

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ALTON IBEW/NECA HEALTH AND WELFARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALTON IBEW/NECA HEALTH AND WELFARE PLAN</u></p> <p><u>5735 ELIZABETH AVENUE</u> <u>SAINT LOUIS, MO 63110</u></p>	<p>1c Effective date of plan <u>11/01/2003</u></p> <p>2b Employer Identification Number (EIN) <u>20-0221802</u></p> <p>2c Plan Sponsor's telephone number <u>314-752-2330</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/13/2025	COREY WIRTH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor COREY WIRTH 5735 ELIZABETH AVENUE SAINT LOUIS, MO 63110	3b Administrator's EIN 20-0221802 3c Administrator's telephone number 314-752-2330																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 248																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">220</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">222</td></tr> <tr><td>6b</td><td style="text-align: right;">36</td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">258</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	220	6a(2)	222	6b	36	6c		6d	258	6e		6f		6g(1)		6g(2)		6h	
6a(1)	220																				
6a(2)	222																				
6b	36																				
6c																					
6d	258																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7																				

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 4L

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 2 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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 style="font-size: large;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<p>A Name of plan ALTON IBEW/NECA HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALTON IBEW/NECA HEALTH AND WELFARE PLAN</p>	<p>D Employer Identification Number (EIN) 20-0221802</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
GUARDIAN 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
13-5123390	64246	00493266	251	11/01/2023	10/31/2024

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>(a) Total amount of commissions paid 11921</p>	<p>(b) Total amount of fees paid 4531</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
MARSH & MCLENNAN AGENCY LLC **825 MARYVILLE CENTRE DRIVE STE 200**
CHESTERFIELD, MO 63017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11921	4531		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSURED PARTNERS CORNERSTONE, LLC **721 EMERSON SUITE 500**
ST. LOUIS, MO 63141

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|---|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input checked="" type="checkbox"/> Dental | c <input checked="" type="checkbox"/> Vision | d <input checked="" type="checkbox"/> Life insurance |
| e <input checked="" type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....	9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....	9b(3)	
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves.....	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier	10a	315304
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	
Specify nature of costs.		

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan ALTON IBEW/NECA HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ALTON IBEW/NECA HEALTH AND WELFARE PLAN		D Employer Identification Number (EIN) 20-0221802	

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	SL10548	243	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	483130
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan ALTON IBEW/NECA HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ALTON IBEW/NECA HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 20-0221802	

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

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

MERITAIN HEALTH

9201 WATSON RD
ST. LOUIS, MO 63126

16-1264154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49	VENDOR	113135	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)

IBEW/NECA SERVICE CENTER

5735 ELIZABETH AVENUE
SAINT LOUIS, MO 63110

43-0896804

(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 14	PLAN ADMINISTRATOR	63251	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHEFFEL BOYLE

322 STATE STREET
ALTON, IL 62002

37-1206530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	19435	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)

MARSH & MCLENNAN

825 MARYLAND CENTER DR, STE 209
CHESTERFIELD, MO 63017

26-3237576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	17557	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)

HAMMOND, SHINNERS, TURCOTTE, LARREW

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

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL COUNSEL	9968	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EKON BENEFITS

4940 WASHINGTON BLVD
ST. LOUIS, MO 63108

43-1317863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	7306	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)

VANGUARD GROUP INC

PO BOX 2600
VALLEY FORGE, PA 19482-2600

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	FINANCIAL ADVISOR	5000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan ALTON IBEW/NECA HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ALTON IBEW/NECA HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 20-0221802

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1323740	2206990
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	480802	452996
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	223621	350336
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3709665	4455668
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5737828	7465990
Liabilities			
g Benefit claims payable	1g	3242228	3546809
h Operating payables	1h	66642	114975
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3308870	3661784
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2428958	3804206

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5351545	
(B) Participants	2a(1)(B)	314665	
(C) Others (including rollovers)	2a(1)(C)	709389	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		6375599
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	121226	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		121226
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	624777	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		756
d Total income. Add all income amounts in column (b) and enter total.....	2d		7122358

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3888564	
(2) To insurance carriers for the provision of benefits.....	2e(2)	846733	
(3) Other.....	2e(3)	754245	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5489542
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	113135	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	20808	
(5) Investment advisory and investment management fees.....	2i(5)	5000	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	7306	
(8) Legal fees.....	2i(8)	10028	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	101291	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		257568
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5747110

