

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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><b>1a</b> Name of plan <u>HEALTH AND WELFARE FUND OF THE EXCAVATING GRADING</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EXCAVATING GRADING &amp; ASPHALT CRAFT 731 HEALTH AND WELFARE FUND</u></p> <p><u>1000 BURR RIDGE PARKWAY</u> <u>BURR RIDGE, IL 60527</u></p>	<p><b>1c</b> Effective date of plan <u>01/14/1951</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-6073848</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>630-887-4150</u></p> <p><b>2d</b> Business code (see instructions) <u>237310</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/18/2025	JOHN LISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/18/2025	DAVE SNETEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	405
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	403
	<b>6a(2)</b>	372
	<b>6b</b>	2
	<b>6c</b>	
	<b>6d</b>	374
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	81

**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

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

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

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

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

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

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

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

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

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

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**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

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>HEALTH AND WELFARE FUND OF THE EXCAVATING GRADING</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EXCAVATING GRADING &amp; ASPHALT CRAFT 731 HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6073848</b>

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

**1 Coverage Information:**

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

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
13-1423090	69744	SL10107	404	03/01/2023	02/28/2024

**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.

<b>(a)</b> Total amount of commissions paid 47043	<b>(b)</b> Total amount of fees paid 0
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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  
**ELITE ADMINISTRATION & INSURANCE GR** 1211 W. 22ND STREET, SUITE 820  
OAK BROOK, IL 60523

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
47043			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	588041
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>HEALTH AND WELFARE FUND OF THE EXCAVATING GRADING</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EXCAVATING GRADING &amp; ASPHALT CRAFT 731 HEALTH AND WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-6073848</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DEARBORN NATIONAL 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
36-2598882	71129	F006356	402	03/01/2023	02/28/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>3624</b></p>	<p><b>(b)</b> Total amount of fees paid <b>1971</b></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  
**ELITE ADMINISTRATION & INSURANCE GR**      **1211 W. 22ND STREET, SUITE 820**  
**OAK BROOK, IL 60523**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3624	1971	ADDITIONAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	36241
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>HEALTH AND WELFARE FUND OF THE EXCAVATING GRADING</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EXCAVATING GRADING &amp; ASPHALT CRAFT 731 HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6073848</b>	

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

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

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

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

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

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

<b>VANGUARD</b>	<b>PO BOX 2600 VALLEY FORGE, PA 19482</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>DELAWARE GROUP EQUITY FUNDS INC</b>	<b>2005 MARKET STREET PHILADELPHIA, PA 19103</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>PROSHARE TRUST</b>	<b>7501 WISCONSIN AVENUE, STE 1000E BETHESDA, MD 20814</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>SCHWAB S&amp;P 500 INDEX</b>	<b>211 MAIN STREET SAN FRANCISCO, CA 94105</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

BLUE CROSS BLUE SHIELD

36-1236610

(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 55	NONE	186691	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EMPIRX HEALTH

47-1226691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	85973	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)

PAYD HEALTH

4001 MCEWEN ROAD, STE 450  
DALLAS, TX 75244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	64591	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)

DOWD BLOCH BENNETT CERVONE AUERBACH

36-3371377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	50124	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)

TFBC, LLC

27-3782504

(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 16	NONE	37385	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)

INVESTMENT CONSULTING SERVICES

32-0016703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 70	NONE	37300	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)

BUCK GLOBAL

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	34933	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)

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	32300	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	25553	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)

CHC WELLBEING

5440 N CUMBERLAND AVENUE  
CHICAGO, IL 60656

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	23853	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)

BAUM SIGMAN AUERBACH & NEUMAN, LTD.

36-2744057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	15117	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)

NATIONAL INVESTMENT SERVICES OF AME

84-3937993

(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?
51	NONE	14707	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)

MACNELL ACCOUNTING AND CONSULTING

30-0510353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	14041	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)

LASALLE CONSULTING PARTNERS INC.

200 W MADISON ST STE 940  
CHICAGO, IL 60606

(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?
70	NONE	11832	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)

ADP

1 ADP BLVD  
ROSELAND, NJ 07068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11513	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)

MEDCARE MANAGEMENT

88-0429522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10807	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)

DELTA DENTAL

36-2612058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	9146	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)

RED CARD SYSTEMS LLC

20-5388701

(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?
36	NONE	8433	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)

JOHNSON INVESTMENT COUNSEL

3777 WEST FORK ROAD  
CINCINNATI, OH 45247

(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?
51	NONE	7514	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)

EMPLOYEE RESOURCE SYSTEMS

29 E MADISON ST. STE 1600  
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6620	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)

OLD NATIONAL BANK

35-1539838

(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?
64 65	NONE	6494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION INC.	53	1702
(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.	
CHUBB 233 S. WACKER DRIVE CHICAGO, IL 60606	STANDARD COMMISSION AS INSURANCE REPRESENTATIVE	
(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.

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>HEALTH AND WELFARE FUND OF THE EXCAVATING GRADING</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXCAVATING GRADING &amp; ASPHALT CRAFT 731 HEALTH AND WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6073848</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS INTERMEDIATE FIXED INCOME FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
<b>c</b> EIN-PN <u>20-0065449-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6865368</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HEALTH AND WELFARE FUND OF THE EXCAVATING GRADING</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EXCAVATING GRADING &amp; ASPHALT CRAFT 731 HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6073848</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	4547797	2713556
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	604917	532880
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	546839	832235
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	39146	42741
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1963795	2516799
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	60336	60912
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1050356	1070539
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	6074904	6865368
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	9148803	10490453
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	737076	815629

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	24773969	25941112
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	624000	680000
<b>h</b> Operating payables.....	<b>1h</b>	138993	130656
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	762993	810656
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	24010976	25130456

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	8173132	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	104990	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		8278122
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	4538	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	74494	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	48205	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	5391	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		132628
<b>(2) Dividends: (A) Preferred stock.....</b>	<b>2b(2)(A)</b>	5231	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	187053	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3) Rents.....</b>	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>	<b>2b(4)(A)</b>	1075365	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1062661	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-41356	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		277864
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1185536
<b>c</b> Other income .....	<b>2c</b>		2285418
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		12323200

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	7338902	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	624342	
(3) Other .....	<b>2e(3)</b>	302193	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		8265437
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	1827025	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	14041	
(4) IQPA audit fees .....	<b>2i(4)</b>	32300	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	59976	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	2638	
(7) Actuarial fees .....	<b>2i(7)</b>	136909	
(8) Legal fees .....	<b>2i(8)</b>	65657	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	799737	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2938283
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		11203720

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1119480
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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



**HEALTH AND WELFARE FUND OF THE EXCAVATING,  
GRADING AND ASPHALT CRAFT, LOCAL NO. 731**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





