

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] 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. [X]
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: NORTHERN ILLINOIS & IOWA LABORERS HEALTH & WELFARE TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/22/1967
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHERN ILLINOIS AND IOWA LABORERS' HEALTH & WELFARE TRUST
2b Employer Identification Number (EIN): 36-6157689
2c Plan Sponsor's telephone number: 309-786-3361
2d Business code (see instructions): 813000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Julie Lage (plan administrator) and Bradly Long (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	636
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	636
	<b>6a(2)</b>	644
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	644
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	136

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

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>NORTHERN ILLINOIS &amp; IOWA LABORERS HEALTH &amp; WELFARE TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN ILLINOIS AND IOWA LABORERS' HEALTH &amp; WELFARE TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-6157689</b></p>	

**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  
**SYMETRA 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
91-0742147	68608	2400006800	644	01/01/2024	12/31/2024

**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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	33696
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>NORTHERN ILLINOIS &amp; IOWA LABORERS HEALTH &amp; WELFARE TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN ILLINOIS AND IOWA LABORERS' HEALTH &amp; WELFARE TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-6157689</b></p>	

**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	SL10588	562	06/01/2023	05/31/2024

**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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

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

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	272505
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NORTHERN ILLINOIS &amp; IOWA LABORERS HEALTH &amp; WELFARE TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN ILLINOIS AND IOWA LABORERS' HEALTH &amp; WELFARE TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6157689</b>	

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

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

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

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

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

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

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

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

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

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

SEGALL, BRYANT & HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	205059	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)

JULIE LAGE

36-6157689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE OF EMPLOYER	104500	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)

ZENITH AMERICAN SOLUTIONS

52-1590516

(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?
15 64	NONE	98283	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)

REINHART BOERNER VANDUEREN

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	65133	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)

JODY LENTZ

36-6157689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE OF EMPLOYER	51256	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)

REILLY, PENNER & BENTON LLP

39-0747409

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	30500	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)

IMA, INC.

20-2557329

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	30360	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)

HOLLY LINDSAY

36-6157689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE OF EMPLOYER	26904	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)

NYHART

35-0966414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	8340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NORTHERN ILLINOIS &amp; IOWA LABORERS HEALTH &amp; WELFARE TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN ILLINOIS AND IOWA LABORERS' HEALTH &amp; WELFARE TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6157689</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1098312	1456745
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	597950	562197
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	253292	437365
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1496786	2950883
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7905336	8314329
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	12929531	13432950
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	13220247	13678063
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1343570	1599295
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	865498	851845

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	2487	6086
f Total assets (add all amounts in lines 1a through 1e).....	1f	39713009	43289758
<b>Liabilities</b>			
g Benefit claims payable.....	1g	828111	675676
h Operating payables.....	1h	245743	262808
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1073854	938484
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	38639155	42351274

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5377506	
(B) Participants.....	2a(1)(B)	905820	
(C) Others (including rollovers).....	2a(1)(C)	1447137	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		7730463
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	908	
(B) U.S. Government securities.....	2b(1)(B)	26668	
(C) Corporate debt instruments.....	2b(1)(C)	828382	
(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)		855958
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	177337	
(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)		177337
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11408509	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9942218	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	940826	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		9541
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11180416

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5748235	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	255025	
(3) Other .....	<b>2e(3)</b>	370574	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6373834
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	184371	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	39395	
(4) IQPA audit fees .....	<b>2i(4)</b>	30500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	231725	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	73353	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	535119	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1094463
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		7468297

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3712119
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: REILLY, PENNER & BENTON LLP

(2) EIN: 39-0747409

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND  
WELFARE TRUST**  
Rock Island, Illinois

**Audited Financial Statements**  
Years Ended December 31, 2024 and 2023

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## Independent Auditors' Report

To the Trustees  
Northern Illinois and Iowa Laborers' Health and Welfare Trust  
Rock Island, Illinois

### Opinion

We have audited the accompanying financial statements of Northern Illinois and Iowa Laborers' Health and Welfare Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan's 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 of plan's benefit obligations of Northern Illinois and Iowa Laborers' Health and Welfare Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and of changes in plan's 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 Northern Illinois and Iowa Laborers' Health and Welfare Trust 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 Northern Illinois and Iowa Laborers' Health and Welfare Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 Northern Illinois and Iowa Laborers' Health and Welfare Trust'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 Northern Illinois and Iowa Laborers' Health and Welfare Trust's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules Required by ERISA**

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

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Statements of Net Assets Available for Benefits**  
December 31, 2024 and 2023

<b>Assets:</b>	<b><u>2024</u></b>	<b><u>2023</u></b>
<b>Investments:</b>		
Investments, at fair value	\$ 39,558,823	\$ 36,574,642
Restricted investments, at fair value - retiree assets	1,268,542	1,186,326
<b>Total investments</b>	<u>40,827,365</u>	<u>37,760,968</u>
<b>Receivables:</b>		
Participating employers' contributions	562,197	597,950
Insurance reimbursement	80,386	---
Liquidated damages, net	25,727	4,748
Other	122,237	80,283
<b>Total receivables</b>	<u>790,547</u>	<u>682,981</u>
Accrued interest on investments	195,698	154,314
Prepaid expenses	13,317	13,947
Equipment, furniture and fixtures, net	6,086	2,487
Cash and equivalents	1,456,745	1,098,312
<b>Total assets</b>	<u>43,289,758</u>	<u>39,713,009</u>
<b>Liabilities:</b>		
Accounts payable	129,996	126,585
Accrued expenses	124,071	107,907
Deferred premium contributions	8,741	11,251
<b>Total liabilities</b>	<u>262,808</u>	<u>245,743</u>
<b>Net assets available for benefits</b>	<u>\$ 43,026,950</u>	<u>\$ 39,467,266</u>

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

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Statements of Changes in Net Assets Available for Benefits**  
For the years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Additions:</b>		
<b>Contributions:</b>		
Employers' contributions	\$ 5,377,506	\$ 5,443,876
Less: reciprocal agreements	(370,574)	(265,416)
Self pay contributions	343,038	400,925
Retiree supplement	659,242	592,349
Reciprocal transfers	740,289	973,818
Other contributions	47,606	33,158
<b>Total contributions</b>	6,797,107	7,178,710
<b>Investment income:</b>		
Net appreciation in fair value of investments	2,407,117	2,261,941
Interest and dividends	1,033,295	909,677
<b>Gross investment income</b>	3,440,412	3,171,618
Investment expenses	(231,725)	(209,536)
<b>Net investment income</b>	3,208,687	2,962,082
Other income	9,541	36
<b>Total additions</b>	10,015,335	10,140,828
<b>Deductions:</b>		
<b>Benefits paid to or on behalf of participants:</b>		
Health care benefits	5,355,260	6,634,110
Disability benefits	16,324	14,400
<b>Total benefits paid</b>	5,371,584	6,648,510
Administrative expenses	829,042	895,127
Stop loss insurance premiums	255,025	281,269
<b>Total deductions</b>	6,455,651	7,824,906
<b>Change in net assets available for benefits</b>	3,559,684	2,315,922
Net assets available for benefits, beginning of year	39,467,266	37,151,344
<b>Net assets available for benefits, end of year</b>	\$ 43,026,950	\$ 39,467,266

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

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Statements of Plan's Benefit Obligations**  
December 31, 2024 and 2023

	<u><b>2024</b></u>	<u><b>2023</b></u>
<b>Amounts currently payable to or for participants, beneficiaries and dependents:</b>		
Claims payable/incurred but not reported	\$ 675,676	\$ 828,111
<b>Other obligations, net of amounts currently payable:</b>		
Accumulated eligibility credits	5,994,386	6,518,725
<b>Total other obligations than postretirement benefit obligations</b>	6,670,062	7,346,836
<b>Postretirement benefit obligations:</b>		
Current retirees, beneficiaries and dependents	2,981,000	2,742,000
Other participants fully eligible for benefits	1,671,000	1,204,000
Other participants not yet fully eligible	8,255,000	7,608,000
<b>Total postretirement benefit obligations</b>	12,907,000	11,554,000
<b>Plan's total benefit obligations</b>	<b>\$ 19,577,062</b>	<b>\$ 18,900,836</b>

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

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**

Rock Island, Illinois

**Statements of Changes in Plan's Benefit Obligations**

For the years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable to or for participants, beneficiaries and dependents:</b>		
Balance, beginning of year	\$ 828,111	\$ 799,073
Claims reported and approved for payment	5,202,825	6,663,148
Less: Claims paid	(5,355,260)	(6,634,110)
<b>Balance end of year</b>	<b>675,676</b>	<b>828,111</b>
<b>Other obligations, net of amounts currently payable:</b>		
Balance, beginning of year	6,518,725	6,980,559
Net change during year:		
Accumulated eligibility credits	(524,339)	(461,834)
<b>Balance, end of year</b>	<b>5,994,386</b>	<b>6,518,725</b>
<b>Total obligations for current benefit coverage</b>	<b>6,670,062</b>	<b>7,346,836</b>
<b>Postretirement benefit obligations:</b>		
Balance, beginning of year	11,554,000	12,655,000
Increase during the year attributable to:		
Benefits earned net of benefits paid	526,000	535,000
Expected benefit payments	(657,000)	(745,000)
Changes in actuarial assumptions	1,007,000	(1,413,000)
Interest adjustment	477,000	522,000
<b>Balance, end of year</b>	<b>12,907,000</b>	<b>11,554,000</b>
<b>Plan's total benefit obligations, end of year</b>	<b>\$ 19,577,062</b>	<b>\$ 18,900,836</b>

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

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Notes to Financial Statements**  
December 31, 2024 and 2023

**1. Description of the Plan & Summary of Significant Accounting Policies**

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

**General**

The Plan provides health and welfare benefits for eligible employees represented by the Laborers International Union of North America, Local Union No. 309, AFL-CIO (Union), Operative Plasterers & Cement Masons Local 18, Area 544 and for other employees for whom contributions are or have been paid into and accepted by the Plan. The spouses and other dependents of qualifying employees are also eligible for benefits. The Plan and related Trust were established on May 22, 1967, pursuant to a collective bargaining agreement between the Union and the Quad City Builders Association, Inc. (QCBA). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Benefits**

The Plan provides health benefits (medical, hospital, surgical, major medical, and prescription), temporary disability benefits, and death benefits to full-time participants (with initial eligibility requirement of 1,000 hours of contributions on their behalf during four consecutive quarters and with a continued eligibility requirement of 250 hours during the previous three-month contribution period or 500 hours during the previous six-month contribution period or 750 hours during the previous nine-month contribution period) and to their beneficiaries and covered dependents. Retired members are entitled to similar health benefits (until age 65) provided they continue to remit the monthly premiums periodically to the Plan as a self-pay member.