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1375248
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHEFFEL BOYLE

(2) EIN: 37-1206530

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

ALTON IBEW/NECA
HEALTH AND WELFARE PLAN

REPORT AND FINANCIAL STATEMENTS

OCTOBER 31, 2024 AND 2023

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
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ALTON EDWARDSVILLE BELLEVILLE HIGHLAND
JERSEYVILLE COLUMBIA CARROLLTON

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Alton IBEW/NECA Health and Welfare Plan

Opinion

We have audited the accompanying financial statements of Alton IBEW/NECA Health and Welfare Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and of plan benefit obligations of Alton IBEW/NECA Health and Welfare Plan as of October 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at the end of the year and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. The schedule of assets held at the end of the year is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's 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.

Scheffel Boyle

Alton, Illinois
August 11, 2025

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments, at Fair Value	<u>\$ 4,455,668</u>	<u>\$ 3,709,665</u>
Receivables:		
Employers' Contributions	\$ 452,996	\$ 480,802
Miscellaneous	42,454	51,482
Reciprocal Contributions	78,121	87,632
Stop Loss	129,252	-
Prescription Rebates	88,719	62,787
	<u>\$ 791,542</u>	<u>\$ 682,703</u>
Cash	<u>\$ 2,206,990</u>	<u>\$ 1,323,740</u>
Due From Related Fund	<u>\$ 11,790</u>	<u>\$ 21,720</u>
TOTAL ASSETS	<u>\$ 7,465,990</u>	<u>\$ 5,737,828</u>
LIABILITIES:		
Accounts Payable	\$ 50,259	\$ 20,999
Reciprocal Payable	64,716	45,643
TOTAL LIABILITIES	<u>\$ 114,975</u>	<u>\$ 66,642</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,351,015</u>	<u>\$ 5,671,186</u>

The accompanying notes are an integral part of the financial statements

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Contributions:		
Employers	\$ 5,351,545	\$ 4,938,366
Participants	314,665	339,637
Reciprocal	427,165	271,745
Union Contributions	93,970	106,449
	<u>\$ 6,187,345</u>	<u>\$ 5,656,197</u>
Investment Income (Loss):		
Interest and Dividends	\$ 121,226	\$ 106,216
Realized (Loss) on Investments	-	(3,627)
Net Appreciation in Fair Value of Investments	624,777	84,338
Less: Investment Expenses	(5,000)	(5,000)
	<u>\$ 741,003</u>	<u>\$ 181,927</u>
Other Additions:		
Prescription Rebates	\$ 171,541	\$ 107,643
RDS Payments	16,713	31,169
Miscellaneous Income	756	2,569
	<u>\$ 189,010</u>	<u>\$ 141,381</u>
Total Additions	<u>\$ 7,117,358</u>	<u>\$ 5,979,505</u>
DEDUCTIONS:		
Payments For:		
Benefits Paid Directly to Participants and Beneficiaries	\$ 4,130,100	\$ 3,888,558
Less Refunds and Stop-Loss Reimbursements	(546,117)	(133,127)
Reciprocal Payments	754,245	620,837
Insurance Premiums for Benefits Underwritten by Insurance Carriers	846,733	749,537
Claims Processing and Administration Fees	120,441	110,922
	<u>\$ 5,305,402</u>	<u>\$ 5,236,727</u>
Administrative Expenses	<u>132,127</u>	<u>97,607</u>
Total Deductions	<u>\$ 5,437,529</u>	<u>\$ 5,334,334</u>
Net Increase	\$ 1,679,829	\$ 645,171
Net Assets Available for Benefits:		
Beginning of Year	<u>5,671,186</u>	<u>5,026,015</u>
End of Year	<u>\$ 7,351,015</u>	<u>\$ 5,671,186</u>

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

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:		
Claims Payable	<u>\$ 38,354</u>	<u>\$ 52,208</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Claims Incurred, but Not Recorded	\$ 1,319,188	\$ 627,167
Accumulated Eligibility Credits - Liability for Future Credit	<u>2,189,267</u>	<u>2,562,853</u>
Total Obligations Other Than Post-Retirement Benefit Obligations	<u>\$ 3,508,455</u>	<u>\$ 3,190,020</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Current Retirees	\$ 3,287,156	\$ 2,317,362
Other Participants Fully Eligible for Benefits	5,977,803	7,051,518
Other Participants Not Yet Fully Eligible for Benefits	<u>7,374,836</u>	<u>7,768,488</u>
Total Post-Retirement Benefit Obligations, Net of Amounts Currently Payable	<u>\$ 16,639,795</u>	<u>\$ 17,137,368</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 20,186,604</u>	<u>\$ 20,379,596</u>

