

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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 02/01/2024 and ending 01/31/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LOCAL 309 VACATION TRUST FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF LOCAL 309 VACATION TRUST FUND</u></p> <p><u>2000A MALL STREET, STE A</u> <u>COLLINSVILLE, IL 62234</u></p>	<p>1c Effective date of plan <u>02/01/1964</u></p> <p>2b Employer Identification Number (EIN) <u>37-0799627</u></p> <p>2c Plan Sponsor's telephone number <u>618-344-2002</u></p> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	SUE DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	MATTHEW EICHOLZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	877
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	877
	6a(2)	875
	6b	
	6c	
	6d	875
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	99

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:
4Q

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan LOCAL 309 VACATION TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 309 VACATION TRUST FUND	D Employer Identification Number (EIN) 37-0799627	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

LOCAL 309, ELECTRICAL HEALTH AND WE

2000A MALL STREET, STE A
COLLINSVILLE, IL 62234

37-6039515

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	COMMON MEMBERSHIP	23249	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHEFFEL BOYLE

143 N. KANSAS ST.
EDWARDSVILLE, IL 62025

37-1206530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	11600	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)

MERRILL

1500 AMERICAN BOULEVARD
PENNINGTON, NJ 08534

13-5674085

(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	NONE	5623	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
A Name of plan LOCAL 309 VACATION TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 309 VACATION TRUST FUND	D Employer Identification Number (EIN) 37-0799627

Part I	Asset and Liability Statement
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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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	220528
(3) Other	1b(3)	24557
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	807356
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	2064438
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2803666	3116879
Liabilities			
g Benefit claims payable.....	1g	2535018	2700144
h Operating payables.....	1h	17387	135
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12792	23249
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2565197	2723528
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	238469	393351

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	2572785	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2572785
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	17440	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	97663	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		115103
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1830000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1828003	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	9247	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	8123
d Total income. Add all income amounts in column (b) and enter total.....	2d	2707255

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2507219
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2507219
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	5623
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	2573
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	36958
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	45154
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2552373

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	154882
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHEFFEL BOYLE

(2) EIN: 37-1206530

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

IBEW LOCAL 309,
VACATION TRUST FUND

REPORT AND FINANCIAL STATEMENTS

JANUARY 31, 2025

IBEW LOCAL 309, VACATION TRUST FUND
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ALTON EDWARDSVILLE BELLEVILLE HIGHLAND
JERSEYVILLE COLUMBIA CARROLLTON

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
IBEW Local 309, Vacation Trust Fund

Opinion

We have audited the accompanying financial statements of IBEW Local 309, Vacation Trust Fund, 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 as of January 31, 2025 and 2024, and the related statements of changes in net assets available for benefits 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 of IBEW Local 309, Vacation Trust Fund as of January 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis of Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of IBEW Local 309, Vacation Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 309, Vacation Trust Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IBEW Local 309, Vacation Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 309, Vacation Trust Fund's ability to continue as a going concern for a reasonable period of time.

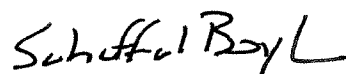
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA and Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses for the years ended January 31, 2025 and 2024, is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule, schedule of assets (held at end of year) as of January 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Edwardsville, Illinois
October 7, 2025

IBEW LOCAL 309,
VACATION TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS:		
Investments at Fair Value	\$ 2,064,438	\$ 1,711,734
Interest-Bearing Cash	807,356	886,033
Total Investments	<u>2,871,794</u>	<u>2,597,767</u>
Receivables:		
Employee Contributions	220,528	193,269
Accrued Interest	24,557	12,630
Total Receivables	<u>245,085</u>	<u>205,899</u>
Total Assets	<u>3,116,879</u>	<u>2,803,666</u>
LIABILITIES:		
Accounts Payable	135	17,387
Due to Related Party	23,249	12,792
Total Liabilities	<u>23,384</u>	<u>30,179</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,093,495</u>	<u>\$ 2,773,487</u>

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

EXHIBIT "B"