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 (expressed in hours) in excess of the hours required for current coverage. Previously, accumulated eligibility credits up to \$815 could be carried forward. As of December 31, 2013, participants were permitted to carry forward eligibility credits up to \$3,000. If the participant does not have accumulated eligibility credits, they may elect to continue health benefits as a self-pay member under the Plan's COBRA provision.

Health claims of active and retired participants, dependents, and beneficiaries are processed by a third-party administrator, but the responsibility for payments to participants and providers is retained by the Plan. Disability claims are processed by the plan administrator and death claims of active and retired participants are processed by a third party.

The Plan has adopted a deductible under major medical coverage of \$300 for individuals and \$900 for families and also provides a Dental Benefit, which covers up to \$750 reimbursement from the Plan Office for dental services, as well as a Vision benefit, which covers up to \$400 per calendar year for hardware reimbursement from the Plan Office, and 100% coverage for an annual vision exam.

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Notes to Financial Statements**  
December 31, 2024 and 2023  
(Continued)

**1. Description of the Plan & Summary of Significant Accounting Policies (Continued)**

**Contributions**

Participating employers contributed \$6.85 for the years ended December 31, 2024 and 2023, for each hour worked, pursuant to the current collective bargaining agreement between the QCBA and the Union. Also, participating employers contributed \$6.85 for the years ended December 31, 2024 and 2023, pursuant to the current collective bargaining agreement, as amended, between the Associated Contractors of the Quad Cities and the Union. Effective January 1, 2010, retirees pay an estimated cost (currently up to \$1,773 per month) as determined periodically by the Plan, to purchase major medical, prescription coverage and life insurance.

**Restricted Cash and Investments – Retiree Assets**

Effective January 1, 2005, Article IV is amended by adding Section 13 “Use of Retiree Assets” to provide funding for retiree health benefits shall be held and used solely for the purpose of providing retiree health benefits for retired employees who were members of Laborers Local 309 (and their Eligible Dependents) and to pay related administrative expenses, pursuant to eligibility rules to be adopted by the Trustees.

Laborers Local No. 309 shall designate in writing the portion of an employer’s contribution that shall be treated as retiree assets for this purpose.

The amount of the employer contribution made on behalf of Participants who are members of Laborers Local No. 309 and the Operative Plasterers & Cement Masons Local 18 for the retiree assets is \$.75 and \$.65 per hour for 2024 and 2023, respectively. Such retiree assets shall be accounted for separately from other Plan assets.

**Modification and Termination**

Although the Plan has not expressed any intention to do so, the Plan’s Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided to members. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA. Upon termination of the Plan agreement or cancellation of contributions by voluntary or involuntary means, any assets remaining in the Plan, after the payment of all expenses and obligations of the Plan, shall be used for the continuance of one or more of the benefits until such assets have been exhausted.

**Accounting Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect certain 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 and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Notes to Financial Statements**  
December 31, 2024 and 2023  
(Continued)

**1. Description of the Plan & Summary of Significant Accounting Policies (Continued)**

**Risks and Uncertainties**

The Plan invests in various investments. Investments are exposed to various risks of loss such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

**Investment Valuation and Income Recognition**

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

**Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

*Exchange-traded funds:* Valued at the daily closing price as reported by the fund. Exchange-traded funds held by the Plan are open-end funds registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

*Common stocks:* Common stock within the Plan was valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate debt instruments, U.S. and Municipal Government securities, other bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Money market funds:* Valued at the quoted NAV of shares held by the Plan at year end.

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Notes to Financial Statements**  
December 31, 2024 and 2023  
(Continued)

**1. Description of the Plan & Summary of Significant Accounting Policies (Continued)**

**Investment Valuation and Income Recognition (Continued)**

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Realized gains and losses and unrealized appreciation and depreciation of plan assets are reported in the statements of changes in net assets available for benefits as net appreciation in fair value of investments.

**Cash and Cash Equivalents**

The Plan considers cash on hand and cash in bank not subject to withdrawal restrictions to be cash and cash equivalents.

**Allowance for Doubtful Accounts**

The Plan believes that the receivables are fully collectible; therefore, no allowance for doubtful accounts is recorded.

**Equipment, Furniture and Fixtures**

Equipment, furniture and fixtures are stated at cost and depreciated primarily using the straight-line method over the estimated useful lives of the assets.

**Plan Benefits**

Plan obligations for accumulated eligibility of participants at year-end are estimated based on the number of months of eligibility per participant. The months of eligibility are multiplied by the average monthly cost of benefits per participant. The average monthly cost of benefits was \$1,209 and \$1,162 for the years ended December 31, 2024 and 2023, respectively.

Participants also receive an eligibility reserve bank credit for contributions received which are attributable to hours worked in excess of 1,600 hours in a calendar year with a maximum credit for each participant of \$3,000 for the years ended December 31, 2024 and 2023.

**Postretirement Benefits**

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants.

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Notes to Financial Statements**  
December 31, 2024 and 2023  
(Continued)

**1. Description of the Plan & Summary of Significant Accounting Policies (Continued)**

**Postretirement Benefits (Continued)**

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.

For 2024 and 2023 measurement purposes, an 7.50% and 8% annual rate of increase in the per capita cost of covered health care benefits, respectively, was assumed for 2025 and 2024, respectively; decreasing by .5% annually to an ultimate rate of 4.5%. Due to changes in actuarial experience loss, plan amendments and valuation assumption changes, the obligation of postretirement benefits increased in 2024 by \$1,353,000.

The following were other significant assumptions used in the valuation as of December 31:

Weighted Average Discount Rate:	4.25% for 2024 and 2023
Retirement Age:	Retirement ages from 58 to 67 have been assumed
Mortality Rate Source:	2024 and 2023: SOA Pri-2012 Headcount-weighted Blue Collar Mortality Table fully generational using scale MP-2021 SOA Pri-2012 Headcount-weighted Disabled Mortality Table fully generational using scale MP-2021 SOA Pri-2012 Headcount-weighted Blue Collar Contingent Survivor Mortality Table fully generational using scale MP-2021

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

**Other Plan Benefit**

Plan obligations at December 31, 2024 and 2023 for health claims incurred but not reported are estimated by the Plan's actuary based on an analysis of the actual lag payments applied to the paid claims for the current period. Reserves are adjusted to account for changes in the average lag for claims incurred but not reported and claims paid.

**Tax Status**

The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated August 28, 1967, stating that the Plan is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Plan's net investment income is exempt from income taxes. The Plan sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**

Rock Island, Illinois

**Notes to Financial Statements**

December 31, 2024 and 2023

(Continued)

**1. Description of the Plan & Summary of Significant Accounting Policies (Continued)**

**Tax Status (Continued)**

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Department of Labor or Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Subsequent Events**

Management of the Plan has evaluated all subsequent events through May 30, 2025 for possible inclusion as a disclosure in the notes to the financial statements. There were no subsequent events that required recognition or disclosure.

**2. Investment Manager**

The Plan has an investment manager agreement with Segall, Bryant and Hamill. At December 31, 2024 and 2023, all investments were held by American Bank and Trust.

**3. Investments**

American Bank & Trust is the trustee of the Plan. Under the terms of the agreement between the trustee and the Plan, the trustee manages and has custody of investments on behalf of the Plan and has been granted discretionary authority concerning purchases and sales of investments in the fund.

The following summarizes the classification of investments by classification and method of valuation in accordance with U.S. GAAP:

**Assets at Fair Value as of December 31, 2023**

<u>Description</u>	<u>Total</u>		<u>Level 1</u>		<u>Level 2</u>		<u>Level 3</u>	
Common stocks	\$	13,678,063	\$	13,678,063	\$	---	\$	---
Exchange-traded funds		1,599,295		1,599,295		---		---
Corporate debt instruments		13,432,950		13,432,950		---		---
U.S. Government securities		8,314,329		---		8,314,329		---
Municipal bonds		851,845		---		851,845		---
Money Market funds		2,950,883		---		2,950,883		---
<b>Total</b>	<b>\$</b>	<b>40,827,365</b>	<b>\$</b>	<b>28,710,308</b>	<b>\$</b>	<b>12,117,057</b>	<b>\$</b>	<b>---</b>

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**Notes to Financial Statements**  
December 31, 2024 and 2023  
(Continued)

**3. Investments (Continued)**

<u>Description</u>	<b>Assets at Fair Value as of December 31, 2024</b>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common stocks	\$ 13,220,247	\$ 13,220,247	\$ ---	\$ ---
Exchange-traded funds	1,343,570	1,343,570	---	---
Corporate debt instruments	12,929,531	12,929,531	---	---
U.S. Government securities	7,905,336	---	7,905,336	---
Municipal bonds	865,498	---	865,498	---
Money Market funds	1,496,786	---	1,498,786	---
<b>Total</b>	<b>\$ 37,760,968</b>	<b>\$ 27,493,348</b>	<b>\$ 10,267,620</b>	<b>\$ ---</b>

**4. Equipment, Furniture and Fixtures**

Equipment, furniture and fixtures at December 31, 2024 and 2023 are summarized as follows:

	<b>2024</b>	<b>2023</b>
Equipment, Furniture and Fixtures	\$ 31,466	\$ 36,511
Less: Accumulated Depreciation	25,380	34,024
	<b>\$ 6,086</b>	<b>\$ 2,487</b>

**5. Contractor Contributions**

Contractor contributions are received from the individual contractors and checked by the Plan for accuracy. The contractors' reports are audited on a three-year rotating basis. The Plan's intent is to fund all costs out of current contributions and accumulated assets.

**6. Self-Insurance**

The Plan is made up of self-insured plans, up to certain limits, for health, dental, vision and prescription drug participant claims. The Plan Sponsor has purchased excess loss coverage insurance in order to limit its exposure.

The specific excess loss coverage applies to medical claims in excess of \$275,000 per covered person and an aggregate deductible of \$100,000, per policy year, with a no maximum specific benefit per covered person for the year ended December 31, 2024. The Plan has specific stop loss coverage per individual, but does not have any aggregate coverage for the group as a whole.

Self-insurance losses, if any, are estimated by the Trustees based on their consideration of all known past and current events and certain assumptions about future events. As of December 31, 2024 and 2023, there were no estimated self-insurance losses.