**HEALTH AND WELFARE FUND OF THE EXCAVATING,  
GRADING AND ASPHALT CRAFT, LOCAL NO. 731**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees of  
Health and Welfare Fund of  
the Excavating, Grading and  
Asphalt Craft, Local No. 731  
Burr Ridge, Illinois

### Opinion

We have audited the accompanying financial statements of the Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731 (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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


### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731 and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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





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

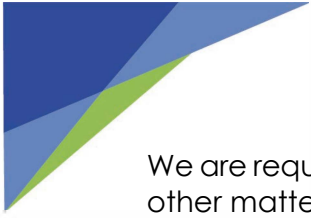
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



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

*Calibre CPA Group, PLLC*

Chicago, IL  
August 25, 2025



## HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Assets</b>		
<b>Assets</b>		
Investments - at fair value		
Corporate bonds and notes	\$ 1,070,539	\$ 1,050,356
Preferred stocks	60,912	60,336
U.S. Government and government agency obligations	2,516,799	1,963,795
Municipal obligations	108,893	147,572
Common collective trust	6,865,368	6,074,904
Other pooled investment	706,736	589,504
Registered investment companies and exchange traded funds	10,490,453	9,148,803
Short-term investment fund	42,741	39,146
Total investments - at fair value	21,862,441	19,074,416
Cash (non-interest bearing)	2,713,556	4,547,797
Receivables		
Employer contributions	532,880	604,917
Prescription rebates	269,775	123,366
Subrogation	85,765	3,457
Accrued interest and dividends	28,004	25,753
Due from related organizations	434,885	381,149
Total receivables	1,351,309	1,138,642
Property and equipment		
Office equipment	16,224	16,224
Less: accumulated depreciation	(16,224)	(16,224)
Net property and equipment	-	-
Prepaid expenses	13,806	13,114
Total assets	25,941,112	24,773,969

See accompanying notes to financial statements.



**HEALTH AND WELFARE FUND OF THE EXCAVATING,  
GRADING AND ASPHALT CRAFT, LOCAL NO. 731**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$ <u>130,656</u>	\$ <u>138,993</u>
Total liabilities	<u>130,656</u>	<u>138,993</u>
<b>Net assets available for benefits</b>	<u>\$ 25,810,456</u>	<u>\$ 24,634,976</u>

See accompanying notes to financial statements.



**HEALTH AND WELFARE FUND OF THE EXCAVATING,  
GRADING AND ASPHALT CRAFT, LOCAL NO. 731**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Additions</b>		
Investment income		
Net appreciation in		
fair value of investments	\$ 1,467,980	\$ 1,471,187
Interest and dividend income	<u>325,294</u>	<u>342,406</u>
	1,793,274	1,813,593
Less: investment expenses	<u>(62,614)</u>	<u>(61,222)</u>
Investment income - net	1,730,660	1,752,371
Employer contributions	8,173,132	8,523,791
Participant and retiree contributions	<u>104,990</u>	<u>112,265</u>
Total additions	<u>10,008,782</u>	<u>10,388,427</u>
<b>Deductions</b>		
Cost of benefits		
Claims paid - net	7,282,902	6,227,809
Group insurance premiums	624,342	610,610
Access and administrative fees	<u>302,193</u>	<u>227,042</u>
Total cost of benefits	8,209,437	7,065,461
Administrative expenses - net of reimbursements	<u>623,865</u>	<u>689,182</u>
Total deductions	<u>8,833,302</u>	<u>7,754,643</u>
<b>Net change</b>	1,175,480	2,633,784
<b>Net assets available for benefits</b>		
Beginning of year	<u>24,634,976</u>	<u>22,001,192</u>
End of year	<u>\$ 25,810,456</u>	<u>\$ 24,634,976</u>

See accompanying notes to financial statements.



**HEALTH AND WELFARE FUND OF THE EXCAVATING,  
GRADING AND ASPHALT CRAFT, LOCAL NO. 731**

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Amounts currently payable</b>		
Medical claims payable		
and claims incurred but not reported	\$ 555,000	\$ 513,000
Prescription benefits payable	80,000	66,000
Dental benefits payable	39,000	40,000
Vision benefits payable	6,000	5,000
	680,000	624,000
 <b>Other obligations for current benefit coverage, at estimated amounts</b>		
Accumulated eligibility credits	5,672,000	5,627,000
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Current retirees	37,331	49,125
Other participants fully eligible for benefits	8,615,106	8,589,388
Other participants not yet fully eligible for benefits	6,500,352	7,093,368
	15,152,789	15,731,881
Total benefit obligations	\$ 21,504,789	\$ 21,982,881

See accompanying notes to financial statements.



**HEALTH AND WELFARE FUND OF THE EXCAVATING,  
GRADING AND ASPHALT CRAFT, LOCAL NO. 731**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 624,000	\$ 676,000
Increase (decrease) during the year attributable to changes in		
Self-funded claims reported	6,468,553	7,445,976
Self-funded claims paid - net of reimbursements and retiree claims paid	(6,412,553)	(7,497,976)
Premiums due to insurance carrier	624,342	610,610
Premiums paid to insurance carrier	<u>(624,342)</u>	<u>(610,610)</u>
Balance at end of year	<u>680,000</u>	<u>624,000</u>
<b>Other obligations for current benefit coverage, at estimated amounts</b>		
Balance at beginning of year	5,627,000	6,970,000
Change during the year attributable to changes in:		
Accumulated eligibility credits	<u>45,000</u>	<u>(1,343,000)</u>
Balance at end of year	<u>5,672,000</u>	<u>5,627,000</u>
<b>Postretirement benefit obligations, net of amounts currently payable</b>		
Balance at beginning of year	15,731,881	17,651,777
Increase (decrease) during the year attributable to		
Benefits earned and other changes	(1,268,103)	(1,584,102)
Changes in actuarial assumptions	644,691	(134,844)
Benefits paid	(870,349)	(1,270,167)
Interest	<u>914,669</u>	<u>1,069,217</u>
Balance at end of year	<u>15,152,789</u>	<u>15,731,881</u>
Total benefit obligations	<u>\$ 21,504,789</u>	<u>\$ 21,982,881</u>

See accompanying notes to financial statements.



**HEALTH AND WELFARE FUND OF THE EXCAVATING,  
GRADING AND ASPHALT CRAFT, LOCAL NO. 731**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 1. DESCRIPTION OF THE PLAN**

The Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731 (the Plan) was established in 1951 as the result of a collective bargaining agreement between the union and various employer associations to provide health care, prescription, vision, dental, death, and disability benefits for eligible participants and their dependents. The Plan is a multiemployer welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Active employees and eligible dependents become initially eligible for benefits once an employee has been credited with at least 330 hours of work during the applicable contribution quarter.

To remain eligible, a participant must be credited with employer contributions of not less than 330 hours per contribution quarter or not less than 1,320 hours within the four consecutive contribution quarters immediately preceding the benefit quarter.