IBEW LOCAL 309,
VACATION TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 11,244	\$ 920
Interest Income	115,103	96,246
	<u>126,347</u>	<u>97,166</u>
Less: Investment Expenses	(5,623)	(2,413)
Investment Income	<u>120,724</u>	<u>94,753</u>
Employee Contributions	<u>2,572,785</u>	<u>2,407,659</u>
Other Income	<u>8,123</u>	<u>4,234</u>
Total Additions	<u>2,701,632</u>	<u>2,506,646</u>
DEDUCTIONS:		
Benefits Paid to Participants	2,342,093	1,914,012
Administrative Expenses	39,531	43,453
Total Deductions	<u>2,381,624</u>	<u>1,957,465</u>
Net Increase	320,008	549,181
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>2,773,487</u>	<u>2,224,306</u>
End of Year	<u>\$ 3,093,495</u>	<u>\$ 2,773,487</u>

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

IBEW LOCAL 309, VACATION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF PLAN

The following description of IBEW Local 309, Vacation Trust Fund (the Plan) provides only general information. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General:

The Plan was established under a collective bargaining agreement between Local 309, International Brotherhood of Electrical Workers and Southwestern Illinois Division, Illinois Chapter, National Electrical Contractors Association. The agreement provides for employers to remit participant contributions to the Plan on behalf of employees working under the agreement for the purpose of providing employees' vacation benefits.

Contributions:

Participating employers withhold and remit participant contributions to the Plan equal to 7% of the participants' earnings, net of related taxes. These contributions to the Plan are included annually in the wages of the employee.

Eligibility:

A participant is eligible for vacation benefits if the participant has worked during the previous Plan year (February through January) for an employer who has withheld and remitted the required contributions to this Plan, the participant has filed a timely application for benefits, and the participant has taken mandatory vacation time.

Benefits:

Contributions received during the contribution year (January through December) are available for payout beginning March 1 of the following year. A participant must apply for the vacation benefit and take any mandatory time off during the vacation year (February through January). An application not received by the Plan office by December 31 or failure to take any mandatory vacation time causes the participant to forfeit their right to the benefit.

IBEW LOCAL 309, VACATION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF PLAN (CONT'D)

Participant Accounts:

The amount accumulated in each participant's vacation account consists of contributions withheld and paid to the Plan by the employer. Because contributions are taxed and withheld from employee's paychecks, participants are 100% vested in their account at all times. An annual dividend may be added to the participant accounts at the discretion of the trustees if the accumulated earnings exceed the cost of operating the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Employee Contributions Receivable:

Employee contributions receivable represent employee contributions due to the Plan that are withheld from wages paid to participants prior to the end of the Plan year, but not yet remitted to the Plan. Employee contributions receivable are carried at reported amounts less an estimate made for doubtful receivables based on a review of outstanding amounts. Management determines the allowance for credit losses by regularly evaluating individual employee receivables and considering an employer's financial condition and payment history, and current economic conditions. Employee contributions receivable are written off when deemed uncollectible. Management is of the opinion that no allowance is necessary as of January 31, 2025 and 2024.

IBEW LOCAL 309, VACATION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

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

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits:

Benefits are recorded when paid.

Administrative Expenses:

Certain expenses incurred maintaining the Plan are recorded when incurred. Expenses are paid directly by the Plan.

NOTE 3. FAIR VALUE MEASUREMENTS

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

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

IBEW LOCAL 309, VACATION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at January 31, 2025 and 2024.

Corporate Bonds

Corporate bonds are stated at fair value based on yields currently available on comparable securities of issuers and similar credit ratings.

The following tables set forth by level, within fair value hierarchy, the Plan's assets at fair value as of January 31, 2025 and 2024:

Assets at Fair Value as of January 31, 2025				
	Level 1	Level 2	Level 3	Total
Corporate Bonds	\$ -	\$ 2,064,438	\$ -	\$ 2,064,438
Investments at Fair Value	\$ -	\$ 2,064,438	\$ -	\$ 2,064,438

Assets at Fair Value as of January 31, 2024				
	Level 1	Level 2	Level 3	Total
Corporate Bonds	\$ -	\$ 1,711,734	\$ -	\$ 1,711,734
Investments at Fair Value	\$ -	\$ 1,711,734	\$ -	\$ 1,711,734