**7. Pension Plan**

The Plan has a defined benefit pension plan that covers the Administrator and Administrative Assistant. For the years ended December 31, 2024 and 2023, The Plan contributed \$13.20 for every hour the participant was paid. For the years ended December 31, 2024 and 2023, the pension expense was \$63,888 and \$54,912, respectively.

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
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**Notes to Financial Statements**  
December 31, 2024 and 2023  
(Continued)

**8. Benefit Obligations**

The Plan's surplus of net assets available over benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. For the years ended December 31, 2024 and 2023, the surplus totaled \$23,449,888 and \$20,566,430, respectively.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligations as of December 31, 2024 and 2023 by \$1,352,000 and \$1,340,000, respectively.

**9. Concentration of Credit Risk**

The Plan maintains its cash and cash equivalent accounts in one commercial bank. These balances exceed the federal deposit insurance corporation (FDIC) limit at various times throughout the year. Management believes that the credit risk related to these deposits is minimal.

**10. Lease Commitment and Related Party**

The Plan leases its office space under a lease agreement with Laborers Local No. 309, a related party. The Plan has elected the short-term lease exemption for this lease as the operating lease agreement requires rental payments of \$650 per month and may be cancelled at any time. The Plan's expense under this lease agreement was \$7,800 for the years ended December 31, 2024 and 2023.

**11. Incentive Agreement**

The Plan entered into agreements with the employees of the Plan on May 18, 2006, which states that upon termination, the Plan will pay a lump sum payment equal to one week's salary multiplied by the years of service, as well as continued health coverage for a number of weeks equal to the years of experience. As of December 31, 2024 and 2023, the incentive obligation totaled \$111,936 and \$104,106, respectively. Expenses related to this agreement were \$7,830 and \$7,494 for the years ending December 31, 2024 and 2023, respectively.

**12. Party-in-interest Transactions**

All transactions involving American Bank & Trust, the Union or plan participants are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**

Rock Island, Illinois

**Notes to Financial Statements**

December 31, 2024 and 2023

(Continued)

**13. Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits and net income per the accompanying financial statements to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 43,026,950	\$ 39,467,266
Benefit obligations currently payable (health claims and disability benefits)	(675,676)	(828,111)
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 42,351,274</u>	<u>\$ 38,639,155</u>
Change in net assets per the financial statements	\$ 3,559,684	\$ 2,315,922
Benefit obligations currently payable (health claims and disability benefits) – 2022	---	799,073
Benefit obligations currently payable (health claims and disability benefits) – 2023	828,111	(828,111)
Benefit obligations currently payable (health claims and disability benefits) – 2024	(675,676)	---
Change in net assets per Schedule H of Form 5500	<u>\$ 3,712,119</u>	<u>\$ 2,286,884</u>

**NORTHERN ILLINOIS AND IOWA  
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**Schedules of Administrative Expenses**  
For the years ended December 31, 2024 and 2023

	<u><b>2024</b></u>	<u><b>2023</b></u>
<b>Administrative expenses:</b>		
Salaries	\$ 184,371	\$ 151,764
Payroll taxes	13,304	11,819
Pension	63,888	54,912
Severance package	7,830	7,494
Claims processing and review	277,749	403,799
Preferred provider organization	25,121	36,089
Consulting fees	39,395	38,700
Audit and accounting fees	30,500	28,300
Legal fees	73,353	62,801
Office	50,772	39,964
Health and safety fund contributions	11,918	12,747
Travel	2,965	3,893
Insurance	14,216	19,414
Rent	7,800	7,800
Telephone	1,147	1,138
Collection fees	1,530	1,716
Depreciation	1,910	1,051
Miscellaneous	21,273	11,726
<b>Total administrative expenses</b>	<u><u>\$ 829,042</u></u>	<u><u>\$ 895,127</u></u>

See Independent Auditors' Report

**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**EIN 36-6157689, Plan 501  
Schedule of Assets (Held at End of Year)  
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Par	Rate of Interest	Maturity Date	Cost	Current Value
Advanced Drainage Systems Inc Ord Shs	Common Stock	N/A	N/A	N/A	\$ 126,409	\$ 122,883
Alphabet Inc Cap Stk Cl C	Common Stock	N/A	N/A	N/A	189,894	610,360
Amazon.Com Inc Com	Common Stock	N/A	N/A	N/A	104,206	318,554
Apple Inc	Common Stock	N/A	N/A	N/A	282,781	417,200
Ares Management Corporation Cl A Com Stk	Common Stock	N/A	N/A	N/A	141,883	436,910
Asml Holding Nv Ny Registry Shs	Common Stock	N/A	N/A	N/A	160,910	166,339
Ati Inc Com	Common Stock	N/A	N/A	N/A	141,559	130,445
Avery Dennison Corp	Common Stock	N/A	N/A	N/A	170,325	213,515
Azek Company Inc Ord Shs Class A	Common Stock	N/A	N/A	N/A	98,581	215,276
Berkshire Hathaway Inc Del Cl B New	Common Stock	N/A	N/A	N/A	94,041	241,598
Bio-Techne Corp	Common Stock	N/A	N/A	N/A	195,643	204,061
Cadence Design Systems Inc Ord Shs	Common Stock	N/A	N/A	N/A	295,734	327,201
Cbre Group Inc Cl A	Common Stock	N/A	N/A	N/A	136,622	211,377
Chevron Corporation	Common Stock	N/A	N/A	N/A	200,652	212,770
Chipotle Mexican Grill Inc-Cl A	Common Stock	N/A	N/A	N/A	181,432	200,256
Church & Dwight Inc Com	Common Stock	N/A	N/A	N/A	201,672	226,069
Constellation Brands Inc	Common Stock	N/A	N/A	N/A	181,129	155,805
Cooper Cos Inc Com	Common Stock	N/A	N/A	N/A	183,193	180,367
Date Thermo Fisher Scientific Inc	Common Stock	N/A	N/A	N/A	161,005	217,456
Dover Corp	Common Stock	N/A	N/A	N/A	155,355	191,164
Globe Life Inc Ord Shs	Common Stock	N/A	N/A	N/A	271,135	329,876
Home Depot Inc	Common Stock	N/A	N/A	N/A	117,554	177,768
Idexx Labs Inc Com	Common Stock	N/A	N/A	N/A	181,550	163,722
Jacobs Solutions Inc Com	Common Stock	N/A	N/A	N/A	161,925	191,210
Jpmorgan Chase & Co	Common Stock	N/A	N/A	N/A	172,854	448,497
Marvell Technology Group Ltd Ord Shs	Common Stock	N/A	N/A	N/A	168,902	464,111
Mckesson Corporation	Common Stock	N/A	N/A	N/A	178,337	265,008
Microsoft Corp	Common Stock	N/A	N/A	N/A	201,571	674,400
Mondelez Intl Inc Cl A	Common Stock	N/A	N/A	N/A	181,069	185,820
Monolithic Pwr Sys Inc	Common Stock	N/A	N/A	N/A	194,476	257,981
Motorola Inc	Common Stock	N/A	N/A	N/A	203,793	264,858
Nasdaq Inc Com	Common Stock	N/A	N/A	N/A	143,811	164,206
O Reilly Automotive Inc New Com	Common Stock	N/A	N/A	N/A	94,569	296,450
Palo Alto Networks Inc Com	Common Stock	N/A	N/A	N/A	269,360	373,746
Quanta Svcs	Common Stock	N/A	N/A	N/A	42,159	372,939
Raytheon Technologies Corp Ord Shs	Common Stock	N/A	N/A	N/A	183,572	226,580
Reinsurance Group Amer Inc	Common Stock	N/A	N/A	N/A	197,556	383,679
Republic Svcs Inc Com	Common Stock	N/A	N/A	N/A	172,234	237,191
Sap Se Adr	Common Stock	N/A	N/A	N/A	214,310	206,816
Service Corporation International Ord Shs	Common Stock	N/A	N/A	N/A	133,819	156,447
Servicenow Inc Com	Common Stock	N/A	N/A	N/A	184,331	480,234
Starbucks Corp	Common Stock	N/A	N/A	N/A	184,568	176,295
Steris Plc Shs Usd	Common Stock	N/A	N/A	N/A	217,129	217,277
Suncor Energy Inc Ord Shs	Common Stock	N/A	N/A	N/A	235,333	234,917
Tetra Tech Inc New	Common Stock	N/A	N/A	N/A	137,557	152,029
Tjx Cos Inc Com	Common Stock	N/A	N/A	N/A	168,298	329,449
Unitedhealth Group Inc	Common Stock	N/A	N/A	N/A	167,441	298,963
Visa Inc Cl A	Common Stock	N/A	N/A	N/A	226,902	481,961
Zebra Technologies Corp Cl A	Common Stock	N/A	N/A	N/A	191,356	273,444
Zoetis Inc	Common Stock	N/A	N/A	N/A	158,213	192,583

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**EIN 36-6157689, Plan 501**  
**Schedule of Assets (Held at End of Year)**  
December 31, 2024  
(Continued)

