,419	42,377
	Lilly Eli & Co	Common Stock	90	29,586	72,384
	Lockheed Martin Corp	Common Stock	50	22,447	27,096
	Lowe's Companies Inc	Common Stock	115	10,977	28,234
	L3harris Technologies Inc	Common Stock	180	32,858	40,840
	Mastercard Inc Class A	Common Stock	160	49,073	74,194
	Meta Platforms Inc	Common Stock	275	67,214	130,578
	Microsoft Corp	Common Stock	968	175,360	404,963
	Netflix.Com Inc	Common Stock	38	11,913	23,877
	Nvidia Corp	Common Stock	2,880	60,888	337,018
	Oracle Corp	Common Stock	100	14,447	13,945
	Oreilly Automotive Inc	Common Stock	35	18,221	39,422
	Palo Alto Networks Inc	Common Stock	100	14,498	32,473
	Parker-Hannifin CP	Common Stock	70	21,747	39,281
	Pepsico Inc	Common Stock	195	26,111	33,671
	Qualcomm Inc	Common Stock	75	15,450	13,571
	Regeneron Pharmaceuticals Inc	Common Stock	30	19,750	32,376
	Salesforce Inc	Common Stock	50	14,123	12,940
	Servicenow Inc	Common Stock	25	5,688	20,360
	Shermin Williams Co	Common Stock	128	31,442	44,902
	Stryker Corp	Common Stock	90	22,259	29,471
	Synopsis Inc	Common Stock	55	18,681	30,708
	Tesla Motors Inc	Common Stock	258	58,054	59,874
	Thermo Fisher Corp	Common Stock	25	2,110	15,334
	TJX Cos Inc	Common Stock	350	31,516	39,557
	Uber Technologies Inc	Common Stock	250	16,715	16,118
	Union Pacific Corp	Common Stock	160	31,431	39,477
	Unitedhealth Group Inc	Common Stock	70	12,654	40,331

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
FEIN: 37-6060398 / PLAN NUMBER: 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED JULY 31, 2024