IBEW LOCAL 309, VACATION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

Changes in Fair Value Levels

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

NOTE 4. NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits consist of the following as of January 31, 2025 and 2024:

	2025	2024
Allocated For Vacation Benefits	\$ 2,700,144	\$ 2,535,018
Unallocated	393,351	238,469
	\$ 3,093,495	\$ 2,773,487

NOTE 5. TAX STATUS

The trust established under the Plan to hold the Plan's assets is tax exempt under the provisions of section 501(c)(9) of the Internal Revenue Code (the Code) and, therefore, is exempt from income taxes. The Plan and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The board of trustees believe the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related trust continues to be tax-exempt.

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

IBEW LOCAL 309, VACATION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 6. PLAN TERMINATION

In the event of termination, the trustees shall first pay or set aside money for payment of expenses and anticipated expenses, including the expenses of liquidation. Second, the trustees shall pay all vacation benefits for which timely applications have been filed. Third, the trustees shall pay accumulated contributions to employees for which timely applications could have been filed. Any remaining assets will be divided among current employees. If the assets are insufficient to pay all of the parties covered by a category, payments to that category will be reduced on a pro rata basis, and no payments will be made to a party in a lower category.

NOTE 7. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTION

In accordance with an agreement among the Plan and other affiliated funds, certain common expenses relating to the operation of the benefit office, including salaries, are allocated to and paid by each participating plan. Common expenses of \$23,249 and \$20,212 were incurred by the Plan during the years ended January 31, 2025 and 2024, respectively, and are included in administrative expenses on the statements of changes in net assets available for benefits.

Amounts due to IBEW Local 309, Health and Welfare Fund at January 31, 2025 and 2024 was \$23,249 and \$12,792, respectively.

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

Significant party-in-interest transactions include accounting and audit services by Scheffel Boyle. Fees paid by the Plan for the accounting and audit services amounted to \$11,600 and \$10,560 for the years ended January 31, 2025 and 2024, respectively.

IBEW LOCAL 309, VACATION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at January 31, 2025 and 2024:

	2025	2024
Net Assets Available for Benefits Per the Financial Statements	\$ 3,093,495	\$ 2,773,487
Less: Vacation Benefits Payable	(2,700,144)	(2,535,018)
Net Assets Available for Benefits per Form 5500	\$ 393,351	\$ 238,469

The following is a reconciliation of total benefits paid per the financial statements to Form 5500 for the years ended January 31, 2025 and 2024:

	2025	2024
Benefit Payments Per the Financial Statements	\$ 2,342,093	\$ 1,914,012
Add: Benefit Payable - Current Year	2,700,144	2,535,018
Less: Benefit Payable - Prior Year	(2,535,018)	(2,122,554)
Benefit Payments Per Form 5500	\$ 2,507,219	\$ 2,326,476

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500 for the years ended January 31, 2025 and 2024:

	2025	2024
Net Increase in Net Assets Available for Benefits		
Per the Financial Statements	\$ 320,008	\$ 549,181
Add: Benefit Payable - Prior Year	2,535,018	2,122,554
Less: Benefit Payable - Current Year	(2,700,144)	(2,535,018)
Net Increase in Net Assets Available for Benefits		
Per Form 5500	\$ 154,882	\$ 136,717

NOTE 9. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 7, 2025. From this evaluation, no events were identified that met the requirement for disclosure.

SCHEDULE "1"

IBEW LOCAL 309,
VACATION TRUST FUND
SCHEDULES OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Accounting Expenses	\$ 11,600	\$ 14,463
Administrative Expense (Shared)	23,249	20,212
Bond Reimbursement	-	210
Computer Expense	1,200	2,147
Legal Fees	2,573	4,829
Office Supplies	324	578
Postage Expense	585	1,014
	<u>\$ 39,531</u>	<u>\$ 43,453</u>

See accompanying independent auditor's report.