(a)	(b)	(c)			(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Par	Rate of Interest	Maturity Date	Cost	Current Value
EFA ISHARES TR MSCI EAFE ETF	Equity Funds	N/A	N/A	N/A	\$ 41,874	\$ 49,147
Fair Isaac Corp Com	Equity Funds	N/A	N/A	N/A	141,065	344,431
Intercontinental Hotels Group Sponsored Ads	Equity Funds	N/A	N/A	N/A	175,118	204,994
IWM ISHARES TR RUSSELL 2000 ETF	Equity Funds	N/A	N/A	N/A	47,694	74,022
IWR Ishares Russell Mid Cap* Mid-Cap ETF	Equity Funds	N/A	N/A	N/A	48,873	95,914
Novo Nordisk A/S Novo-Nordisk Adr Repsg 1 B Ord Shs	Equity Funds	N/A	N/A	N/A	113,508	155,008
Nvent Electric Plc Shs	Equity Funds	N/A	N/A	N/A	186,187	175,308
QQEW First Trust NASDAQ-100 Equal Weighted Index Fur	Equity Funds	N/A	N/A	N/A	37,910	84,348
RSP Invesco S&P 500 Eql Wght ETF	Equity Funds	N/A	N/A	N/A	46,050	109,519
Unilever Plc Adr Reptg 1 Ord Shs	Equity Funds	N/A	N/A	N/A	192,962	239,161
VXF Vanguard Extended Markets Index Fund Market Fund;	Equity Funds	N/A	N/A	N/A	28,153	67,443
ABBOTT LABORATORIES ABT	Corporate Bond	200,000	3.75%	11/30/2026	222,321	197,606
ABBVIE INC SR NT	Corporate Bond	145,000	4.95%	3/15/2031	145,132	145,002
ADOBE INC SR GLBL NT	Corporate Bond	145,000	4.80%	4/4/2029	144,325	145,770
AIR PRODUCTS AND CHEMICALS INC SR	Corporate Bond	95,000	4.85%	2/8/2034	94,705	92,816
ALLSTATE CORP ALL	Corporate Bond	115,000	0.75%	12/15/2025	113,382	110,868
AMAZON COM INC SR GLBL NT	Corporate Bond	150,000	3.15%	8/22/2027	156,976	144,822
AMERICAN WTR CAP CORP	Corporate Bond	25,000	3.40%	3/1/2025	27,675	24,929
AMPHENOL CORP NT	Corporate Bond	180,000	4.75%	3/30/2026	179,515	180,094
ANALOG DEVICES INC ADI	Corporate Bond	40,000	2.95%	4/1/2025	43,161	39,826
ANHEUSER-BUSCH INBEV WLDW INC SR	Corporate Bond	135,000	4.75%	1/23/2029	147,295	134,910
Anheuser-Busch Inbev Worldwide Inc Abi	Corporate Bond	50,000	4.00%	4/13/2028	56,413	49,082
APPLE INC AAPL	Corporate Bond	170,000	2.05%	9/11/2026	175,644	163,538
APPLIED MATLS INC SR GLBL NT	Corporate Bond	75,000	4.80%	6/15/2029	74,765	75,234
AT&T INC T	Corporate Bond	180,000	2.30%	6/1/2027	171,685	169,863
AUTOMATIC DATA PROCESSING INC SR	Corporate Bond	60,000	4.45%	9/9/2034	60,139	57,170
AVERY DENNISON CORP SR NT	Corporate Bond	185,000	4.88%	12/6/2028	198,778	184,600
BANK AMER CORP	Corporate Bond	100,000	3.82%	1/20/2028	108,966	97,975
BRISTOL-MYERS SQUIBB CO SR NT	Corporate Bond	160,000	5.75%	2/1/2031	162,678	166,457
BROWN FORMAN CORP SR GLBL NT	Corporate Bond	100,000	4.75%	4/15/2033	100,636	97,585
CANADIAN NATIONAL RAILWAY CO CNR	Corporate Bond	140,000	6.90%	7/15/2028	189,796	149,619
CANADIAN PAC RY CO NEW SR GLBL NT	Corporate Bond	110,000	4.28%	6/1/2028	107,965	107,097
Capital One Finl Corp Sr Gbl Nt	Corporate Bond	75,000	3.80%	1/31/2028	72,379	72,379
CATERPILLAR FINL SVCS MTNS BE FR	Corporate Bond	175,000	4.35%	5/15/2026	173,563	174,754
CBOE GLOBAL MARKETS INC CBOE	Corporate Bond	135,000	1.63%	12/15/2030	132,603	112,006
Chubb Ina Hldgs Inc Sr Gbl Nt 26	Corporate Bond	50,000	3.35%	5/3/2026	47,650	49,220
CINTAS CORP NO 2 SR GLBL NT	Corporate Bond	210,000	3.70%	4/1/2027	221,600	205,820
CITIGROUP INC SR GLBL NT	Corporate Bond	105,000	3.20%	10/21/2026	100,029	102,130
CNH INDUSTRIAL CAPITAL LLC SR NT	Corporate Bond	85,000	5.50%	1/12/2029	84,489	86,214
Comcast Corp Cmcsa	Corporate Bond	50,000	4.15%	10/15/2028	57,774	48,770
COMCAST CORP NEW SR GLBL NT 30	Corporate Bond	180,000	4.25%	10/15/2023	175,801	173,549
CONNECTICUT LIGHT AND POWER CO	Corporate Bond	130,000	0.75%	12/1/2025	124,045	125,664
CONOCOPHILLIPS COMPANY SR GLBL	Corporate Bond	155,000	4.70%	1/15/2030	153,303	153,387
CUMMINS INC SR GLBL NT	Corporate Bond	100,000	5.15%	2/20/2034	100,539	100,080
DARDEN RESTAURANTS INC SR GLBL NT	Corporate Bond	120,000	3.85%	5/1/2027	117,354	117,293
AUTOMATIC DATA PROCESSING INC	Corporate Bond	95,000	1.70%	5/15/2025	94,377	86,760
LOCKHEED MARTIN CORP S	Corporate Bond	170,000	4.50%	2/15/2029	169,872	168,148
REPUBLIC SVCS INC SR GLBL NT	Corporate Bond	210,000	3.95%	5/15/2028	200,947	204,493
DICKS SPORTING GOODS INC SR NT	Corporate Bond	65,000	3.15%	1/15/2032	63,838	56,982
DUKE ENERGY CAROLINAS LLC 1M BD	Corporate Bond	125,000	4.85%	1/15/2034	123,824	121,205
DUKE ENERGY OHIO INC DUK	Corporate Bond	70,000	6.90%	6/1/2025	87,955	70,451
EATON CORP OHIO GLBL NT	Corporate Bond	145,000	4.15%	3/15/2033	138,007	136,342
ECOLAB INC SR GLBL NT	Corporate Bond	135,000	5.25%	1/15/2028	136,728	137,519

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**EIN 36-6157689, Plan 501  
Schedule of Assets (Held at End of Year)**  
December 31, 2024  
(Continued)

(a)	(b)	(c)			(d)	(e)	
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date			Cost	Current Value	
		<u>Par</u>	<u>Rate of Interest</u>	<u>Maturity Date</u>			
	ELI LILLY & CO SR NT	Corporate Bond	165,000	4.50%	2/9/2027	\$ 164,913	\$ 165,376
	EMERSON ELEC CO SR NT	Corporate Bond	115,000	1.80%	10/15/2027	118,217	106,838
	Enterprise Prods Oper Llc	Corporate Bond	50,000	4.15%	10/16/2028	56,194	48,805
	EXXON MOBIL CORP XOM	Corporate Bond	185,000	2.44%	8/16/2029	185,208	168,831
	FEDERAL NATIONAL MORTGAGE	Corporate Bond	435,000	0.88%	8/5/2030	405,921	359,140
	FEDERAL NATIONAL MORTGAGE	Corporate Bond	360,000	0.38%	8/25/2025	354,863	350,986
	Fedex Corp Glbl Nt	Corporate Bond	75,000	2.40%	5/15/2031	61,982	63,984
	FISERV INC SR NT	Corporate Bond	65,000	4.75%	3/15/2030	64,704	64,250
	FLORIDA PWR & LT CO 1M GLBL BD	Corporate Bond	220,000	5.05%	4/1/2028	220,692	222,139
	GENERAL MOTORS FINANCIAL COMPANY	Corporate Bond	185,000	1.25%	1/8/2026	184,069	178,224
	GEORGIA PWR CO SR -2023B NT	Corporate Bond	155,000	4.65%	5/16/2028	155,333	154,333
	GEORGIA-PACIFIC LLC KCHIN	Corporate Bond	160,000	7.38%	12/1/2025	186,670	164,075
	GRAINGER W W INC SR GLBL NT	Corporate Bond	65,000	1.85%	2/15/2025	67,145	64,724
	GRAINGER W W INC SR NT	Corporate Bond	95,000	4.45%	9/15/2034	94,910	90,425
	HCA INC. SR GLBL NT	Corporate Bond	145,000	5.88%	2/15/2026	145,407	145,725
	HERSHEY CO HSY	Corporate Bond	145,000	3.20%	8/21/2025	157,308	143,689
	HOME DEPOT INC NT	Corporate Bond	140,000	4.95%	9/30/2026	140,149	141,156
	HOME DEPOT INC SR GLBL NT	Corporate Bond	65,000	5.15%	6/25/2026	64,978	65,671
	ILLINOIS TOOL WKS INC	Corporate Bond	210,000	2.65%	11/15/2026	205,438	203,917
	INTEL CORP SR NT	Corporate Bond	110,000	3.75%	8/5/2027	109,354	106,682
	JACOBS SOLUTIONS INC SR NT	Corporate Bond	60,000	6.35%	8/18/2028	60,155	62,465
	John Deere Capital Corporation Fr	Corporate Bond	50,000	4.75%	1/20/2028	50,633	50,258
	Jpmorgan Chase & Co Glbl Nt	Corporate Bond	50,000	1.58%	4/22/2027	46,887	47,993
	KENVUE INC SR GLBL NT	Corporate Bond	145,000	5.35%	3/22/2026	144,990	146,337
	KEURIG DR PEPPER INC GLBL NT	Corporate Bond	125,000	5.20%	3/15/2031	123,641	126,253
	KIMBERLY CLARK CORP SR GLBL NT	Corporate Bond	215,000	3.95%	11/1/2028	227,118	210,115
	LAUDER ESTEE COS INC SR GLBL NT	Corporate Bond	50,000	4.65%	5/15/2033	49,154	47,755
	MASTERCARD INCORPORATED SR GLBL	Corporate Bond	70,000	4.88%	5/9/2034	72,139	68,933
	MOLSON COORS BEVERAGE CO SR	Corporate Bond	140,000	3.26%	7/15/2026	135,513	136,366
	MONDELEZ INTL INC SR GLBL NT	Corporate Bond	225,000	2.63%	3/17/2027	211,118	215,265
	NATIONAL RURAL UTILS COOP FIN BD	Corporate Bond	135,000	2.40%	3/15/2030	134,215	119,081
	National Rural Utils Coop Fin Glbl Bd	Corporate Bond	50,000	5.80%	1/15/2033	52,097	51,736
	Nextera Energy Capital Holdings Inc Nee	Corporate Bond	50,000	3.55%	5/1/2027	54,939	48,721
	NVENT FINANCE SARL NVT	Corporate Bond	55,000	4.55%	4/15/2028	61,790	54,457
	OGE ENERGY CORP SR NT	Corporate Bond	125,000	5.45%	5/15/2029	125,959	127,074
	ORACLE CORP SR GLBL NT	Corporate Bond	95,000	6.15%	11/9/2029	98,032	99,637
	OREILLY AUTOMOTIVE INC SR GLBL NT	Corporate Bond	175,000	3.90%	6/1/2029	167,841	167,754
	PACCAR FINANCIAL CORP FR	Corporate Bond	80,000	5.20%	11/9/2026	79,887	81,078
	PACCAR FINANCIAL CORP FR	Corporate Bond	40,000	4.45%	8/6/2027	39,947	39,958
	PACIFIC GAS & ELEC CO 1M GLBL	Corporate Bond	70,000	5.90%	6/15/2032	71,635	71,871
	PEPSICO INC SR NT	Corporate Bond	205,000	2.75%	3/19/2030	206,127	186,254
	Pfizer Inc Glbl Nt	Corporate Bond	50,000	1.70%	5/28/2030	41,857	42,613
	Pnc Finl Svcs Group Inc Sr Glbl Nt 29	Corporate Bond	50,000	3.45%	4/23/2029	48,654	47,322
	PROGRESSIVE CORP SR GLBL NT	Corporate Bond	125,000	3.32%	3/15/2032	109,392	109,823
	Public Service Electric Gas Debt	Corporate Bond	120,000	5.20%	3/1/2034	120,587	119,592
	PUBLIC STORAGE GLBL NT	Corporate Bond	100,000	5.10%	8/1/2033	100,178	99,619
	PUBLIC SVC CO COLO	Corporate Bond	75,000	2.90%	5/15/2025	77,545	74,410
	QUANTA SVCS INC SR GLBL NT	Corporate Bond	95,000	4.75%	8/9/2027	94,858	94,862
	ROPER TECHNOLOGIES INC SR NT	Corporate Bond	115,000	4.75%	2/15/2032	115,127	111,858
	TEXAS INSTRS INC SR NT	Corporate Bond	95,000	4.60%	2/8/2027	94,892	95,399
	T-MOBILE USA INC TMUS	Corporate Bond	115,000	3.50%	4/15/2025	119,914	114,481
	TRANSCONTINENTAL GAS PIPE LINE	Corporate Bond	65,000	4.00%	3/15/2028	71,041	63,154
	UNITED PARCEL SVCS INC GLBL NT	Corporate Bond	125,000	4.88%	3/3/2033	126,340	123,721