The contribution quarters and corresponding benefit quarters are as follows:

<u>Contribution Quarters</u>	<u>Benefit Quarters</u>
February, March, April	July, August, September
May, June, July	October, November, December
August, September, October	January, February, March
November, December, January	April, May, June

Under certain conditions, in order to continue coverage, a participant has the option of making self-contributions for not more than nine consecutive months during a period of total unemployment and for not more than twelve consecutive months if on disability. The Plan also provides medical coverage to retired participants until they become Medicare eligible.

Continuation of health care benefits to persons, who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), was adopted by the Plan.

Participants should refer to the summary plan description for more complete information.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of Accounting** - The financial statements are prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

**Cash (Non-Interest Bearing)** - Cash represents checking accounts.

**Contributions Receivable** - Employer contributions due and unpaid at year end are recorded as contributions receivable. Employer delinquencies and payroll compliance audit deficiencies are recognized upon settlement with the employer. Allowance for uncollectible accounts is not considered necessary and is not provided.

**Investment Valuation and Income Recognition** - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are reflected on a trade-date basis. Dividend income is reported on the ex-dividend date. Interest income is reported on the accrual basis. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

**Property and Equipment** - Property and equipment is carried at cost. Major additions are capitalized while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over estimated useful lives (three to five years) of the related assets.

Depreciation expense was \$-0- in 2024 and 2023.

**Payment of Benefits** - The Plan is self-funded for all benefits paid to participants and their dependents, except for member life insurance. Life insurance benefits are provided through a group insurance contract with Fort Dearborn Life. The Plan entered into a Network Administrative Agreement with Blue Cross Blue Shield of Illinois to provide a preferred provider organization (PPO) network for medical services. This agreement provides negotiated rate savings. The PPO's service providers are available to all participants who elect to receive medical services at a PPO service provider.

The Plan has a contract with Union Labor Life Insurance Company which provides stop-loss protection for claims expense. Stop-loss premiums were \$586,849 and \$573,939 which is shown as part of group insurance premiums for the years ended December 31, 2024 and 2023, respectively. Stop-loss reimbursements were \$29,402 and \$25,021 and is netted with claims paid on the financials for the years ended December 31, 2024 and 2023, respectively.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Benefit Obligations** - The Plan's obligations at year end for claims payable and claims incurred but not reported, and postretirement benefit obligations are estimated by the Plan's actuary. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligations. Accumulated eligibility credits for active participants are estimated by the Plan's actuary based on total months of eligibility earned and a monthly claims calculation.

The obligation for participants' accumulated eligibility credits represents an estimate of claims which will be due the following year for participants who had been credited with sufficient hours prior to December 31 to maintain eligibility after year end.

**Prescription Drug Rebates** - The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statements date have been reported as a receivable.

**Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Administrative Expenses** - The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

## NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees (Trustees) to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

## NOTE 4. TAX STATUS

The Plan obtained its latest determination letter in April 1953, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable



#### **NOTE 4. TAX STATUS (CONTINUED)**

requirements of the IRC and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. At December 31, 2024, the Plan's administrator believes that the Plan is no longer subject to income tax examinations for years prior to December 31, 2021.

#### **NOTE 5. FUNDING POLICY**

The Plan is financed by employer contributions, contributions from retirees and from participants electing COBRA coverage. Employer contribution rates are specified in the collective bargaining agreements. The majority of employers contribute at the hourly rates shown in the following table:

	Hourly Contribution Rate	
	MARBA	Construction
Effective June 1, 2022	\$ 12.30	\$ 12.30
Effective June 1, 2023	12.80	12.80
Effective June 1, 2024	13.15	13.15

The quarterly retiree contribution rates ranged from \$3,765 to \$7,542 during 2024 and 2023. The monthly COBRA contribution rates ranged from \$1,091 to \$2,540 during 2024 and 2023.

#### **NOTE 6. CASH CONCENTRATIONS**

The Plan maintains its cash balances in financial institutions deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per financial institution. At December 31, 2024, cash balances exceeded the FDIC insured limit by approximately \$2,488,000. The Plan has not experienced any losses in its cash balances and believes it is not exposed to any significant credit risk.

#### **NOTE 7. FAIR VALUE MEASUREMENTS**

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The

## NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

	Total	Fair Value Measurements at 12/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate bonds and notes	\$ 1,070,539	\$ -	\$ 1,070,539	\$ -
U.S. Government and government agency obligations	2,516,799	1,006,449	1,510,350	-
Municipal obligations	108,893	-	108,893	-
Preferred stocks	60,912	-	60,912	-
Registered investment companies and exchange traded funds	10,490,453	10,490,453	-	-
Short-term investment fund	42,741	-	42,741	-
Total	14,290,337	\$ 11,496,902	\$ 2,793,435	\$ -
Investments measured at net asset value*	7,572,104			
Total assets at fair value	\$ 21,862,441			

## NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

	Total	Fair Value Measurements at 12/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate bonds and notes	\$ 1,050,356	\$ -	\$ 1,050,356	\$ -
U.S. Government and government agency obligations	1,963,795	800,128	1,163,667	-
Municipal obligations	147,572	-	147,572	-
Preferred stocks	60,336	-	60,336	-
Registered investment companies and exchange traded funds	9,148,803	9,148,803	-	-
Short-term investment fund	39,146	-	39,146	-
Total	12,410,008	\$ 9,948,931	\$ 2,461,077	\$ -
Investments measured at net asset value*	6,664,408			
Total assets at fair value	\$ 19,074,416			

\* In accordance with Accounting Standards Codification, investments that were measured at net asset value (NAV) per share (or its equivalent) have not been classified in the fair hierarchy. The fair value amounts presented in this table and the table on the preceding page are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of the net assets available for benefits.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

### Level 1

Most U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the registered investment companies and exchange traded funds are determined by reference to the underlying assets, which are principally marketable equity securities. Shares in the registered investment companies and exchange traded funds are traded on national securities exchanges and are valued at the NAV as of the last business day of each period presented.



## **NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)**

### Level 2

Preferred stocks, U.S. Government agency obligations, corporate bonds and notes, and municipal obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

The short-term investment fund is valued at cost which approximates its fair value.

The common collective trust and other pooled investment is valued at NAV, without further adjustment, by reference to the underlying assets. The investment objective of the common collective trust is to achieve a consistent total rate of return through a diversified portfolio of fixed income securities consisting primarily of US government, corporate and mortgage-backed securities. The investment objective of the other pooled investment is to seek to track the return and risk characteristics of the FTSE NAREIT U.S. All Equity Index.

## **NOTE 8. FAIR VALUE MEASUREMENTS OF INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)**

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment entity that does not have a readily determinable fair value based upon the NAV per share or its equivalent of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The Plan's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis but longer lock-up periods can apply to certain investments.