(a)	(b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	SHARES	COST (d)	CURRENT VALUE (e)
COMMON STOCKS:					
	Vertex Pharmaceuticals Inc.	Common Stock	30	12,804	14,871
	Visa Inc Class A	Common Stock	200	19,556	53,134
	Zoetis Inc	Common Stock	60	10,437	10,802
Total - Common Stock				1,664,391	3,429,258
U.S. GOVERNMENT AND AGENCY SECURITIES:					
	Government National Mortgage Assoc	II Pool #2153; 7% Due 1/20/26 Dated 1/1/96	155	165	158
	Government National Mortgage Assoc	II Pool #2510; 7% Due 11/20/27 Dated 11/1/97	109	115	111
	Government National Mortgage Assoc	REMIC Series 2005-49 Class B; 5.5% Due 6/20/35 Dated 6/1/05	48,189	48,159	48,910
	U.S. Treasury	Note; 0.875% Due 11/15/30 Dated 11/15/20	100,000	99,631	83,067
	U.S. Treasury	Note; 1.125% Due 2/29/28 Dated 2/28/21	100,000	97,425	90,467
	U.S. Treasury	Note; 0.5% Due 2/28/26 Dated 2/28/21	200,000	194,468	188,106
	U.S. Treasury	Note; 0.75% Due 4/30/26 Dated 4/30/21	100,000	100,346	93,983
	U.S. Treasury	Note; 1.25% Due 5/31/28 Dated 5/31/21	150,000	145,833	135,534
	U.S. Treasury	Note; 1.25% Due 9/30/28 Dated 9/30/21	100,000	96,753	89,659
	U.S. Treasury	Note; 0.75% Due 11/15/24 Dated 11/15/21	200,000	198,960	197,440
	U.S. Treasury	Note; 1.5% Due 11/30/28 Dated 11/30/21	100,000	95,764	90,286
	U.S. Treasury	Note; 4.25% Due 9/30/24 Dated 9/30/22	100,000	99,932	99,797
	U.S. Treasury	Note; 4% Due 10/31/29 Dated 10/31/22	250,000	253,159	250,645
	U.S. Treasury	Note; 4.125% Due 11/15/32 Dated 11/15/22	200,000	198,722	201,572
	U.S. Treasury	Note; 3.5% Due 1/31/30 Dated 1/31/23	250,000	244,698	244,435
	U.S. Treasury	Note; 4% Due 2/28/30 Dated 2/28/23	200,000	198,644	200,486
	U.S. Treasury	Note; 3.375% Due 5/15/33 Dated 5/15/23	200,000	186,272	190,282
	U.S. Treasury	Note; 4.25% Due 5/31/25 Dated 5/31/23	200,000	199,396	198,994
	U.S. Treasury	Note; 4.125% Due 6/15/26 Dated 6/15/23	150,000	149,064	149,511
	U.S. Treasury	Note; 3.75% Due 6/30/30 Dated 6/30/23	100,000	99,553	98,918
	U.S. Treasury	Note; 3.875% Due 8/15/33 Dated 8/15/23	250,000	246,678	246,783
	U.S. Treasury	Note; 5% Due 8/31/25 Dated 8/31/23	100,000	99,741	100,291
	U.S. Treasury	Note; 4.125% Due 8/31/30 Dated 8/31/23	200,000	200,333	201,758
	U.S. Treasury	Note; 3.75% Due 12/31/30 Dated 12/31/23	200,000	197,087	197,634
	U.S. Treasury	Note; 4% Due 1/31/29 Dated 1/31/24	125,000	121,992	125,281
	U.S. Treasury	Note; 2% Due 2/15/25 Dated 2/15/15	100,000	99,302	98,394
	U.S. Treasury	Note; 2% Due 8/15/25 Dated 8/15/15	125,000	122,370	121,636
	U.S. Treasury	Note; 2.25% Due 2/15/27 Dated 2/15/17	100,000	99,621	95,512
	U.S. Treasury	Note; 1.625% Due 8/15/29 Dated 8/15/19	200,000	200,038	179,196
	U.S. Treasury	Note; 1.125% Due 2/28/27 Dated 2/29/20	200,000	198,916	185,462
	U.S. Treasury	Note; 0.5% Due 3/31/25 Dated 3/31/20	100,000	97,816	97,136
	U.S. Treasury	Note; 0.5% Due 5/31/27 Dated 5/31/20	125,000	124,938	113,150
	U.S. Treasury	Note; 1.5% Due 1/31/27 Dated 1/31/20	100,000	102,750	93,799
	U.S. Treasury	Note; 1.5% Due 8/15/26 Dated 8/15/16	100,000	93,116	94,668
	U.S. Treasury	Note; 2.625% Due 3/31/25 Dated 3/31/18	100,000	99,829	98,511
	U.S. Treasury	Note; 2.75% Due 8/31/25 Dated 8/31/18	100,000	99,008	97,958
	U.S. Treasury	Note; 2.625% Due 1/31/26 Dated 1/31/19	150,000	150,541	146,034
	U.S. Treasury	Note; 4% Due 2/15/34 Dated 2/15/24	100,000	97,629	99,602
	U.S. Treasury	Note; 4.25% Due 2/28/29 Dated 2/29/24	200,000	196,610	202,662
	Federal Farm Credit Bank	Unsecured Note; 0.68% Due 8/26/26 Dated 8/26/20	100,000	99,925	92,766
	Federal Home Loan Bank	Unsecured Note; 4% Due 6/30/28 Dated 7/14/23	100,000	99,040	100,798
	Federal National Mortgage Assoc	Unsecured Note; 1.625% Due 10/15/24 Dated 10/18/19	100,000	105,278	99,280
Total - U.S. Government and Agency Securities				5,659,617	5,540,672

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
FEIN: 37-6060398 / PLAN NUMBER: 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED JULY 31, 2024