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

EIN 36-6157689, Plan 501  
Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Cost	Current Value
		<u>Par</u> <u>Rate of Interest</u> <u>Maturity Date</u>		
	United States Treas Nts	Corporate Bond 50,000 4.63% 6/30/2025	\$ 50,063	\$ 50,120
	VENTAS RLTY LTD PARTNERSHIP SR	Corporate Bond 55,000 4.28% 3/1/2028	53,598	53,521
	VISA INC V	Corporate Bond 65,000 3.15% 12/14/2025	70,412	64,247
	VULCAN MATLS CO SR NT	Corporate Bond 75,000 4.95% 12/1/2029	74,987	74,789
	WASTE MGMT INC DEL SR GLBL NT	Corporate Bond 160,000 4.15% 4/15/2032	157,728	151,247
	WELLS FARGO & CO SR GLBL NT	Corporate Bond 135,000 3.26% 4/22/2026	127,150	132,019
	WISCONSIN ELEC PWR CO	Corporate Bond 35,000 3.14% 6/1/2025	36,176	34,738
	WISCONSIN ELEC PWR CO SR NT	Corporate Bond 130,000 5.29% 5/15/2029	130,322	130,895
	WISCONSIN ELEC PWR CO SR NT	Corporate Bond 55,000 4.60% 10/1/2034	55,241	52,460
	Exxon Mobil Corp Sr Gbl Nt 25	Corporate Bond 50,000 2.71% 3/6/2025	48,823	49,841
	XYLEM INC SR GLBL NT	Corporate Bond 90,000 2.25% 1/30/2031	76,855	76,730
	Colorado Hsg & Fin Auth Taxable Single Family Mt 2023 F	Municipal Bond 120,000 4.67% 5/1/2029	120,000	120,044
	Dallas Fort Worth Tex Intl Arp Taxable Jt Ref Bds 2019A	Municipal Bond 95,000 2.26% 11/1/2026	95,000	91,369
	Honolulu Hawaii City & Cnty Wa Taxable Ref Jr Second Re 2019 B	Municipal Bond 90,000 2.32% 7/1/2025	90,000	89,125
	Metro Wastewtr Reclamation Dis Taxable Ref Bds 2019 B	Municipal Bond 95,000 2.14% 4/1/2025	95,000	94,449
	Municipal Elec Auth Ga Ga 1.421	Municipal Bond 110,000 1.42% 1/1/2025	110,000	110,000
	Nebraska Pub Pwr Dist Rev Taxable	Municipal Bond 105,000 2.42% 1/1/2026	103,720	102,990
	New York St Urban Dev Corp Rev	Municipal Bond 95,000 3.27% 3/15/2028	92,999	91,588
	Pima Cnty Ariz Pledged Rev Obl Taxable Oblig 2021	Municipal Bond 75,000 0.90% 5/1/2025	70,246	74,093
	Raleigh N C Comb Enterprise Sy Ref Bds 2019	Municipal Bond 80,000 2.28% 3/1/2026	80,000	78,187
	Capital One Multi Tr 2022-1 20270315	Corporate CMOs & ABS 120,000 2.80% 3/15/2027	119,991	119,552
	Daimler Trucks Retail 2023-1	Corporate CMOs & ABS 145,000 5.90% 3/15/2027	144,998	146,466
	Federal National Mort. Assoc. Ba Cr Card Tr 2023-2 Nt Cl A	Corporate CMOs & ABS 55,000 2.72% 11/15/2028	54,993	55,530
	FG G15144	Corporate CMOs & ABS 210,000 2.50% 7/1/2029	16,709	14,788
	FG G1-5922	Corporate CMOs & ABS 115,000 3.00% 8/1/2031	23,091	17,334
	Fhlmc Remic Series K-053 20251225	Corporate CMOs & ABS 115,000 3.00% 12/25/2025	112,952	113,445
	Fhlmc Remic Series K-055	Corporate CMOs & ABS 105,000 2.67% 3/25/2026	106,416	102,111
	Fhlmc Remic Series K-146	Corporate CMOs & ABS 180,000 2.92% 6/25/2032	161,954	158,120
	Fhlmc Remic Series K-733	Corporate CMOs & ABS 95,000 3.75% 8/25/2025	95,731	87,567
	Fnma Umps Int 15 Year 5.000	Corporate CMOs & ABS 115,000 5.00% 10/1/2037	74,257	73,152
	John Deere Owner Tr 2023-B	Corporate CMOs & ABS 40,000 5.18% 3/15/2028	39,993	40,330
	Pg&E Recovery Fdg Lic Sr Sec Amrtz 33 Pg&E Recovery Fdg Lic Sr Sec Amrtz 33	Corporate CMOs & ABS 125,000 1.46% 7/15/2033	90,645	81,972
	Union Pacific Rr	Corporate CMOs & ABS 240,000 3.23% 5/14/2026	158,770	154,686
	Verizon Ma Tr	Corporate CMOs & ABS 95,000 4.17% 8/20/2030	94,975	94,076
	United States Treas Nts	United States Treasury Notes & Bonds 280,000 1.50% 8/15/2026	261,563	268,023
	United States Treas Nts	United States Treasury Notes & Bonds 205,000 3.13% 11/15/2028	200,842	196,135
	United States Treas Nts	United States Treasury Notes & Bonds 485,000 2.38% 5/15/2029	510,976	446,996
	United States Treas Nts	United States Treasury Notes & Bonds 135,000 2.00% 2/15/2025	134,719	134,615
	United States Treas Nts	United States Treasury Notes & Bonds 465,000 2.75% 8/15/2032	417,777	412,379
	United States Treas Nts	United States Treasury Notes & Bonds 450,000 4.13% 11/15/2032	459,915	438,908
	United States Treas Nts	United States Treasury Notes & Bonds 555,000 3.38% 5/15/2033	536,193	510,080
	United States Treas Nts	United States Treasury Notes & Bonds 310,000 4.38% 11/30/2030	315,286	308,838
	United States Treas Nts	United States Treasury Notes & Bonds 250,000 4.00% 2/15/2034	241,924	239,385
	United States Treas Nts	United States Treasury Notes & Bonds 210,000 4.13% 7/31/2031	217,950	205,800
	United States Treasury Note	United States Treasury Notes & Bonds 175,000 2.25% 11/15/2025	180,482	172,004
	United States Treasury Ust	United States Treasury Notes & Bonds 85,000 1.63% 9/30/2026	87,925	81,281
	United States Treasury Ust	United States Treasury Notes & Bonds 345,000 1.50% 2/15/2030	331,570	299,530
	United States Treasury Ust	United States Treasury Notes & Bonds 550,000 0.63% 8/15/2030	523,826	446,596
	United States Treasury Ust	United States Treasury Notes & Bonds 325,000 1.13% 2/15/2031	313,025	268,176
	United States Treasury Ust	United States Treasury Notes & Bonds 615,000 1.25% 8/15/2031	554,099	501,850
	Us Treasury N/B	United States Treasury Notes & Bonds 470,000 2.75% 2/15/2028	497,625	448,721
	Us Treasury Note	United States Treasury Notes & Bonds 335,000 2.00% 11/15/2026	315,605	321,495

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**EIN 36-6157689, Plan 501  
Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)**

(a)	(b)	(c)			(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date			Cost	Current Value	
		<u>Par</u>	<u>Rate of Interest</u>	<u>Maturity Date</u>		
Fannie Mae	United States Government Agency Obligations	50,000	2.13%	4/24/2026	\$ 51,922	\$ 48,618
Federal Home Ln Mtg Corp Fr	United States Government Agency Obligations	245,000	6.25%	7/15/2032	278,964	271,712
Federal Natl Mtg Assn Fr	United States Government Agency Obligations	290,000	6.63%	11/15/2030	357,490	321,393
Fg G1-8527	United States Government Agency Obligations	180,000	3.00%	10/1/2029	20,233	13,280
Fg G1-8578	United States Government Agency Obligations	115,000	3.00%	12/1/2030	18,474	13,709
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	205,000	2.50%	4/1/2037	131,209	131,566
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	305,000	4.50%	10/1/2037	205,395	201,160
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	150,000	4.50%	10/1/2037	104,671	100,602
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	150,000	4.50%	9/1/2037	103,038	98,387
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	35,000	4.50%	3/1/2038	24,945	24,989
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	190,000	5.00%	3/1/2038	136,443	135,979
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	240,000	5.50%	2/1/2038	160,921	164,175
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	70,000	5.00%	7/1/2038	52,182	51,426
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	105,000	5.00%	4/1/2039	85,803	86,081
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	230,000	5.00%	5/1/2039	198,123	195,581
Fn 890790	United States Government Agency Obligations	140,000	3.00%	8/1/2032	31,703	25,833
Fn Ax8309	United States Government Agency Obligations	120,000	3.00%	11/1/2029	15,155	10,901
Fnma Umbs Int 15 Year	United States Government Agency Obligations	100,000	3.50%	7/1/2037	71,832	67,270
Fnma Umbs Int 15 Year	United States Government Agency Obligations	265,000	4.00%	7/1/2037	180,456	173,268
Fnma Umbs Int 15 Year	United States Government Agency Obligations	200,000	4.00%	11/1/2037	145,717	142,546
Fnma Umbs Int 15 Year	United States Government Agency Obligations	115,000	5.50%	4/1/2038	81,154	81,339
Fnma Umbs Int 15 Year	United States Government Agency Obligations	100,000	5.00%	5/1/2038	69,073	68,110
Fnma Umbs Int 15 Year	United States Government Agency Obligations	255,000	6.00%	9/1/2038	184,202	185,592
* American Bank & Trust Money Market	Money Market Funds	N/A	N/A	N/A	2,950,883	2,950,883
					<u>\$36,349,475</u>	<u>\$40,827,365</u>