## NOTE 8. FAIR VALUE MEASUREMENTS OF INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT) (CONTINUED)

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and 2023:

	2024 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common collective trust	\$ 6,865,368	\$ -	Monthly	3 days
Other pooled investment	706,736	-	Daily	Daily

	2023 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common collective trust	\$ 6,074,904	\$ -	Monthly	3 days
Other pooled investment	589,504	-	Daily	Daily

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

The Plan is related to the following tax-exempt organizations:

- Excavating, Grading, Asphalt, Private Scavengers & Recyclers, Automobile Salesroom Garage Attendants and Linen & Laundry & Machinery, Scrap Iron, Steel & Metal Trade Chauffeurs, Handlers, Helpers & Alloy Fabricators Local Union No. 731, International Brotherhood of Teamsters (the Local);
- Chicago Teamsters Construction Labor/Management Cooperation Committee;
- Local 731, I.B. of T. Excavators and Pavers Pension Trust Fund;
- Local No. 731, I.B. of T., Pension Fund;
- Local No. 731, I.B. of T., Health and Welfare Fund; and
- Employees' Pension Plan of Local 731, I.B. of T.

Certain trustees of the Plan serve as officers of the Local. Certain trustees of the Plan are also trustees of some of the above related plans.

### Shared Administrative Expenses

Shared administrative expenses incurred with related organizations are initially paid by the Plan. These expenses are reimbursed monthly based on an allocation method using estimated time prorations. A total of \$2,251,804 in 2024 and \$2,046,757 in 2023 was allocated to the related organizations for shared administrative expenses. Amounts due from related organizations at December 31, 2024 and 2023 were \$434,885 and \$381,149, respectively. Such amounts were settled in the subsequent period.



## **NOTE 9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)**

### **Office Lease - as Lessee**

The Plan entered into a ten year lease agreement with Local No. 731, I.B. of T., Pension Fund in November 2002. Effective November 2012, the Plan amended this lease agreement to extend the term an additional ten years through October 31, 2022. The lease contained a 120 day notice period for the plan to terminate the lease and required certain termination fees. Under the amended lease agreement, the Plan was subject to gross monthly rental amounts with annual rent escalations of 2%. Effective November 1, 2022, the Plan continues to rent on a month-to-month basis.

Rent expense was \$16,519 and \$16,237 for the years ended December 31, 2024 and 2023, respectively.

### **Pension Plans**

Substantially all of the Plan's full-time employees are covered by a multiple employer defined benefit pension plan. Certain employees, based upon hire date, are also covered by one or more of the related multiemployer defined benefit plans. Total pension contributions to multiemployer defined benefit plans were \$3,578 for 2024 and \$84,646 for 2023. Total pension contributions as determined by the Plan's actuary to the multiple employer defined benefit plan were \$70,000 for 2024 and \$69,000 for 2023.

During 2016, the Trustees agreed to offer certain employees a defined contribution 401(k) plan. Each employee can defer salary and receive up to a 10% of salary employer contribution. In 2024, total 401(k) employer contributions were \$139,361. In 2023, total 401(k) employer contributions were \$102,625.

### **Welfare Plan that Provides Postretirement Benefits**

Substantially all the Plan's full-time employees are covered by a related multiemployer health and welfare plan that provides medical benefits to eligible retired employees and their spouses. Contributions to the Plan for the years ended December 31, 2024 and 2023 were \$446,541 and \$353,308, respectively.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

## **NOTE 10. PARTICIPATION IN MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS**

The Plan contributes to a multiemployer defined benefit pension plan under the terms of the collective-bargaining agreements that cover its union-represented employees. The risks of participating in these multiemployer plans are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

## NOTE 10. PARTICIPATION IN MULTI-EMPLOYER DEFINED BENEFIT PENSION PLANS (CONTINUED)

- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in some of its multiemployer plans, the employer may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan's participation in these plans for the years ended December 31, 2024 and 2023, is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employee Identification Number (EIN) and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the plan's year-end at December 31, 2024 and 2023, respectively. The zone status is based on information that the Plan received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration date(s) of the collective-bargaining agreement(s) to which the plans are subject. There have been no significant changes that affect the comparability of 2024 and 2023 contributions. The Plan currently has no intention of withdrawing from the multiemployer pension plan in which they participate.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending/Implemented	Pension Contributions		Surcharge Imposed	Expiration Date of Collective-Bargaining Agreement
		2024	2023		2024	2023		
Local No. 731, I.B. of T. Excavators and Pavers Pension Fund	36-6513565 001	Green as of 12/31/2024	Green as of 12/31/2023	No	\$ 3,578	\$ 84,646	No	N/A

## NOTE 11. POSTRETIREMENT BENEFIT OBLIGATIONS

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired 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



## NOTE 11. POSTRETIREMENT BENEFIT OBLIGATIONS (CONTINUED)

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.

Some of the more significant actuarial assumptions used to calculate the postretirement benefit obligations at December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Discount rate	5.23%	5.74%
Mortality	RP-2014 Blue Collar Table (sex distinct)	RP-2014 Blue Collar Table (sex distinct)
Health trend rate	6.00% graded to 5.50%	6.00% graded to 5.50%

The medical 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 by \$1,946,784 and \$1,347,890 as of December 31, 2024 and 2023, respectively.

The funding of the postretirement benefit obligations is not covered by the contribution rate provided by the current collective bargaining agreements. However, the Plan empowers the Trustees to increase or decrease the amount of self-payments by eligible retired participants and to modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the Trustees.

## NOTE 12. COST OF BENEFITS

Group insurance premiums and claims paid in the years ended December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Group insurance premiums		
Life	\$ 37,492	\$ 36,671
Stop-loss	<u>586,850</u>	<u>573,939</u>
Total	<u>\$ 624,342</u>	<u>\$ 610,610</u>

## NOTE 12. COST OF BENEFITS (CONTINUED)

	<u>2024</u>	<u>2023</u>
Claims paid		
Medical	\$ 5,324,948	\$ 4,300,439
Dental	458,424	473,861
Disability	26,080	28,025
Vision	66,533	56,959
Prescription - net of rebates	1,507,366	1,403,950
Wellness	<u>18,058</u>	<u>12,805</u>
	7,401,409	6,276,039
Less: reimbursements from		
Stop-loss insurance	(29,402)	(25,021)
Subrogation	<u>(89,105)</u>	<u>(23,209)</u>
Claims paid - net	<u>\$ 7,282,902</u>	<u>\$ 6,227,809</u>

## NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 25,810,456	\$ 24,634,976
Benefit obligations currently payable	<u>(680,000)</u>	<u>(624,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 25,130,456</u>	<u>\$ 24,010,976</u>