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE (c)	SHARES	COST (d)	CURRENT VALUE (e)
CORPORATE BONDS:					
	Apple Inc	Senior Unsecured Note; 1.125% Due 5/11/25 Dated 5/11/20	100,000	99,434	97,062
	Arthur J Gallagher & Co	Senior Unsecured Note; 2.4% Due 11/9/31 Dated 11/9/21	50,000	49,836	41,634
	Bank of America Corp	Senior Unsecured Note; Variable Due 11/25/25 Dated 11/25/20	100,000	99,675	93,441
	Bristol-Myers Squibb Co	Senior Unsecured Note; 0.75% Due 11/13/25 Dated 11/13/20	50,000	49,172	47,520
	Costco Wholesale Corp	Senior Unsecured Note; 1.375% Due 6/20/27 Dated 4/20/20	100,000	103,826	92,028
	Cummins Inc	Senior Unsecured Note; 0.75% Due 9/1/25 Dated 8/24/20	100,000	99,233	95,718
	General Motors Financial Company Inc	Senior Unsecured Note; 2.4% Due 4/10/28 Dated 4/9/21	75,000	74,209	68,465
	Honeywell International	Senior Unsecured Note; 4.25% Due 1/15/29 Dated 5/17/23	100,000	99,710	99,442
	John Deere Capital Corp	Senior Unsecured Note; 2.8% Due 9/8/27 Dated 9/8/17	75,000	76,325	71,295
	Johnson & Johnson	Senior Unsecured Note; 2.9% Due 1/15/28 Dated 11/10/17	100,000	99,000	95,797
	Merck & Co Inc.	Senior Unsecured Note; 4.3% Due 5/17/30 Dated 5/17/23	100,000	99,600	99,352
	Oracle Corp	Senior Unsecured Note; 1.65% Due 3/25/26 Dated 3/24/21	100,000	99,320	94,876
	Pepsico Inc	Senior Unsecured Note; 2.75% Due 4/30/25 Dated 4/30/15	100,000	97,802	98,325
	Stryker Corp	Senior Unsecured Note; 1.15% Due 6/15/25 Dated 6/4/20	100,000	100,175	96,507
	The Coca-Cola Co	Senior Unsecured Note; 2.125% Due 9/6/29 Dated 9/6/19	100,000	98,960	89,881
	The Walt Disney Company	Senior Unsecured Note; 1.85% Due 7/30/26 Dated 7/12/16	50,000	51,487	47,317
	Union Pacific Corp	Senior Unsecured Note; 2.4% Due 2/5/30 Dated 1/31/20	100,000	97,349	89,696
	Waste Management Inc	Senior Unsecured Note; 4.625% Due 2/15/30 Dated 2/15/23	200	198,940	201,012
	Total - Corporate Bonds			1,694,053	1,619,368
	Total Investments			\$ 9,594,118	\$ 11,165,355

Note: There are no parties in interest.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
EIN: 37-6060398 / PLAN NUMBER: 501
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JULY 31, 2024

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSET</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>GAIN OR (LOSS)</u> (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No transactions								
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No transactions								
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
Commerce Trust	Financial Square Tr Government	\$ 7,258,703	\$ -	\$ -	\$ -	\$ 7,258,703	\$ 7,258,703	\$ -
Commerce Trust	Financial Square Tr Government	3,192,451	-	-	-	3,192,451	3,192,451	-
Commerce Trust	Financial Square Tr Government	-	8,756,246	-	-	8,756,246	8,756,246	-
Commerce Trust	Financial Square Tr Government	-	3,302,702	-	-	3,302,702	3,302,702	-

Category 4 - Single Transaction with One Broker Exceeds 5% of Value:

No transactions

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
FEIN: 37-6060398 / PLAN NUMBER: 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED JULY 31, 2024