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

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEARS ENDED OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	\$ 52,208	\$ 25,901
Claims Reported and Approved for Payment	3,570,129	3,781,738
Claims Paid, Net of Refunds and Reimbursements	<u>(3,583,983)</u>	<u>(3,755,431)</u>
Balance at End of Year	<u>\$ 38,354</u>	<u>\$ 52,208</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	\$ 3,190,020	\$ 2,725,736
Increase in Claims Incurred but Not Reported	692,021	309,967
Increase (Decrease) in Accumulated Eligibility Credits	<u>(373,586)</u>	<u>154,317</u>
Balance at End of Year	<u>\$ 3,508,455</u>	<u>\$ 3,190,020</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	\$ 17,137,368	\$ 20,816,428
Increase (Decrease) During the Year Attributable to:		
Benefits Earned and Other Changes	(2,261,656)	(2,358,186)
Changes in Actuarial Assumptions	<u>1,764,083</u>	<u>(1,320,874)</u>
Balance at End of Year	<u>\$ 16,639,795</u>	<u>\$ 17,137,368</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT YEAR END	<u><u>\$ 20,186,604</u></u>	<u><u>\$ 20,379,596</u></u>

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

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 1. PLAN DESCRIPTION

The following description of the Alton IBEW/NECA Health and Welfare Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan provides health and welfare benefits to participants of various employers. The Plan and related trust were established November 1, 2003, pursuant to a collective bargaining agreement between the Local #649 International Brotherhood of Electrical Workers, the Alton-Wood River Division, Illinois Chapter, National Electrical Contractors Association and certain other affiliated employer groups. 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, prescription, vision, and dental), life insurance coverage, short-term disability benefits, and death benefits to full-time participants (with at least 420 hours of work in the industry during a consecutive six-month period) and to their beneficiaries and covered dependents. Continued eligibility is determined utilizing an hour bank system, by which participants must have a minimum of 140 hours available in his/her account. Retired employees are entitled to similar health benefits (in excess of Medicare coverage) provided they have attained at least age fifty-five and were eligible for benefits 45 of the last 60 months immediately prior to retirement.

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. Accumulated eligibility credits equal to ten months coverage may be carried forward.

Health, disability, and death claims of active and retired participants, dependents, and beneficiaries are processed by the Administrator Groups, but the responsibility for payments to participants and providers is retained by the Plan.

The Plan is self insured and covered under a stop-loss policy with a specific deductible of \$175,000 per person.

Contributions:

Participating employers contributed \$10.50 per hour for coverage from January 1, 2022 to December 31, 2022, elected pursuant to the current collective bargaining agreement. The contribution rate increased to \$11.00 per hour effective January 1, 2023 to December 31, 2023. The contribution rate increased to \$11.25 per hour effective January 1, 2024 through the end of the plan year. Employees and retirees may contribute specified amounts to extend their coverage under COBRA. In addition, employer contributions made on behalf of Plan members but submitted to other labor organizations are received by the Plan in the form of reciprocal contributions.

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 1. PLAN DESCRIPTION (CONTINUED)

For retirees with an effective date of retirement prior to January 1, 2002, the monthly self-contribution rate for single or family benefits shall be equal to:

1. 100% of the Active Employee hourly contribution rate multiplied by 160 for Retirees or surviving Spouses younger than age 62.
2. 75% of the Active Employee hourly contribution rate multiplied by 160 for Disabled Retirees younger than age 65, (not yet eligible for Medicare), or surviving Spouses (not yet eligible for Medicare) of a deceased Medicare eligible Retiree.
3. 50% of the Active Employee hourly contribution rate multiplied by 160 for Retirees or surviving Spouses who are Medicare qualified, or Early Retirees who are between ages 62 and 65.

For retirees with an effective date of retirement after January 1, 2002, the monthly self-contribution rate for single or family benefits shall be equal to:

1. 100% of Active Employee hourly contribution rate multiplied by 160 for Retirees between ages 55 and 61.
2. 75% of Active Employee hourly contribution rate multiplied by 160 for Retirees between ages 62 and 64.
3. 65% of Active Employee hourly contribution rate multiplied by 160 for Retirees age 65 and over.
4. 75% of Active Employee hourly contribution rate multiplied by 160 for disabled or non-Medicare eligible surviving spouses.