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

Benefits paid to or for participants per the financial statements		\$ 8,209,437
Add - amounts currently payable at end of year		680,000
Less - amounts currently payable at beginning of year		<u>(624,000)</u>
Benefits paid to or for participants per the Form 5500		<u>\$ 8,265,437</u>
	<u>2024</u>	<u>2023</u>
Total additions per audited financial statements	\$ 10,008,782	\$ 10,388,427
Investment management expenses	<u>62,614</u>	<u>61,222</u>
Total additions per the Form 5500	<u>\$ 10,071,396</u>	<u>\$ 10,449,649</u>
Total deductions per audited financial statements	\$ 8,833,302	\$ 7,754,643
Effects of changes in benefit obligations	56,000	(52,000)
Investment management expenses	<u>62,614</u>	<u>61,222</u>
Total deductions per the Form 5500	<u>\$ 8,951,916</u>	<u>\$ 7,763,865</u>



#### **NOTE 14. SHORT-TERM LEASE POLICY**

The Plan has elected, for all underlying classes of assets, to not recognize right-of-use assets and lease liabilities for short-term leases that have a lease term of 12 months or less at lease commencement, and for leases that are determined to not be enforceable agreements per the guidance in Topic 842. The Plan recognizes lease cost associated with short-term leases on a straight-line basis over the lease term.

#### **NOTE 15. RISK AND UNCERTAINTIES**

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

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 16. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through August 25, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



## SUPPLEMENTAL INFORMATION





## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

To the Trustees of  
Health and Welfare Fund of  
the Excavating, Grading and  
Asphalt Craft, Local No. 731  
Burr Ridge, Illinois

We have audited the financial statements of the Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731 as of and for the years ended December 31, 2024 and 2023 and our report thereon which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3.

### Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted accounting 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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



## Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses, employer contributions and five year summary of operations are presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

We also have previously audited, in accordance with auditing standards generally accepted in the United States of America, the financial statements of the Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731 for the years ended December 31, 2020 through 2022 (none of which is presented herein), and we expressed an unmodified opinion on those financial statements.

*Calibre CPA Group, PLLC*

Chicago, IL  
August 25, 2025



## HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

### SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Audit and accounting fees	\$ 32,300	\$ 30,700
Computer maintenance	40,578	27,588
Conference and meeting expenses	8,653	12,679
Consulting fees	136,909	153,696
Fringe benefits		
Health and welfare	446,541	353,308
Pension	73,578	153,646
401k	141,025	104,562
Insurance	19,738	17,589
Legal fees	65,657	118,634
Payroll compliance audit fees	14,041	33,674
Payroll processing fees	11,513	10,047
Postage and check processing expense - claims	7,675	7,711
Printing, postage and office expenses	33,917	45,371
Rent expense	16,519	16,237
Salaries and payroll taxes	<u>1,827,025</u>	<u>1,650,497</u>
Total administrative expenses	2,875,669	2,735,939
Less: reimbursed administrative expenses from related organizations	<u>(2,251,804)</u>	<u>(2,046,757)</u>
Administrative expenses - net of reimbursements	<u>\$ 623,865</u>	<u>\$ 689,182</u>



**HEALTH AND WELFARE FUND OF THE EXCAVATING,  
GRADING AND ASPHALT CRAFT, LOCAL NO. 731**

SCHEDULE OF EMPLOYER CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2024

Employer	Amount
Builders Asphalt, LLC	\$ 1,034,412
Meade Electric Co.	753,593
Lindahl Brothers	521,175
K Five Construction Corp.	521,010
Plote Construction Inc.	493,713
Shepley Motor Express Inc.	258,672
D. Construction, Inc.	242,448
Chicagoland Trucking, Inc.	234,604
Brandenburg Industrial Service	213,986
JNS Inc.	212,076
American Landscaping Inc.	198,688
A Lamp Concrete Contractors	190,399
Bigane Paving Company	177,036
Abbey Paving & Sealcoating Inc.	169,869
Taylor Excav & Wrecking Inc.	159,596
Orange Crush, LLC	137,869
H. Wigboldy & Sons Inc.	123,644
Other employers contributing less than \$120,000 each	<u>2,530,342</u>
Total employer contributions	<u>\$ 8,173,132</u>

## HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

### FIVE YEAR SUMMARY OF OPERATIONS

	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
<b>Additions</b>					
Investment income (loss)	\$ 1,793,274	\$ 1,813,593	\$ (2,556,711)	\$ 1,644,121	\$ 1,498,416
Less: investment expenses	<u>(62,614)</u>	<u>(61,222)</u>	<u>(74,161)</u>	<u>(62,737)</u>	<u>(64,853)</u>
Investment income (loss) - net	1,730,660	1,752,371	(2,630,872)	1,581,384	1,433,563
Employer contributions	8,173,132	8,523,791	8,471,946	8,156,934	8,373,043
Participant and retiree contributions	<u>104,990</u>	<u>112,265</u>	<u>201,946</u>	<u>191,382</u>	<u>201,360</u>
Total additions	<u>10,008,782</u>	<u>10,388,427</u>	<u>6,043,020</u>	<u>9,929,700</u>	<u>10,007,966</u>
<b>Deductions</b>					
Claims paid - net	7,282,902	6,227,809	7,870,658	8,299,635	7,032,362
Group insurance premiums	624,342	610,610	529,486	492,654	469,718
Access and administrative fees	302,193	227,042	365,958	370,009	330,109
Administrative expenses - net	<u>623,865</u>	<u>689,182</u>	<u>636,365</u>	<u>736,097</u>	<u>748,108</u>
Total deductions	<u>8,833,302</u>	<u>7,754,643</u>	<u>9,402,467</u>	<u>9,898,395</u>	<u>8,580,297</u>
<b>Net change</b>	<u>\$ 1,175,480</u>	<u>\$ 2,633,784</u>	<u>\$ (3,359,447)</u>	<u>\$ 31,305</u>	<u>\$ 1,427,669</u>

The information above has been abstracted from the Plan's financial statements.  
It is not intended to present changes in the Plan's financial status.

# HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN 36-6073848  
PLAN NO. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Number of Shares or Par		
<b>Short-term investment</b>							
	Goldman Financial Square GOVT - A	Short-term investment	N/A	4.470%	42,741	\$ 42,741	\$ 42,741
<b>U.S. Government and government agency obligations</b>							
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	05/15/30	0.760%	90,000	74,994	73,839
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	11/15/30	1.070%	230,000	187,252	188,161
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	11/15/31	1.680%	225,000	200,203	183,850
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	05/15/32	3.200%	200,000	192,351	179,618
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	02/15/33	3.760%	210,000	206,609	195,374
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	08/15/33	4.070%	195,000	191,231	185,609
	FHLMC GOLD POOL #C91757	U.S. Government and government agency obligation	04/01/34	3.660%	42,039	43,747	40,187
	FHLMC GOLD POOL#S80302	U.S. Government and government agency obligation	04/01/35	3.190%	55,652	59,739	52,286
	FHLMC FR SC0564	U.S. Government and government agency obligation	05/01/42	2.410%	102,681	89,862	85,386
	FHLMC GOLD POOL #G31087	U.S. Government and government agency obligation	07/01/38	4.170%	21,779	22,497	20,905
	FNMA POOL# AL6178	U.S. Government and government agency obligation	12/01/44	4.290%	9,008	9,650	8,390
	FNMA POOL#AL5491	U.S. Government and government agency obligation	06/01/34	4.140%	76,912	82,801	74,394
	FNMA POOL #AL7536	U.S. Government and government agency obligation	04/01/30	3.570%	15,178	16,088	14,873
	FNMA POOL #AL7854	U.S. Government and government agency obligation	09/01/45	5.870%	6,109	6,308	6,182
	FNMA POOL #AN8842	U.S. Government and government agency obligation	04/01/28	3.450%	100,000	97,625	96,169
	FNMA POOL CA5539	U.S. Government and government agency obligation	04/01/50	3.480%	144,193	123,916	124,221
	FNMA POOL FN CB0114	U.S. Government and government agency obligation	04/01/41	2.910%	75,079	63,430	64,440
	FNMA FN CB0734	U.S. Government and government agency obligation	06/01/51	3.490%	90,304	74,614	77,662
	FHLMC POOL FM7171	U.S. Government and government agency obligation	05/01/36	2.240%	144,356	130,011	128,808
	FNMA POOL FN FS1780	U.S. Government and government agency obligation	04/01/42	2.930%	107,973	91,929	92,122
	FANNIE MAE POOL FN FS9718	U.S. Government and government agency obligation	08/01/42	2.400%	104,198	88,304	86,790
	FNMA POOL #MA2773	U.S. Government and government agency obligation	10/01/36	3.250%	34,542	35,503	31,904
	FNMA POOL #MA3071	U.S. Government and government agency obligation	07/01/37	4.170%	59,347	57,362	56,958
	FNMA POOL #MA3305	U.S. Government and government agency obligation	03/01/48	3.910%	62,731	57,722	56,161
	GNMA POOL #AU4920	U.S. Government and government agency obligation	09/15/41	3.460%	27,234	27,736	23,787
	FNMA SERIES 2013-83 CLASS MH	U.S. Government and government agency obligation	08/25/43	4.200%	28,213	30,453	26,888
	FNMA SERIES 2016-39 CLASS LA	U.S. Government and government agency obligation	03/25/45	2.680%	25,700	26,536	24,000
	FNMA SERIES 16-64 CLASS PG	U.S. Government and government agency obligation	05/25/45	3.220%	150,218	147,544	149,162
	FHLMC SERIES G004 CLASS A2H	U.S. Government and government agency obligation	01/25/46	6.910%	4,953	4,984	4,933
	FHLMC SERIES 3109 CLASS ZN	U.S. Government and government agency obligation	02/15/36	5.380%	29,228	32,699	29,875
	GNMA SERIES 21-175 CL DG	U.S. Government and government agency obligation	10/20/51	2.430%	71,222	72,791	58,689
	FHLB	U.S. Government and government agency obligation	12/10/32	4.740%	75,000	79,339	75,176
	Total U.S. Government and government agency obligations - line 1c(2)					<u>2,625,830</u>	<u>2,516,799</u>
<b>Municipal obligations</b>							
	KANSAS ST DEV FIN AUTH REV SER H	Municipal obligation	04/15/27	4.130%	110,000	114,215	108,893
	Total municipal obligations - line 1c(15)					<u>114,215</u>	<u>108,893</u>
<b>Corporate bonds and notes</b>							
	BANK OF AMERICA CORP	Corporate bonds and notes	04/25/29	5.180%	65,000	64,352	65,302
	DOVER CORP	Corporate bonds and notes	11/04/29	3.230%	65,000	58,690	59,372
	ESSEX PORTFOLIO LP	Corporate bonds and notes	01/15/30	3.320%	70,000	70,940	63,311
	EVERSOURCE ENERGY	Corporate bonds and notes	01/15/28	3.470%	55,000	62,058	52,274
	FIFTH THIRD BANCORP	Corporate bonds and notes	07/27/29	6.110%	60,000	60,907	62,243
	FLORIDA POWER & LIGHT	Corporate bonds and notes	04/01/33	5.130%	70,000	71,173	69,567
	HONEYWELL INTERNATIONAL INC	Corporate bonds and notes	03/01/35	5.100%	55,000	54,726	53,932
	HUNTINGTON BANCSHARES INC	Corporate bonds and notes	08/21/29	6.010%	60,000	60,214	61,944
	JOHNSON CONTROLS INTL PL	Corporate bonds and notes	02/14/26	3.940%	70,000	72,328	69,312
	NATIONAL RURAL UTILITY COOP	Corporate bonds and notes	03/15/30	2.720%	80,000	81,719	70,566
	PARKER HANNIFAN CORP	Corporate bonds and notes	09/15/27	4.300%	55,000	53,687	54,414
	TRUST FINANCIAL CORP	Corporate bonds and notes	10/28/33	5.880%	75,000	76,719	78,149
	US BANCORP	Corporate bonds and notes	07/22/33	5.180%	70,000	62,936	67,070
	VERIZON COMMUNICATIONS	Corporate bonds and notes	12/03/29	4.190%	65,000	72,297	62,364
	VIRGINIA ELECTRIC & POWER CO	Corporate bonds and notes	04/01/28	3.920%	60,000	58,032	58,149
	WELLS FARGO & CO	Corporate bonds and notes	07/22/27	4.360%	65,000	66,630	64,085
	XYLEM INC	Corporate bonds and notes	11/01/26	3.330%	60,000	57,248	58,485
	Total corporate bonds and notes - line 1c(3)(B)					<u>1,104,656</u>	<u>1,070,539</u>

# HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN 36-6073848  
PLAN NO. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value	
		Description	Maturity Date	Interest Rate			Number of Shares or Par
	Preferred stock						
	Allstate Corp	Preferred stock	01/15/53	8.590%	2,400	\$ 59,460	\$ 60,912
	Total preferred stock - line 1c(3)(A)					<u>59,460</u>	<u>60,912</u>
	Other pooled investment						
	RhumbLine	Other pooled investment	N/A	N/A	56,499	955,063	706,736
	Total other pooled investment - line 1c(15)					<u>955,063</u>	<u>706,736</u>
	Common collective trust						
	NIS Intermediate Fixed Income	Common collective trust	N/A	N/A	311	4,558,937	6,865,368
	Total common collective trust - line 1c(9)					<u>4,558,937</u>	<u>6,865,368</u>
	Registered investment companies and exchange traded funds						
	Delaware Small Cap Core Fund	Registered investment company	N/A	N/A	52,284	1,147,712	1,590,481
	Proshares S&P 500 Dividend A	Exchange traded fund	N/A	N/A	14,500	1,121,253	1,443,475
	Vanguard Intermediate-Term Treasury Index Fund	Registered investment company	N/A	N/A	86,357	1,964,388	1,691,735
	Vanguard Mid Cap Index ADM	Registered investment company	N/A	N/A	5,452	991,237	1,782,044
	SCHW AB S&P 500 Index Fund	Exchange traded fund	N/A	N/A	44,120	2,977,198	3,982,718
	Total registered investment companies and exchange traded funds - line 1c(13)					<u>8,201,788</u>	<u>10,490,453</u>
	Total assets (held at end of year)					<u>\$ 17,662,690</u>	<u>\$ 21,862,441</u>

## HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

### SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(j)

EIN 36-6073848  
PLAN NO. 501

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
<u>Purchases</u>						
	Goldman Financial Square Govt - A	\$ 8,320,273	\$ -	\$ 8,320,273	\$ 8,320,273	\$ -
	NIS Intermediate Fixed Income Fund	1,439,600	-	1,439,600	1,439,600	-
<u>Sales</u>						
	Goldman Financial Square Govt - A	-	8,316,678	8,316,678	8,316,678	-
	NIS Intermediate Fixed Income Fund	-	927,000	643,126	930,687	287,561

# HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN 36-6073848  
PLAN NO. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Number of Shares or Par		
<b>Short-term investment</b>							
	Goldman Financial Square GOVT - A	Short-term investment	N/A	4.470%	42,741	\$ 42,741	\$ 42,741
<b>U.S. Government and government agency obligations</b>							
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	05/15/30	0.760%	90,000	74,994	73,839
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	11/15/30	1.070%	230,000	187,252	188,161
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	11/15/31	1.680%	225,000	200,203	183,850
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	05/15/32	3.200%	200,000	192,351	179,618
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	02/15/33	3.760%	210,000	206,609	195,374
	U.S. TREASURY NOTES	U.S. Government and government agency obligation	08/15/33	4.070%	195,000	191,231	185,609
	FHLMC GOLD POOL #C91757	U.S. Government and government agency obligation	04/01/34	3.660%	42,039	43,747	40,187
	FHLMC GOLD POOL#S80302	U.S. Government and government agency obligation	04/01/35	3.190%	55,652	59,739	52,286
	FHLMC FR SC0564	U.S. Government and government agency obligation	05/01/42	2.410%	102,681	89,862	85,386
	FHLMC GOLD POOL #G31087	U.S. Government and government agency obligation	07/01/38	4.170%	21,779	22,497	20,905
	FNMA POOL# AL6178	U.S. Government and government agency obligation	12/01/44	4.290%	9,008	9,650	8,390
	FNMA POOL#AL5491	U.S. Government and government agency obligation	06/01/34	4.140%	76,912	82,801	74,394
	FNMA POOL #AL7536	U.S. Government and government agency obligation	04/01/30	3.570%	15,178	16,088	14,873
	FNMA POOL #AL7854	U.S. Government and government agency obligation	09/01/45	5.870%	6,109	6,308	6,182
	FNMA POOL #AN8842	U.S. Government and government agency obligation	04/01/28	3.450%	100,000	97,625	96,169
	FNMA POOL CA5539	U.S. Government and government agency obligation	04/01/50	3.480%	144,193	123,916	124,221
	FNMA POOL FN CB0114	U.S. Government and government agency obligation	04/01/41	2.910%	75,079	63,430	64,440
	FNMA FN CB0734	U.S. Government and government agency obligation	06/01/51	3.490%	90,304	74,614	77,662
	FHLMC POOL FM7171	U.S. Government and government agency obligation	05/01/36	2.240%	144,356	130,011	128,808
	FNMA POOL FN FS1780	U.S. Government and government agency obligation	04/01/42	2.930%	107,973	91,929	92,122
	FANNIE MAE POOL FN FS9718	U.S. Government and government agency obligation	08/01/42	2.400%	104,198	88,304	86,790
	FNMA POOL #MA2773	U.S. Government and government agency obligation	10/01/36	3.250%	34,542	35,503	31,904
	FNMA POOL #MA3071	U.S. Government and government agency obligation	07/01/37	4.170%	59,347	57,362	56,958
	FNMA POOL #MA3305	U.S. Government and government agency obligation	03/01/48	3.910%	62,731	57,722	56,161
	GNMA POOL #AU4920	U.S. Government and government agency obligation	09/15/41	3.460%	27,234	27,736	23,787
	FNMA SERIES 2013-83 CLASS MH	U.S. Government and government agency obligation	08/25/43	4.200%	28,213	30,453	26,888
	FNMA SERIES 2016-39 CLASS LA	U.S. Government and government agency obligation	03/25/45	2.680%	25,700	26,536	24,000
	FNMA SERIES 16-64 CLASS PG	U.S. Government and government agency obligation	05/25/45	3.220%	150,218	147,544	149,162
	FHLMC SERIES G004 CLASS A2H	U.S. Government and government agency obligation	01/25/46	6.910%	4,953	4,984	4,933
	FHLMC SERIES 3109 CLASS ZN	U.S. Government and government agency obligation	02/15/36	5.380%	29,228	32,699	29,875
	GNMA SERIES 21-175 CL DG	U.S. Government and government agency obligation	10/20/51	2.430%	71,222	72,791	58,689
	FHLB	U.S. Government and government agency obligation	12/10/32	4.740%	75,000	79,339	75,176
	Total U.S. Government and government agency obligations - line 1c(2)					<u>2,625,830</u>	<u>2,516,799</u>
<b>Municipal obligations</b>							
	KANSAS ST DEV FIN AUTH REV SER H	Municipal obligation	04/15/27	4.130%	110,000	114,215	108,893
	Total municipal obligations - line 1c(15)					<u>114,215</u>	<u>108,893</u>
<b>Corporate bonds and notes</b>							
	BANK OF AMERICA CORP	Corporate bonds and notes	04/25/29	5.180%	65,000	64,352	65,302
	DOVER CORP	Corporate bonds and notes	11/04/29	3.230%	65,000	58,690	59,372
	ESSEX PORTFOLIO LP	Corporate bonds and notes	01/15/30	3.320%	70,000	70,940	63,311
	EVERSOURCE ENERGY	Corporate bonds and notes	01/15/28	3.470%	55,000	62,058	52,274
	FIFTH THIRD BANCORP	Corporate bonds and notes	07/27/29	6.110%	60,000	60,907	62,243
	FLORIDA POWER & LIGHT	Corporate bonds and notes	04/01/33	5.130%	70,000	71,173	69,567
	HONEYWELL INTERNATIONAL INC	Corporate bonds and notes	03/01/35	5.100%	55,000	54,726	53,932
	HUNTINGTON BANCSHARES INC	Corporate bonds and notes	08/21/29	6.010%	60,000	60,214	61,944
	JOHNSON CONTROLS INTL PL	Corporate bonds and notes	02/14/26	3.940%	70,000	72,328	69,312
	NATIONAL RURAL UTILITY COOP	Corporate bonds and notes	03/15/30	2.720%	80,000	81,719	70,566
	PARKER HANNIFAN CORP	Corporate bonds and notes	09/15/27	4.300%	55,000	53,687	54,414
	TRUST FINANCIAL CORP	Corporate bonds and notes	10/28/33	5.880%	75,000	76,719	78,149
	US BANCORP	Corporate bonds and notes	07/22/33	5.180%	70,000	62,936	67,070
	VERIZON COMMUNICATIONS	Corporate bonds and notes	12/03/29	4.190%	65,000	72,297	62,364
	VIRGINIA ELECTRIC & POWER CO	Corporate bonds and notes	04/01/28	3.920%	60,000	58,032	58,149
	WELLS FARGO & CO	Corporate bonds and notes	07/22/27	4.360%	65,000	66,630	64,085
	XYLEM INC	Corporate bonds and notes	11/01/26	3.330%	60,000	57,248	58,485
	Total corporate bonds and notes - line 1c(3)(B)					<u>1,104,656</u>	<u>1,070,539</u>

# HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN 36-6073848  
PLAN NO. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value	
		Description	Maturity Date	Interest Rate			Number of Shares or Par
	Preferred stock						
	Allstate Corp	Preferred stock	01/15/53	8.590%	2,400	\$ 59,460	\$ 60,912
	Total preferred stock - line 1c(3)(A)					<u>59,460</u>	<u>60,912</u>
	Other pooled investment						
	RhumbLine	Other pooled investment	N/A	N/A	56,499	955,063	706,736
	Total other pooled investment - line 1c(15)					<u>955,063</u>	<u>706,736</u>
	Common collective trust						
	NIS Intermediate Fixed Income	Common collective trust	N/A	N/A	311	4,558,937	6,865,368
	Total common collective trust - line 1c(9)					<u>4,558,937</u>	<u>6,865,368</u>
	Registered investment companies and exchange traded funds						
	Delaware Small Cap Core Fund	Registered investment company	N/A	N/A	52,284	1,147,712	1,590,481
	Proshares S&P 500 Dividend A	Exchange traded fund	N/A	N/A	14,500	1,121,253	1,443,475
	Vanguard Intermediate-Term Treasury Index Fund	Registered investment company	N/A	N/A	86,357	1,964,388	1,691,735
	Vanguard Mid Cap Index ADM	Registered investment company	N/A	N/A	5,452	991,237	1,782,044
	SCHW AB S&P 500 Index Fund	Exchange traded fund	N/A	N/A	44,120	2,977,198	3,982,718
	Total registered investment companies and exchange traded funds - line 1c(13)					<u>8,201,788</u>	<u>10,490,453</u>
	Total assets (held at end of year)					<u>\$ 17,662,690</u>	<u>\$ 21,862,441</u>

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDEND	25,753.	28,004.
PRESCRIPTION REBATES	123,366.	269,775.
DUE FROM RELATED ORGANIZATIONS - NET	381,149.	434,885.
PREPAID EXPENSES	13,114.	13,806.
SUBROGATION	3,457.	85,765.
TOTAL TO SCHEDULE H, LINE 1B(3)	546,839.	832,235.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
MUNICIPAL OBLIGATIONS	147,572.	108,893.
OTHER POOLED INVESTMENTS	589,504.	706,736.
TOTAL TO SCHEDULE H, LINE 1C(15)	737,076.	815,629.

SCHEDULE H	OTHER INCOME	STATEMENT 3
DESCRIPTION	AMOUNT	
REIMBURSED COMMON ADMINISTRATIVE EXPENSES RELATED LOCAL SECURITY LITIGATION	2,251,804.	
OTHER POOLED INVESTMENT	382.	
	33,232.	
TOTAL TO SCHEDULE H, LINE 2C	2,285,418.	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 4
DESCRIPTION	AMOUNT	
ACCESS AND ADMINISTRATIVE FEES	302,193.	
TOTAL TO SCHEDULE H, LINE 2E(3)	302,193.	

## SCHEDULE H

## OTHER ADMINISTRATIVE EXPENSES

## STATEMENT 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
COMPUTER MAINTENANCE	40,578.
CONFERENCE AND MEETING EXPENSES	8,653.
FRINGE BENEFITS - HEALTH AND WELFARE	446,541.
FRINGE BENEFITS - PENSION	73,578.
INSURANCE	19,738.
PAYROLL PROCESSING FEES	11,513.
POSTAGE, EOB AND CHECK PROCESSING EXPENSE - CLAIMS	7,675.
PRINTING, POSTAGE, AND OFFICE EXPENSES	33,917.
RENT EXPENSE	16,519.
FRINGE BENEFITS - 401K	141,025.
TOTAL TO SCHEDULE H, LINE 2I(11)	799,737.

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

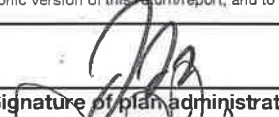
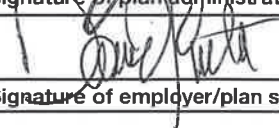
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report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

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>HEALTH AND WELFARE FUND OF THE EXCAVATING GRADING</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>EXCAVATING GRADING &amp; ASPHALT CRAFT 731 HEALTH AND W</b>  <b>1000 BURR RIDGE PARKWAY</b>  <b>BURR RIDGE IL 60527</b>	<b>1c</b> Effective date of plan <b>01/14/1951</b>  <b>2b</b> Employer Identification Number (EIN) <b>36-6073848</b>  <b>2c</b> Plan Sponsor's telephone number <b>630-887-4150</b>  <b>2d</b> Business code (see instructions) <b>237310</b>

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

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

<b>SIGN HERE</b>		09/18/2025	JOHN LISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		09/18/2025	DAVE SNELTEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

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

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

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	405
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	403
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	372
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	2
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	374
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	81

**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**

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

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

<p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>  2  </u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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## HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT, LOCAL NO. 731

### SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(j)

EIN 36-6073848  
PLAN NO. 501

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
<u>Purchases</u>						
	Goldman Financial Square Govt - A	\$ 8,320,273	\$ -	\$ 8,320,273	\$ 8,320,273	\$ -
	NIS Intermediate Fixed Income Fund	1,439,600	-	1,439,600	1,439,600	-
<u>Sales</u>						
	Goldman Financial Square Govt - A	-	8,316,678	8,316,678	8,316,678	-
	NIS Intermediate Fixed Income Fund	-	927,000	643,126	930,687	287,561