<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>		<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE</u>	<u>SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
(a)	(b)	(c)		(d)	(e)
INTEREST-BEARING CASH AND CASH EQUIVALENTS:					
	Commerce Bank	Financial Square Tr Government Institutional Class Fd #465	480,510	\$ 480,510	\$ 480,510
	Commerce Bank	Financial Square Tr Government Institutional Class Fd #465	95,547	95,547	95,547
Total - Interest-Bearing Cash and Cash Equivalents				<u>576,057</u>	<u>576,057</u>
COMMON STOCKS:					
	Abbie Inc	Common Stock	265	24,907	49,110
	Adobe Inc	Common Stock	50	17,588	27,582
	Advanced Micro Devices Inc	Common Stock	85	12,641	12,281
	Alphabet Inc Class A	Common Stock	1,535	80,677	263,314
	Amazon Com Inc	Common Stock	1,205	93,314	225,311
	American Tower Corp	Common Stock	75	16,143	16,530
	Amgen Inc	Common Stock	135	22,965	44,883
	Apple Inc	Common Stock	1,790	157,911	397,523
	Booking Holding Inc.	Common Stock	8	18,711	29,720
	Broadcom Inc	Common Stock	740	40,228	118,903
	Cadence Design Systems Inc	Common Stock	100	29,358	26,766
	Caterpillar Inc	Common Stock	30	5,562	10,386
	Cheniere Energy Inc	Common Stock	65	10,043	11,872
	Chevron Corp	Common Stock	120	18,961	19,256
	Chubb LTD	Common Stock	100	21,834	27,566
	Costco Whsl Corp	Common Stock	75	31,919	61,650
	Deere & Co	Common Stock	40	14,421	14,879
	Delta Air Lines Inc	Common Stock	520	19,611	22,370
	Eog Resources Inc.	Common Stock	150	17,152	19,020
	Home Depot Inc	Common Stock	155	25,220	57,065
	Intuit	Common Stock	75	39,715	48,551
	Intuitive Surgical Inc	Common Stock	50	13,801	22,230
	JP Morgan Chase & Co	Common Stock	210	24,788	44,688
	Kla Corporation	Common Stock	53	21,492	43,623
	Lam Resh Corp	Common Stock	46	7,419	42,377
	Lilly Eli & Co	Common Stock	90	29,586	72,384
	Lockheed Martin Corp	Common Stock	50	22,447	27,096
	Lowe's Companies Inc	Common Stock	115	10,977	28,234
	L3harris Technologies Inc	Common Stock	180	32,858	40,840
	Mastercard Inc Class A	Common Stock	160	49,073	74,194
	Meta Platforms Inc	Common Stock	275	67,214	130,578
	Microsoft Corp	Common Stock	968	175,360	404,963
	Netflix.Com Inc	Common Stock	38	11,913	23,877
	Nvidia Corp	Common Stock	2,880	60,888	337,018
	Oracle Corp	Common Stock	100	14,447	13,945
	Oreilly Automotive Inc	Common Stock	35	18,221	39,422
	Palo Alto Networks Inc	Common Stock	100	14,498	32,473
	Parker-Hannifin CP	Common Stock	70	21,747	39,281
	Pepsico Inc	Common Stock	195	26,111	33,671
	Qualcomm Inc	Common Stock	75	15,450	13,571
	Regeneron Pharmaceuticals Inc	Common Stock	30	19,750	32,376
	Salesforce Inc	Common Stock	50	14,123	12,940
	Servicenow Inc	Common Stock	25	5,688	20,360
	Shermin Williams Co	Common Stock	128	31,442	44,902
	Stryker Corp	Common Stock	90	22,259	29,471
	Synopsis Inc	Common Stock	55	18,681	30,708
	Tesla Motors Inc	Common Stock	258	58,054	59,874
	Thermo Fisher Corp	Common Stock	25	2,110	15,334
	TJX Cos Inc	Common Stock	350	31,516	39,557
	Uber Technologies Inc	Common Stock	250	16,715	16,118
	Union Pacific Corp	Common Stock	160	31,431	39,477
	Unitedhealth Group Inc	Common Stock	70	12,654	40,331

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
FEIN: 37-6060398 / PLAN NUMBER: 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED JULY 31, 2024