Other:

Although it has not expressed any intention to do so, the Plan's trustees, as Sponsor, have the right under the Plan to modify the benefits provided to participants. The Plan may be terminated if the Trustees consider the trust fund inadequate to meet current and future obligations or by action of the Union and Employer group.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements of the Plan are prepared using the accrual basis of accounting.

Cash and Cash Equivalents:

Cash and cash equivalents consist of all non-interest bearing demand deposits.

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP), requires the plan administrator to make estimates and assumptions that affect reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of Investments:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices are used to value investments in mutual funds. The Fund's Administrator and Trustees determine the Fund's valuation policies utilizing information provided by the investment advisors, and custodians.

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

Postretirement Benefits:

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to October 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The 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 measurement purposes, 6.0% and 6.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for the years ended October 31, 2024 and 2023, respectively; the rate was assumed to decrease annually by .5% to an ultimate rate of 4.0% and to remain at that level thereafter. These assumptions are consistent with those used to measure the benefit obligation at October 31, 2024 and 2023.

The following were other significant assumptions used in the valuations as of October 31, 2024.

Discount rate	5.25%
Assumed retirement age	60
Mortality	Scale MP-2021 Employee and Annuitant Blue Collar Tables

The following were other significant assumptions used in the valuations as of October 31, 2023.

Discount rate	6.00%
Assumed retirement age	60
Mortality	Scale MP-2021 Employee and Annuitant Blue Collar Tables

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

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The Plan's trustees, as Sponsor, have the right under the Plan to terminate postretirement benefits at any time.

Other Plan Benefits:

Plan liabilities for accumulated eligibility credits of participants and for estimated health claims incurred but not reported are computed by the Plan's consultant and are based on a review of direct claims paid during the year and subsequent to the end of the year, including the average amount of claims paid per month and the average time between when a claim is incurred and when paid.

Income Taxes:

The Internal Revenue Service has determined that the Plan meets the requirements of the Internal Revenue Code and is exempt from income taxes under Section 501(c)(9), a voluntary employees' beneficiary association, of the Internal Revenue Code. Although the Plan has been amended since the original determination of exemption, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for tax years prior to 2020.

Employer Contributions Receivable:

Employer contributions receivable represent employer contributions due to the Plan for wages paid prior to the end of the Plan year. Employer contributions receivable are carried at reported amounts less an estimate made for credit losses based on a review of outstanding amounts. Management determines the allowance for credit losses by regularly evaluating individual employer receivables and considering an employer's financial condition, payment history, and current economic conditions. Employer contributions receivable are written off when deemed uncollectible. Management is of the opinion that no allowance is necessary as of October 31, 2024 and 2023.

Administrative Expenses:

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

Payment of Benefits:

Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Premiums not yet paid at year end are included as an amount currently payable in the accompanying statements of net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims paid by the claims processor prior to year end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations.

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Refunds and Rebates

Prescription refunds due to the Plan are recorded when earned. Refunds due at year end are recorded as a receivable on the statements of net assets available for benefits. Pharmacy rebates totaling \$171,541 and \$107,643 for the years ended October 31, 2024 and 2023, respectively, have been included as other additions in the accompanying statements of changes in net assets available for benefits.

Stop Loss

Claims that were already paid from the Plan that exceeded the stop-loss coverage are due to the Plan at year end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets in net assets available for benefits. Stop-loss refunds for the years ended October 31, 2024 and 2023 totaling \$546,117 and \$133,127, respectively, have been netted against claims paid in the accompanying statements of changes in net assets available for benefits..

NOTE 3. CONCENTRATION OF CREDIT RISK

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of a failure of a depository financial institution, an organization will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, an organization will not be able to recover the value of its investment or collateral securities that are in the possession of another party.

At times throughout the year, the Health and Welfare Plan may maintain certain bank accounts in excess of federal depository insurance corporation (FDIC) limits. At October 31, 2024 and 2023, the Health and Welfare plan's cash deposits exceeded federally insured limits by \$2,008,271 and \$1,073,740, respectively.