\* Denotes a party-in-interest as defined by ERISA

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**EIN 36-6157689, Plan 501  
Schedule of Assets (Held at End of Year)  
December 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Par	Rate of Interest	Maturity Date	Cost	Current Value
Advanced Drainage Systems Inc Ord Shs	Common Stock	N/A	N/A	N/A	\$ 126,409	\$ 122,883
Alphabet Inc Cap Stk Cl C	Common Stock	N/A	N/A	N/A	189,894	610,360
Amazon.Com Inc Com	Common Stock	N/A	N/A	N/A	104,206	318,554
Apple Inc	Common Stock	N/A	N/A	N/A	282,781	417,200
Ares Management Corporation Cl A Com Stk	Common Stock	N/A	N/A	N/A	141,883	436,910
Asml Holding Nv Ny Registry Shs	Common Stock	N/A	N/A	N/A	160,910	166,339
Ati Inc Com	Common Stock	N/A	N/A	N/A	141,559	130,445
Avery Dennison Corp	Common Stock	N/A	N/A	N/A	170,325	213,515
Azek Company Inc Ord Shs Class A	Common Stock	N/A	N/A	N/A	98,581	215,276
Berkshire Hathaway Inc Del Cl B New	Common Stock	N/A	N/A	N/A	94,041	241,598
Bio-Techne Corp	Common Stock	N/A	N/A	N/A	195,643	204,061
Cadence Design Systems Inc Ord Shs	Common Stock	N/A	N/A	N/A	295,734	327,201
Cbre Group Inc Cl A	Common Stock	N/A	N/A	N/A	136,622	211,377
Chevron Corporation	Common Stock	N/A	N/A	N/A	200,652	212,770
Chipotle Mexican Grill Inc-Cl A	Common Stock	N/A	N/A	N/A	181,432	200,256
Church & Dwight Inc Com	Common Stock	N/A	N/A	N/A	201,672	226,069
Constellation Brands Inc	Common Stock	N/A	N/A	N/A	181,129	155,805
Cooper Cos Inc Com	Common Stock	N/A	N/A	N/A	183,193	180,367
Date Thermo Fisher Scientific Inc	Common Stock	N/A	N/A	N/A	161,005	217,456
Dover Corp	Common Stock	N/A	N/A	N/A	155,355	191,164
Globe Life Inc Ord Shs	Common Stock	N/A	N/A	N/A	271,135	329,876
Home Depot Inc	Common Stock	N/A	N/A	N/A	117,554	177,768
Idexx Labs Inc Com	Common Stock	N/A	N/A	N/A	181,550	163,722
Jacobs Solutions Inc Com	Common Stock	N/A	N/A	N/A	161,925	191,210
Jpmorgan Chase & Co	Common Stock	N/A	N/A	N/A	172,854	448,497
Marvell Technology Group Ltd Ord Shs	Common Stock	N/A	N/A	N/A	168,902	464,111
Mckesson Corporation	Common Stock	N/A	N/A	N/A	178,337	265,008
Microsoft Corp	Common Stock	N/A	N/A	N/A	201,571	674,400
Mondelez Intl Inc Cl A	Common Stock	N/A	N/A	N/A	181,069	185,820
Monolithic Pwr Sys Inc	Common Stock	N/A	N/A	N/A	194,476	257,981
Motorola Inc	Common Stock	N/A	N/A	N/A	203,793	264,858
Nasdaq Inc Com	Common Stock	N/A	N/A	N/A	143,811	164,206
O Reilly Automotive Inc New Com	Common Stock	N/A	N/A	N/A	94,569	296,450
Palo Alto Networks Inc Com	Common Stock	N/A	N/A	N/A	269,360	373,746
Quanta Svcs	Common Stock	N/A	N/A	N/A	42,159	372,939
Raytheon Technologies Corp Ord Shs	Common Stock	N/A	N/A	N/A	183,572	226,580
Reinsurance Group Amer Inc	Common Stock	N/A	N/A	N/A	197,556	383,679
Republic Svcs Inc Com	Common Stock	N/A	N/A	N/A	172,234	237,191
Sap Se Adr	Common Stock	N/A	N/A	N/A	214,310	206,816
Service Corporation International Ord Shs	Common Stock	N/A	N/A	N/A	133,819	156,447
Servicenow Inc Com	Common Stock	N/A	N/A	N/A	184,331	480,234
Starbucks Corp	Common Stock	N/A	N/A	N/A	184,568	176,295
Steris Plc Shs Usd	Common Stock	N/A	N/A	N/A	217,129	217,277
Suncor Energy Inc Ord Shs	Common Stock	N/A	N/A	N/A	235,333	234,917
Tetra Tech Inc New	Common Stock	N/A	N/A	N/A	137,557	152,029
Tjx Cos Inc Com	Common Stock	N/A	N/A	N/A	168,298	329,449
Unitedhealth Group Inc	Common Stock	N/A	N/A	N/A	167,441	298,963
Visa Inc Cl A	Common Stock	N/A	N/A	N/A	226,902	481,961
Zebra Technologies Corp Cl A	Common Stock	N/A	N/A	N/A	191,356	273,444
Zoetis Inc	Common Stock	N/A	N/A	N/A	158,213	192,583

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**EIN 36-6157689, Plan 501  
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December 31, 2024  
(Continued)**

(a)	(b)	(c)			(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date			Cost	Current Value	
	Par	Rate of Interest	Maturity Date			
EFA ISHARES TR MSCI EAFE ETF	Equity Funds	N/A	N/A	N/A	\$ 41,874	\$ 49,147
Fair Isaac Corp Com	Equity Funds	N/A	N/A	N/A	141,065	344,431
Intercontinental Hotels Group Sponsored Ads	Equity Funds	N/A	N/A	N/A	175,118	204,994
IWM ISHARES TR RUSSELL 2000 ETF	Equity Funds	N/A	N/A	N/A	47,694	74,022
IWR Ishares Russell Mid Cap* Mid-Cap ETF	Equity Funds	N/A	N/A	N/A	48,873	95,914
Novo Nordisk A/S Novo-Nordisk ADR Repsg 1 B Ord Shs	Equity Funds	N/A	N/A	N/A	113,508	155,008
Nvent Electric Plc Shs	Equity Funds	N/A	N/A	N/A	186,187	175,308
QQEW First Trust NASDAQ-100 Equal Weighted Index Fur	Equity Funds	N/A	N/A	N/A	37,910	84,348
RSP Invesco S&P 500 Eql Wght ETF	Equity Funds	N/A	N/A	N/A	46,050	109,519
Unilever Plc ADR Reptg 1 Ord Shs	Equity Funds	N/A	N/A	N/A	192,962	239,161
VXF Vanguard Extended Markets Index Fund Market Fund;	Equity Funds	N/A	N/A	N/A	28,153	67,443
ABBOTT LABORATORIES ABT	Corporate Bond	200,000	3.75%	11/30/2026	222,321	197,606
ABBVIE INC SR NT	Corporate Bond	145,000	4.95%	3/15/2031	145,132	145,002
ADOBE INC SR GBL NT	Corporate Bond	145,000	4.80%	4/4/2029	144,325	145,770
AIR PRODUCTS AND CHEMICALS INC SR	Corporate Bond	95,000	4.85%	2/8/2034	94,705	92,816
ALLSTATE CORP ALL	Corporate Bond	115,000	0.75%	12/15/2025	113,382	110,868
AMAZON COM INC SR GBL NT	Corporate Bond	150,000	3.15%	8/22/2027	156,976	144,822
AMERICAN WTR CAP CORP	Corporate Bond	25,000	3.40%	3/1/2025	27,675	24,929
AMPHENOL CORP NT	Corporate Bond	180,000	4.75%	3/30/2026	179,515	180,094
ANALOG DEVICES INC ADI	Corporate Bond	40,000	2.95%	4/1/2025	43,161	39,826
ANHEUSER-BUSCH INBEV WLDW INC SR	Corporate Bond	135,000	4.75%	1/23/2029	147,295	134,910
Anheuser-Busch Inbev Worldwide Inc Abi	Corporate Bond	50,000	4.00%	4/13/2028	56,413	49,082
APPLE INC AAPL	Corporate Bond	170,000	2.05%	9/11/2026	175,644	163,538
APPLIED MATLS INC SR GBL NT	Corporate Bond	75,000	4.80%	6/15/2029	74,765	75,234
AT&T INC T	Corporate Bond	180,000	2.30%	6/1/2027	171,685	169,863
AUTOMATIC DATA PROCESSING INC SR	Corporate Bond	60,000	4.45%	9/9/2034	60,139	57,170
AVERY DENNISON CORP SR NT	Corporate Bond	185,000	4.88%	12/6/2028	198,778	184,600
BANK AMER CORP	Corporate Bond	100,000	3.82%	1/20/2028	108,966	97,975
BRISTOL-MYERS SQUIBB CO SR NT	Corporate Bond	160,000	5.75%	2/1/2031	162,678	166,457
BROWN FORMAN CORP SR GBL NT	Corporate Bond	100,000	4.75%	4/15/2033	100,636	97,585
CANADIAN NATIONAL RAILWAY CO CNR	Corporate Bond	140,000	6.90%	7/15/2028	189,796	149,619
CANADIAN PAC RY CO NEW SR GBL NT	Corporate Bond	110,000	4.28%	6/1/2028	107,965	107,097
Capital One Finl Corp Sr Gbl Nt	Corporate Bond	75,000	3.80%	1/31/2028	72,379	72,379
CATERPILLAR FINL SVCS MTNS BE FR	Corporate Bond	175,000	4.35%	5/15/2026	173,563	174,754
CBOE GLOBAL MARKETS INC CBOE	Corporate Bond	135,000	1.63%	12/15/2030	132,603	112,006
Chubb Ina Hldgs Inc Sr Gbl Nt 26	Corporate Bond	50,000	3.35%	5/3/2026	47,650	49,220
CINTAS CORP NO 2 SR GBL NT	Corporate Bond	210,000	3.70%	4/1/2027	221,600	205,820
CITIGROUP INC SR GBL NT	Corporate Bond	105,000	3.20%	10/21/2026	100,029	102,130
CNH INDUSTRIAL CAPITAL LLC SR NT	Corporate Bond	85,000	5.50%	1/12/2029	84,489	86,214
Comcast Corp Cmcsa	Corporate Bond	50,000	4.15%	10/15/2028	57,774	48,770
COMCAST CORP NEW SR GBL NT 30	Corporate Bond	180,000	4.25%	10/15/2023	175,801	173,549
CONNECTICUT LIGHT AND POWER CO	Corporate Bond	130,000	0.75%	12/1/2025	124,045	125,664
CONOCOPHILLIPS COMPANY SR GBL	Corporate Bond	155,000	4.70%	1/15/2030	153,303	153,387
CUMMINS INC SR GBL NT	Corporate Bond	100,000	5.15%	2/20/2034	100,539	100,080
DARDEN RESTAURANTS INC SR GBL NT	Corporate Bond	120,000	3.85%	5/1/2027	117,354	117,293
AUTOMATIC DATA PROCESSING INC	Corporate Bond	95,000	1.70%	5/15/2025	94,377	86,760
LOCKHEED MARTIN CORP S	Corporate Bond	170,000	4.50%	2/15/2029	169,872	168,148
REPUBLIC SVCS INC SR GBL NT	Corporate Bond	210,000	3.95%	5/15/2028	200,947	204,493
DICKS SPORTING GOODS INC SR NT	Corporate Bond	65,000	3.15%	1/15/2032	63,838	56,982
DUKE ENERGY CAROLINAS LLC 1M BD	Corporate Bond	125,000	4.85%	1/15/2034	123,824	121,205
DUKE ENERGY OHIO INC DUK	Corporate Bond	70,000	6.90%	6/1/2025	87,955	70,451
EATON CORP OHIO GBL NT	Corporate Bond	145,000	4.15%	3/15/2033	138,007	136,342
ECOLAB INC SR GBL NT	Corporate Bond	135,000	5.25%	1/15/2028	136,728	137,519