(a)	(b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE			SHARES	COST (d)	CURRENT VALUE (e)
		IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	(c)			
COMMON STOCKS:							
	Vertex Pharmaceuticals Inc.	Common Stock		30	12,804	14,871	
	Visa Inc Class A	Common Stock		200	19,556	53,134	
	Zoetis Inc	Common Stock		60	10,437	10,802	
	Total - Common Stock				1,664,391	3,429,258	
U.S. GOVERNMENT AND AGENCY SECURITIES:							
	Government National Mortgage Assoc	II Pool #2153; 7% Due 1/20/26 Dated 1/1/96		155	165	158	
	Government National Mortgage Assoc	II Pool #2510; 7% Due 11/20/27 Dated 11/1/97		109	115	111	
	Government National Mortgage Assoc	REMIC Series 2005-49 Class B; 5.5% Due 6/20/35 Dated 6/1/05		48,189	48,159	48,910	
	U.S. Treasury	Note; 0.875% Due 11/15/30 Dated 11/15/20		100,000	99,631	83,067	
	U.S. Treasury	Note; 1.125% Due 2/29/28 Dated 2/28/21		100,000	97,425	90,467	
	U.S. Treasury	Note; 0.5% Due 2/28/26 Dated 2/28/21		200,000	194,468	188,106	
	U.S. Treasury	Note; 0.75% Due 4/30/26 Dated 4/30/21		100,000	100,346	93,983	
	U.S. Treasury	Note; 1.25% Due 5/31/28 Dated 5/31/21		150,000	145,833	135,534	
	U.S. Treasury	Note; 1.25% Due 9/30/28 Dated 9/30/21		100,000	96,753	89,659	
	U.S. Treasury	Note; 0.75% Due 11/15/24 Dated 11/15/21		200,000	198,960	197,440	
	U.S. Treasury	Note; 1.5% Due 11/30/28 Dated 11/30/21		100,000	95,764	90,286	
	U.S. Treasury	Note; 4.25% Due 9/30/24 Dated 9/30/22		100,000	99,932	99,797	
	U.S. Treasury	Note; 4% Due 10/31/29 Dated 10/31/22		250,000	253,159	250,645	
	U.S. Treasury	Note; 4.125% Due 11/15/32 Dated 11/15/22		200,000	198,722	201,572	
	U.S. Treasury	Note; 3.5% Due 1/31/30 Dated 1/31/23		250,000	244,698	244,435	
	U.S. Treasury	Note; 4% Due 2/28/30 Dated 2/28/23		200,000	198,644	200,486	
	U.S. Treasury	Note; 3.375% Due 5/15/33 Dated 5/15/23		200,000	186,272	190,282	
	U.S. Treasury	Note; 4.25% Due 5/31/25 Dated 5/31/23		200,000	199,396	198,994	
	U.S. Treasury	Note; 4.125% Due 6/15/26 Dated 6/15/23		150,000	149,064	149,511	
	U.S. Treasury	Note; 3.75% Due 6/30/30 Dated 6/30/23		100,000	99,553	98,918	
	U.S. Treasury	Note; 3.875% Due 8/15/33 Dated 8/15/23		250,000	246,678	246,783	
	U.S. Treasury	Note; 5% Due 8/31/25 Dated 8/31/23		100,000	99,741	100,291	
	U.S. Treasury	Note; 4.125% Due 8/31/30 Dated 8/31/23		200,000	200,333	201,758	
	U.S. Treasury	Note; 3.75% Due 12/31/30 Dated 12/31/23		200,000	197,087	197,634	
	U.S. Treasury	Note; 4% Due 1/31/29 Dated 1/31/24		125,000	121,992	125,281	
	U.S. Treasury	Note; 2% Due 2/15/25 Dated 2/15/15		100,000	99,302	98,394	
	U.S. Treasury	Note; 2% Due 8/15/25 Dated 8/15/15		125,000	122,370	121,636	
	U.S. Treasury	Note; 2.25% Due 2/15/27 Dated 2/15/17		100,000	99,621	95,512	
	U.S. Treasury	Note; 1.625% Due 8/15/29 Dated 8/15/19		200,000	200,038	179,196	
	U.S. Treasury	Note; 1.125% Due 2/28/27 Dated 2/29/20		200,000	198,916	185,462	
	U.S. Treasury	Note; 0.5% Due 3/31/25 Dated 3/31/20		100,000	97,816	97,136	
	U.S. Treasury	Note; 0.5% Due 5/31/27 Dated 5/31/20		125,000	124,938	113,150	
	U.S. Treasury	Note; 1.5% Due 1/31/27 Dated 1/31/20		100,000	102,750	93,799	
	U.S. Treasury	Note; 1.5% Due 8/15/26 Dated 8/15/16		100,000	93,116	94,668	
	U.S. Treasury	Note; 2.625% Due 3/31/25 Dated 3/31/18		100,000	99,829	98,511	
	U.S. Treasury	Note; 2.75% Due 8/31/25 Dated 8/31/18		100,000	99,008	97,958	
	U.S. Treasury	Note; 2.625% Due 1/31/26 Dated 1/31/19		150,000	150,541	146,034	
	U.S. Treasury	Note; 4% Due 2/15/34 Dated 2/15/24		100,000	97,629	99,602	
	U.S. Treasury	Note; 4.25% Due 2/28/29 Dated 2/29/24		200,000	196,610	202,662	
	Federal Farm Credit Bank	Unsecured Note; 0.68% Due 8/26/26 Dated 8/26/20		100,000	99,925	92,766	
	Federal Home Loan Bank	Unsecured Note; 4% Due 6/30/28 Dated 7/14/23		100,000	99,040	100,798	
	Federal National Mortgage Assoc	Unsecured Note; 1.625% Due 10/15/24 Dated 10/18/19		100,000	105,278	99,280	
	Total - U.S. Government and Agency Securities				5,659,617	5,540,672	

See accompanying independent auditor's report.