NOTE 4. FAIR VALUE MEASUREMENTS

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

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access, Level 2 inputs consist of quoted prices for similar assets in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted prices that are observable for the asset; inputs that are derived principally from or corroborated by observable market data by correlation or other means, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available. There have been no changes in the methodologies used at October 31, 2024 and 2023.

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Fair Value Measurements

The shares of the mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

Fair Value Measurements at the End of the Reporting Period Using:

<u>October 31, 2024</u>	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Quoted Prices in Active Markets for Similar Assets (Level 2)</u>	<u>Significant Other Observable Inputs (Level 3)</u>
Mutual Funds	\$ 4,455,668	\$ 4,455,668	_____	_____
Total Assets at Fair Value	<u>\$ 4,455,668</u>	<u>\$ 4,455,668</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Fair Value Measurements at the End of the Reporting Period Using:

<u>October 31, 2023</u>	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Quoted Prices in Active Markets for Similar Assets (Level 2)</u>	<u>Significant Other Observable Inputs (Level 3)</u>
Mutual Funds	\$ 3,709,665	\$ 3,709,665	_____	_____
Total Assets at Fair Value	<u>\$ 3,709,665</u>	<u>\$ 3,709,665</u>	<u>\$ 0</u>	<u>\$ 0</u>

NOTE 5. BENEFIT OBLIGATION

The Plan's deficiency of net assets over benefit obligations at October 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. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of October 31, 2024 and 2023, by approximately \$3,211,000 and \$3,163,000, respectively.

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 6. TERMINATION PROCEDURES

In the event of termination, the trustees shall continue to apply the funds available to the obligations and purposes of this Trust until all such funds are exhausted, whereupon this entire Trust shall be terminated, and the trustees shall be discharged from their duties and obligations. Under no circumstances shall any portion of the fund directly or indirectly revert or accrue to the benefit of any contributing employer or to the union.

NOTE 7. CONCENTRATION OF BUSINESS RISK

Alton IBEW/NECA Health and Welfare Plan receives a large portion of its revenue from one contractor. This contractors represent approximately 41% and 48% of the Plan's revenue for the years ended October 31, 2024 and 2023, respectively. Although management feels it is unlikely, a downturn in the economy could cause the respective businesses to cease operations.

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 7,351,015	\$ 5,671,186
Benefit obligations currently payable including claims incurred but not reported	<u>3,546,809</u>	<u>3,242,228</u>
Net assets available for benefits per the Form 5500	<u>\$ 3,804,206</u>	<u>\$ 2,428,958</u>

The following is a reconciliation of benefits paid directly to participants and beneficiaries per the accompanying October 31, 2024 and 2023 financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid directly to Participants and Beneficiaries per financial statements	\$ 3,583,983	\$ 3,755,431
Obligations other than postretirement benefit obligations, beginning of year	(3,242,228)	(2,751,637)
Obligations other than postretirement benefit obligations, end of year	<u>3,546,809</u>	<u>3,242,228</u>
Benefits paid directly to Participants and Beneficiaries per the Form 5500	<u>\$ 3,888,564</u>	<u>\$ 4,246,022</u>

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of net increase (decrease) per the accompanying October 31, 2024 and 2023 financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net Increase Per the Financial Statements	\$ 1,679,829	\$ 645,171
Less: Change in Benefits Payable	<u>(304,581)</u>	<u>(490,591)</u>
Net Increase Per the Form 5500	<u>\$ 1,375,248</u>	<u>\$ 154,580</u>

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

NOTE 9. RISKS AND UNCERTAINTIES

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

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

NOTE 10. RECIPROCAL AND UNREMITTED CONTRIBUTIONS

The Plan receives contributions from its contractors for members of other locals working in the Plan's jurisdiction. As such, the Plan is responsible for remitting these amounts to the appropriate Health & Welfare Trust Plans. Outgoing reciprocal payments totaled \$754,245 and \$620,837 for the years ended October 31, 2024 and 2023, respectively. Reciprocal payable was \$64,716 and \$45,643 at October 31, 2024 and 2023, respectively. Likewise, the Plan receives contributions from other local's contractors for the Plan's members working in other jurisdictions. Incoming reciprocal payments totaled \$427,165 and \$271,745 for the years ended October 31, 2024 and 2023, respectively. Reciprocal receivable was \$78,121 and \$87,632 at October 31, 2024 and 2023, respectively.

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 11. RELATED PARTY TRANSACTIONS

Fees paid during the year for administrative services rendered by the IBEW-NECA Service Center represent the Plan's portion of expenses allocated to all funds utilizing the Service Center.