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**EIN 36-6157689, Plan 501  
Schedule of Assets (Held at End of Year)**  
December 31, 2024  
(Continued)

(a)	(b)	(c)			(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date			Cost	Current Value
		<u>Par</u>	<u>Rate of Interest</u>	<u>Maturity Date</u>		
	ELI LILLY & CO SR NT	Corporate Bond 165,000	4.50%	2/9/2027	\$ 164,913	\$ 165,376
	EMERSON ELEC CO SR NT	Corporate Bond 115,000	1.80%	10/15/2027	118,217	106,838
	Enterprise Prods Oper Llc	Corporate Bond 50,000	4.15%	10/16/2028	56,194	48,805
	EXXON MOBIL CORP XOM	Corporate Bond 185,000	2.44%	8/16/2029	185,208	168,831
	FEDERAL NATIONAL MORTGAGE	Corporate Bond 435,000	0.88%	8/5/2030	405,921	359,140
	FEDERAL NATIONAL MORTGAGE	Corporate Bond 360,000	0.38%	8/25/2025	354,863	350,986
	Fedex Corp Glbl Nt	Corporate Bond 75,000	2.40%	5/15/2031	61,982	63,984
	FISERV INC SR NT	Corporate Bond 65,000	4.75%	3/15/2030	64,704	64,250
	FLORIDA PWR & LT CO 1M GLBL BD	Corporate Bond 220,000	5.05%	4/1/2028	220,692	222,139
	GENERAL MOTORS FINANCIAL COMPANY	Corporate Bond 185,000	1.25%	1/8/2026	184,069	178,224
	GEORGIA PWR CO SR -2023B NT	Corporate Bond 155,000	4.65%	5/16/2028	155,333	154,333
	GEORGIA-PACIFIC LLC KCHIN	Corporate Bond 160,000	7.38%	12/1/2025	186,670	164,075
	GRAINGER W W INC SR GLBL NT	Corporate Bond 65,000	1.85%	2/15/2025	67,145	64,724
	GRAINGER W W INC SR NT	Corporate Bond 95,000	4.45%	9/15/2034	94,910	90,425
	HCA INC. SR GLBL NT	Corporate Bond 145,000	5.88%	2/15/2026	145,407	145,725
	HERSHEY CO HSY	Corporate Bond 145,000	3.20%	8/21/2025	157,308	143,689
	HOME DEPOT INC NT	Corporate Bond 140,000	4.95%	9/30/2026	140,149	141,156
	HOME DEPOT INC SR GLBL NT	Corporate Bond 65,000	5.15%	6/25/2026	64,978	65,671
	ILLINOIS TOOL WKS INC	Corporate Bond 210,000	2.65%	11/15/2026	205,438	203,917
	INTEL CORP SR NT	Corporate Bond 110,000	3.75%	8/5/2027	109,354	106,682
	JACOBS SOLUTIONS INC SR NT	Corporate Bond 60,000	6.35%	8/18/2028	60,155	62,465
	John Deere Capital Corporation Fr	Corporate Bond 50,000	4.75%	1/20/2028	50,633	50,258
	Jpmorgan Chase & Co Glbl Nt	Corporate Bond 50,000	1.58%	4/22/2027	46,887	47,993
	KENVUE INC SR GLBL NT	Corporate Bond 145,000	5.35%	3/22/2026	144,990	146,337
	KEURIG DR PEPPER INC GLBL NT	Corporate Bond 125,000	5.20%	3/15/2031	123,641	126,253
	KIMBERLY CLARK CORP SR GLBL NT	Corporate Bond 215,000	3.95%	11/1/2028	227,118	210,115
	LAUDER ESTEE COS INC SR GLBL NT	Corporate Bond 50,000	4.65%	5/15/2033	49,154	47,755
	MASTERCARD INCORPORATED SR GLBL	Corporate Bond 70,000	4.88%	5/9/2034	72,139	68,933
	MOLSON COORS BEVERAGE CO SR	Corporate Bond 140,000	3.26%	7/15/2026	135,513	136,366
	MONDELEZ INTL INC SR GLBL NT	Corporate Bond 225,000	2.63%	3/17/2027	211,118	215,265
	NATIONAL RURAL UTILS COOP FIN BD	Corporate Bond 135,000	2.40%	3/15/2030	134,215	119,081
	National Rural Utils Coop Fin Glbl Bd	Corporate Bond 50,000	5.80%	1/15/2033	52,097	51,736
	Nextera Energy Capital Holdings Inc Nee	Corporate Bond 50,000	3.55%	5/1/2027	54,939	48,721
	NVENT FINANCE SARL NVT	Corporate Bond 55,000	4.55%	4/15/2028	61,790	54,457
	OGE ENERGY CORP SR NT	Corporate Bond 125,000	5.45%	5/15/2029	125,959	127,074
	ORACLE CORP SR GLBL NT	Corporate Bond 95,000	6.15%	11/9/2029	98,032	99,637
	OREILLY AUTOMOTIVE INC SR GLBL NT	Corporate Bond 175,000	3.90%	6/1/2029	167,841	167,754
	PACCAR FINANCIAL CORP FR	Corporate Bond 80,000	5.20%	11/9/2026	79,887	81,078
	PACCAR FINANCIAL CORP FR	Corporate Bond 40,000	4.45%	8/6/2027	39,947	39,958
	PACIFIC GAS & ELEC CO 1M GLBL	Corporate Bond 70,000	5.90%	6/15/2032	71,635	71,871
	PEPSICO INC SR NT	Corporate Bond 205,000	2.75%	3/19/2030	206,127	186,254
	Pfizer Inc Glbl Nt	Corporate Bond 50,000	1.70%	5/28/2030	41,857	42,613
	Pnc Finl Svcs Group Inc Sr Glbl Nt 29	Corporate Bond 50,000	3.45%	4/23/2029	48,654	47,322
	PROGRESSIVE CORP SR GLBL NT	Corporate Bond 125,000	3.32%	3/15/2032	109,392	109,823
	Public Service Electric Gas Debt	Corporate Bond 120,000	5.20%	3/1/2034	120,587	119,592
	PUBLIC STORAGE GLBL NT	Corporate Bond 100,000	5.10%	8/1/2033	100,178	99,619
	PUBLIC SVC CO COLO	Corporate Bond 75,000	2.90%	5/15/2025	77,545	74,410
	QUANTA SVCS INC SR GLBL NT	Corporate Bond 95,000	4.75%	8/9/2027	94,858	94,862
	ROPER TECHNOLOGIES INC SR NT	Corporate Bond 115,000	4.75%	2/15/2032	115,127	111,858
	TEXAS INSTRS INC SR NT	Corporate Bond 95,000	4.60%	2/8/2027	94,892	95,399
	T-MOBILE USA INC TMUS	Corporate Bond 115,000	3.50%	4/15/2025	119,914	114,481
	TRANSCONTINENTAL GAS PIPE LINE	Corporate Bond 65,000	4.00%	3/15/2028	71,041	63,154
	UNITED PARCEL SVCS INC GLBL NT	Corporate Bond 125,000	4.88%	3/3/2033	126,340	123,721