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
FEIN: 37-6060398 / PLAN NUMBER: 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED JULY 31, 2024

<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>		<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE</u>	<u>SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
(a)	(b)	(c)		(d)	(e)
CORPORATE BONDS:					
	Apple Inc	Senior Unsecured Note; 1.125% Due 5/11/25 Dated 5/11/20	100,000	99,434	97,062
	Arthur J Gallagher & Co	Senior Unsecured Note; 2.4% Due 11/9/31 Dated 11/9/21	50,000	49,836	41,634
	Bank of America Corp	Senior Unsecured Note; Variable Due 11/25/25 Dated 11/25/20	100,000	99,675	93,441
	Bristol-Myers Squibb Co	Senior Unsecured Note; 0.75% Due 11/13/25 Dated 11/13/20	50,000	49,172	47,520
	Costco Wholesale Corp	Senior Unsecured Note; 1.375% Due 6/20/27 Dated 4/20/20	100,000	103,826	92,028
	Cummins Inc	Senior Unsecured Note; 0.75% Due 9/1/25 Dated 8/24/20	100,000	99,233	95,718
	General Motors Financial Company Inc	Senior Unsecured Note; 2.4% Due 4/10/28 Dated 4/9/21	75,000	74,209	68,465
	Honeywell International	Senior Unsecured Note; 4.25% Due 1/15/29 Dated 5/17/23	100,000	99,710	99,442
	John Deere Capital Corp	Senior Unsecured Note; 2.8% Due 9/8/27 Dated 9/8/17	75,000	76,325	71,295
	Johnson & Johnson	Senior Unsecured Note; 2.9% Due 1/15/28 Dated 11/10/17	100,000	99,000	95,797
	Merck & Co Inc.	Senior Unsecured Note; 4.3% Due 5/17/30 Dated 5/17/23	100,000	99,600	99,352
	Oracle Corp	Senior Unsecured Note; 1.65% Due 3/25/26 Dated 3/24/21	100,000	99,320	94,876
	Pepsico Inc	Senior Unsecured Note; 2.75% Due 4/30/25 Dated 4/30/15	100,000	97,802	98,325
	Stryker Corp	Senior Unsecured Note; 1.15% Due 6/15/25 Dated 6/4/20	100,000	100,175	96,507
	The Coca-Cola Co	Senior Unsecured Note; 2.125% Due 9/6/29 Dated 9/6/19	100,000	98,960	89,881
	The Walt Disney Company	Senior Unsecured Note; 1.85% Due 7/30/26 Dated 7/12/16	50,000	51,487	47,317
	Union Pacific Corp	Senior Unsecured Note; 2.4% Due 2/5/30 Dated 1/31/20	100,000	97,349	89,696
	Waste Management Inc	Senior Unsecured Note; 4.625% Due 2/15/30 Dated 2/15/23	200	198,940	201,012
	Total - Corporate Bonds			1,694,053	1,619,368
	Total Investments			\$ 9,594,118	\$ 11,165,355

Note: There are no parties in interest.

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**


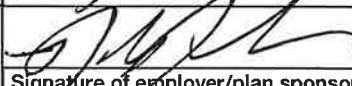
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final 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

1a Name of plan EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WEL		1b Three-digit plan number (PN) ▶	501
		1c Effective date of plan	08/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EMPLOYERS & LABORERS LOCALS 100 & 397 HEALTH & WELF 4940 WASHINGTON AVENUE ST. LOUIS MO 63108		2b Employer Identification Number (EIN)	37-6060398
		2c Plan Sponsor's telephone number	314-367-6555
		2d Business code (see instructions)	236200

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

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

SIGN HERE		05/13/2025	ROBERT GREEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		05/13/2025	ROBERT GREEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EKON BENEFITS 4940 WASHINGTON AVENUE ST. LOUIS MO 63108	3b Administrator's EIN 43-1317863 <hr/> 3c Administrator's telephone number 314-367-6555
---	---

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

5 Total number of participants at the beginning of the plan year	5	395
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	329
a (2) Total number of active participants at the end of the plan year	6a(2)	365
b Retired or separated participants receiving benefits	6b	62
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	427
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	207

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 4D 4L

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

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

EMPLOYERS AND LABORERS LOCALS 100 & 397
HEALTH AND WELFARE FUND
EIN: 37-6060398 / PLAN NUMBER: 501
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JULY 31, 2024

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSET</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>GAIN OR (LOSS)</u> (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No transactions								
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No transactions								
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
Commerce Trust	Financial Square Tr Government	\$ 7,258,703	\$ -	\$ -	\$ -	\$ 7,258,703	\$ 7,258,703	\$ -
Commerce Trust	Financial Square Tr Government	3,192,451	-	-	-	3,192,451	3,192,451	-
Commerce Trust	Financial Square Tr Government	-	8,756,246	-	-	8,756,246	8,756,246	-
Commerce Trust	Financial Square Tr Government	-	3,302,702	-	-	3,302,702	3,302,702	-

Category 4 - Single Transaction with One Broker Exceeds 5% of Value:

No transactions

See accompanying independent auditor's report.