Total expenses allocated to the Plan and paid to the Service Center amounted to \$63,251 and \$44,716 for the years ended October 31, 2024 and 2023, respectively.

Effective January 1, 2015, the Plan pays monthly rent to the IBEW-NECA Service Center for use of allocated space. The Plan paid rent amounting to \$3,851 and \$3,851 for the years ended October 31, 2024 and 2023, respectively.

As of October 31, 2024 and 2023, \$11,790 and \$21,720 is receivable from the IBEW-NECA Retirement Plan.

For the years ended October 31, 2024 and 2023, contributions in the amount of \$93,970 and \$106,449 were received from Local 649 IBEW Supplemental Unemployment Benefit Welfare Fund on behalf of certain participants of the Plan.

NOTE 12. PARTIES IN INTEREST

Fees paid by the Plan for audit services, legal services, investment management fees, and consultant fees amounted to \$51,960 for the year ended October 31, 2024. For the year ended October 31, 2023, these fees amounted to \$48,905.

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

NOTE 13. RECLASSIFICATIONS

When appropriate, prior years' financial information has been reclassified to conform with the current year presentation.

NOTE 14. NEW ACCOUNTING PRONOUNCEMENT

In June 2016, the FASB issued ASU 2016-13, "Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments", which amends the impairment model by requiring entities to use a forward-looking approach based on expected losses rather than incurred losses to estimate credit losses on certain types of financial instruments, including receivables. This may result in the earlier recognition of allowances for losses. This standard is effective for plan year beginning in November 1, 2023.

The adoption of this new guidance did not have a cumulative adjustment or material effect on the financial statements.

NOTE 15. SUBSEQUENT EVENT

The effects of subsequent events have been evaluated through August 11, 2025, which is the date the financial statements were available to be issued. From this evaluation, no events were identified that met the criteria to be classified as a subsequent event.

ALTON IBEW/NECA HEALTH AND WELFARE PLAN
 EIN 20-0221802 PN 501
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 OCTOBER 31, 2024

(a) (b) <u>IDENTITY OF ISSUE</u>	(c) <u>DESCRIPTION OF INVESTMENT INCLUDING Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>COST</u>	(e) <u>CURRENT VALUE</u>
Mutual Funds:			
Vanguard Total International Stock Index	6,266.881 shares of Registered Investment Company	\$ 709,063	\$ 831,114
Vanguard Total Bond Market Index	235,174.521 shares of Registered Investment Company	2,500,693	2,257,675
Vanguard Total Stock Market Index	9,988.887 shares of Registered Investment Company	726,312	1,366,879
Total Mutual Funds:		<u>\$ 3,936,068</u>	<u>\$ 4,455,668</u>
		<u>\$ 3,936,068</u>	<u>\$ 4,455,668</u>

Note: Column (a) is blank denoting there are no parties-in-interest

ALTON IBEW/NECA HEALTH & WELFARE
SCHEDULE OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Salaries and Plan Administration Fees	\$ 41,917	\$ 24,730
Payroll Benefits	868	906
Professional Fees	52,322	43,905
Printing, Postage and Office Expense	13,473	8,706
Affordable Care Act Related Fees	1,555	1,431
Information Technology	12,727	10,330
Bank and Investment Fees	3,817	3,979
Miscellaneous	<u>5,448</u>	<u>3,620</u>
Total Administrative Expenses	<u>\$ 132,127</u>	<u>\$ 97,607</u>

ALTON IBEW/NECA HEALTH AND WELFARE PLAN

EIN 20-0221802 PN 501

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2024

(a) (b) <u>IDENTITY OF ISSUE</u>	(c) <u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE</u>	(d) <u>COST</u>	(e) <u>CURRENT VALUE</u>
Mutual Funds:			
Vanguard Total International Stock Index	6,266.881 shares of Registered Investment Company	\$ 709,063	\$ 831,114
Vanguard Total Bond Market Index	235,174.521 shares of Registered Investment Company	2,500,693	2,257,675
Vanguard Total Stock Market Index	9,988.887 shares of Registered Investment Company	726,312	1,366,879
Total Mutual Funds:		<u>\$ 3,936,068</u>	<u>\$ 4,455,668</u>
		<u>\$ 3,936,068</u>	<u>\$ 4,455,668</u>

Note: Column (a) is blank denoting there are no parties-in-interest