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

EIN 36-6157689, Plan 501  
Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Cost	Current Value
		<u>Par</u> <u>Rate of Interest</u> <u>Maturity Date</u>		
	United States Treas Nts	Corporate Bond 50,000 4.63% 6/30/2025	\$ 50,063	\$ 50,120
	VENTAS RLTY LTD PARTNERSHIP SR	Corporate Bond 55,000 4.28% 3/1/2028	53,598	53,521
	VISA INC V	Corporate Bond 65,000 3.15% 12/14/2025	70,412	64,247
	VULCAN MATLS CO SR NT	Corporate Bond 75,000 4.95% 12/1/2029	74,987	74,789
	WASTE MGMT INC DEL SR GLBL NT	Corporate Bond 160,000 4.15% 4/15/2032	157,728	151,247
	WELLS FARGO & CO SR GLBL NT	Corporate Bond 135,000 3.26% 4/22/2026	127,150	132,019
	WISCONSIN ELEC PWR CO	Corporate Bond 35,000 3.14% 6/1/2025	36,176	34,738
	WISCONSIN ELEC PWR CO SR NT	Corporate Bond 130,000 5.29% 5/15/2029	130,322	130,895
	WISCONSIN ELEC PWR CO SR NT	Corporate Bond 55,000 4.60% 10/1/2034	55,241	52,460
	Exxon Mobil Corp Sr Gbl Nt 25	Corporate Bond 50,000 2.71% 3/6/2025	48,823	49,841
	XYLEM INC SR GLBL NT	Corporate Bond 90,000 2.25% 1/30/2031	76,855	76,730
	Colorado Hsg & Fin Auth Taxable Single Family Mt 2023 F	Municipal Bond 120,000 4.67% 5/1/2029	120,000	120,044
	Dallas Fort Worth Tex Intl Arp Taxable Jt Ref Bds 2019A	Municipal Bond 95,000 2.26% 11/1/2026	95,000	91,369
	Honolulu Hawaii City & Cnty Wa Taxable Ref Jr Second Re 2019 B	Municipal Bond 90,000 2.32% 7/1/2025	90,000	89,125
	Metro Wastewtr Reclamation Dis Taxable Ref Bds 2019 B	Municipal Bond 95,000 2.14% 4/1/2025	95,000	94,449
	Municipal Elec Auth Ga Ga 1.421	Municipal Bond 110,000 1.42% 1/1/2025	110,000	110,000
	Nebraska Pub Pwr Dist Rev Taxable	Municipal Bond 105,000 2.42% 1/1/2026	103,720	102,990
	New York St Urban Dev Corp Rev	Municipal Bond 95,000 3.27% 3/15/2028	92,999	91,588
	Pima Cnty Ariz Pledged Rev Obl Taxable Oblig 2021	Municipal Bond 75,000 0.90% 5/1/2025	70,246	74,093
	Raleigh N C Comb Enterprise Sy Ref Bds 2019	Municipal Bond 80,000 2.28% 3/1/2026	80,000	78,187
	Capital One Multi Tr 2022-1 20270315	Corporate CMOs & ABS 120,000 2.80% 3/15/2027	119,991	119,552
	Daimler Trucks Retail 2023-1	Corporate CMOs & ABS 145,000 5.90% 3/15/2027	144,998	146,466
	Federal National Mort. Assoc. Ba Cr Card Tr 2023-2 Nt Cl A	Corporate CMOs & ABS 55,000 2.72% 11/15/2028	54,993	55,530
	FG G15144	Corporate CMOs & ABS 210,000 2.50% 7/1/2029	16,709	14,788
	FG G1-5922	Corporate CMOs & ABS 115,000 3.00% 8/1/2031	23,091	17,334
	Fhlmc Remic Series K-053 20251225	Corporate CMOs & ABS 115,000 3.00% 12/25/2025	112,952	113,445
	Fhlmc Remic Series K-055	Corporate CMOs & ABS 105,000 2.67% 3/25/2026	106,416	102,111
	Fhlmc Remic Series K-146	Corporate CMOs & ABS 180,000 2.92% 6/25/2032	161,954	158,120
	Fhlmc Remic Series K-733	Corporate CMOs & ABS 95,000 3.75% 8/25/2025	95,731	87,567
	Fnma Umbf Int 15 Year 5.000	Corporate CMOs & ABS 115,000 5.00% 10/1/2037	74,257	73,152
	John Deere Owner Tr 2023-B	Corporate CMOs & ABS 40,000 5.18% 3/15/2028	39,993	40,330
	Pg&E Recovery Fdg Lic Sr Sec Amrtz 33 Pg&E Recovery Fdg Lic Sr Sec Amrtz 33	Corporate CMOs & ABS 125,000 1.46% 7/15/2033	90,645	81,972
	Union Pacific Rr	Corporate CMOs & ABS 240,000 3.23% 5/14/2026	158,770	154,686
	Verizon Ma Tr	Corporate CMOs & ABS 95,000 4.17% 8/20/2030	94,975	94,076
	United States Treas Nts	United States Treasury Notes & Bonds 280,000 1.50% 8/15/2026	261,563	268,023
	United States Treas Nts	United States Treasury Notes & Bonds 205,000 3.13% 11/15/2028	200,842	196,135
	United States Treas Nts	United States Treasury Notes & Bonds 485,000 2.38% 5/15/2029	510,976	446,996
	United States Treas Nts	United States Treasury Notes & Bonds 135,000 2.00% 2/15/2025	134,719	134,615
	United States Treas Nts	United States Treasury Notes & Bonds 465,000 2.75% 8/15/2032	417,777	412,379
	United States Treas Nts	United States Treasury Notes & Bonds 450,000 4.13% 11/15/2032	459,915	438,908
	United States Treas Nts	United States Treasury Notes & Bonds 555,000 3.38% 5/15/2033	536,193	510,080
	United States Treas Nts	United States Treasury Notes & Bonds 310,000 4.38% 11/30/2030	315,286	308,838
	United States Treas Nts	United States Treasury Notes & Bonds 250,000 4.00% 2/15/2034	241,924	239,385
	United States Treas Nts	United States Treasury Notes & Bonds 210,000 4.13% 7/31/2031	217,950	205,800
	United States Treasury Note	United States Treasury Notes & Bonds 175,000 2.25% 11/15/2025	180,482	172,004
	United States Treasury Ust	United States Treasury Notes & Bonds 85,000 1.63% 9/30/2026	87,925	81,281
	United States Treasury Ust	United States Treasury Notes & Bonds 345,000 1.50% 2/15/2030	331,570	299,530
	United States Treasury Ust	United States Treasury Notes & Bonds 550,000 0.63% 8/15/2030	523,826	446,596
	United States Treasury Ust	United States Treasury Notes & Bonds 325,000 1.13% 2/15/2031	313,025	268,176
	United States Treasury Ust	United States Treasury Notes & Bonds 615,000 1.25% 8/15/2031	554,099	501,850
	Us Treasury N/B	United States Treasury Notes & Bonds 470,000 2.75% 2/15/2028	497,625	448,721
	Us Treasury Note	United States Treasury Notes & Bonds 335,000 2.00% 11/15/2026	315,605	321,495

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**NORTHERN ILLINOIS AND IOWA  
LABORERS' HEALTH AND WELFARE TRUST**  
Rock Island, Illinois

**EIN 36-6157689, Plan 501  
Schedule of Assets (Held at End of Year)  
December 31, 2024  
(Continued)**

(a)	(b)	(c)			(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date			Cost	Current Value	
		<u>Par</u>	<u>Rate of Interest</u>	<u>Maturity Date</u>		
Fannie Mae	United States Government Agency Obligations	50,000	2.13%	4/24/2026	\$ 51,922	\$ 48,618
Federal Home Ln Mtg Corp Fr	United States Government Agency Obligations	245,000	6.25%	7/15/2032	278,964	271,712
Federal Natl Mtg Assn Fr	United States Government Agency Obligations	290,000	6.63%	11/15/2030	357,490	321,393
Fg G1-8527	United States Government Agency Obligations	180,000	3.00%	10/1/2029	20,233	13,280
Fg G1-8578	United States Government Agency Obligations	115,000	3.00%	12/1/2030	18,474	13,709
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	205,000	2.50%	4/1/2037	131,209	131,566
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	305,000	4.50%	10/1/2037	205,395	201,160
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	150,000	4.50%	10/1/2037	104,671	100,602
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	150,000	4.50%	9/1/2037	103,038	98,387
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	35,000	4.50%	3/1/2038	24,945	24,989
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	190,000	5.00%	3/1/2038	136,443	135,979
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	240,000	5.50%	2/1/2038	160,921	164,175
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	70,000	5.00%	7/1/2038	52,182	51,426
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	105,000	5.00%	4/1/2039	85,803	86,081
Fhlmc Super 15Y Fixed	United States Government Agency Obligations	230,000	5.00%	5/1/2039	198,123	195,581
Fn 890790	United States Government Agency Obligations	140,000	3.00%	8/1/2032	31,703	25,833
Fn Ax8309	United States Government Agency Obligations	120,000	3.00%	11/1/2029	15,155	10,901
Fnma Umbs Int 15 Year	United States Government Agency Obligations	100,000	3.50%	7/1/2037	71,832	67,270
Fnma Umbs Int 15 Year	United States Government Agency Obligations	265,000	4.00%	7/1/2037	180,456	173,268
Fnma Umbs Int 15 Year	United States Government Agency Obligations	200,000	4.00%	11/1/2037	145,717	142,546
Fnma Umbs Int 15 Year	United States Government Agency Obligations	115,000	5.50%	4/1/2038	81,154	81,339
Fnma Umbs Int 15 Year	United States Government Agency Obligations	100,000	5.00%	5/1/2038	69,073	68,110
Fnma Umbs Int 15 Year	United States Government Agency Obligations	255,000	6.00%	9/1/2038	184,202	185,592
* American Bank & Trust Money Market	Money Market Funds	N/A	N/A	N/A	2,950,883	2,950,883
					<u>\$36,349,475</u>	<u>\$40,827,365</u>

\* Denotes a party-in-interest as defined by ERISA

See Independent Auditors' Report

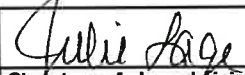
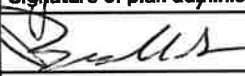
<b>Form 5500</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210 - 0110 1210 - 0089  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>		
<b>A</b>	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
<b>B</b>	This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>	
<b>D</b>	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____	
<b>E</b>	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

<b>Part II</b>	<b>Basic Plan Information</b> - enter all requested information	
<b>1a</b>	Name of plan <b>NORTHERN ILLINOIS &amp; IOWA LABORERS HEALTH &amp; WELFARE TRUST</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>1c</b>	Effective date of plan <b>05/22/1967</b>	<b>2b</b> Employer Identification Number (EIN) <b>36-6157689</b>
<b>2a</b>	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>NORTHERN ILLINOIS AND IOWA LABORERS' HEALTH &amp; WELFARE</b>  <b>2837 7TH AVENUE</b>  <b>ROCK ISLAND IL 61201</b>	<b>2c</b> Plan Sponsor's telephone number <b>309-786-3361</b> <b>2d</b> Business code (see instructions) <b>813000</b>

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

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

<b>SIGN HERE</b>		<u>6-6-25</u>	JULIE LAGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>6-6-25</u>	BRADLY LONG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	636
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	636
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	644
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	644
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	136

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_