IBEW LOCAL 309,
VACATION TRUST FUND
EIN: 37-0799627 / PLAN NUMBER: 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JANUARY 31, 2025

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	SHARES	COST	CURRENT VALUE
INTEREST-BEARING CASH:				
	Bank of O'Fallon - Working		\$ 776,533	\$ 776,533
	Bank of O'Fallon - Surplus		23,091	23,091
	Merrill Lynch Preferred Deposit		7,732	7,732
	Total - Interest-Bearing Cash		\$ 807,356	\$ 807,356
CORPORATE BONDS:				
American Electric Power	Jr Subordinated GLB; CUSIP # 025537AK7	85,000	\$ 85,402	\$ 85,363
CB UBS Group AG	CUSIP # 902643AX6	250,000	245,395	249,762
Citigroup Inc	Subordinated GLB; CUSIP # 172967JL6	100,000	98,366	99,893
Citigroup Inc	Subordinated GLB; CUSIP # 172967HBO	70,000	70,319	70,313
Citigroup Inc	Subordinated; CUSIP # 172967KJ9	120,000	119,547	119,930
Duke Energy Corp	GLB; Cusip # 26441BV6	100,000	100,450	100,401
General Motors CO	GLB; CUSIP # 37045VAG5	150,000	147,879	149,847
General Motors Financial Co	GLB; CUSIP # 37045XDZ6	150,000	151,318	151,238
Home Depot Inc	SER GLB; CUSIP # 437076CX8	150,000	151,008	150,968
Intel Corp	GLB; CUSIP # 458140CD0	30,000	30,001	30,033
Lincoln National Corp	GLB; CUSIP # 534187BE8	159,000	155,751	158,741
Morgan Stanley	SER GMTN GLB; CUSIP # 6174468C6	100,000	99,291	99,790
Morgan Stanley	Subordinated GLB; CUSIP # 6174467X1	200,000	200,436	200,390
Nextera Energy Capital	Company Guarant GLB; CUSIP # 65339KCS7	30,000	30,089	30,104
Pacific Gas & Electric	1st Mortgage GLB; CUSIP # 694308KE6	150,000	148,845	149,399
Pacific Gas & Electric Com	1st Mortgage GLB; CUSIP # 694308JL2	59,000	58,117	58,562
Verizon Communications	GLB; CUSIP # 92343VENO	40,000	39,270	39,967
Whirlpool Corp	GLB; CUSIP # 96332OAT3	120,000	117,998	119,737
	Total - Corporate Bonds		\$ 2,049,482	\$ 2,064,438
	Total Investments		\$ 2,856,838	\$ 2,871,794

See accompanying independent auditor's report.

IBEW LOCAL 309
VACATION TRUST FUND
EIN: 37-0799627 / PLAN NUMBER: 501
SCHEDULE H, PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JANUARY 31, 2025

IDENTITY OF PARTY INVOLVED (a)	DESCRIPTION OF ASSET (b)	PURCHASE PRICE (c)	SELLING PRICE (d)	LEASE RENTAL (e)	EXPENSE INCURRED WITH TRANSACTION (f)	COST OF ASSET (g)	CURRENT VALUE OF ASSET ON TRANSACTION DATE (h)	GAIN OR (LOSS) (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
CB UBS Group AG	3.75% Due 3/26/2025	\$ 249,926				\$ 249,926	249,926	-
Pacific Gas & Electric	1st Mortgage GLB 4.95% Due 6/8/2025	149,340				149,340	149,340	-
Home Depot Inc	SER GLB 5.10% Due 12/24/2025	154,835				154,835	154,835	-
Morgan Stanley	Subordinated GLB 5.00% Due 11/24/2025	201,192				201,192	201,192	-
General Motors Finl Co	GLB 1.05% Due 03/08/2024		\$ 150,000			150,000	150,000	-
HP Enterprise Co	GLB 1.45% Due 4/1/2024		150,000			150,000	150,000	-
Parker-Hannifin Corp	3.65% Due 6/15/2024		150,000			150,000	150,000	-
Target Corp	GLB 3.50% Due 7/1/2024		150,000			150,000	150,000	-
HP Enterprise Co	GLB 5.90% Due 10/1/2024		150,000			150,000	150,000	-
Baxter International Inc.	GLB 1.322% Due 11/29/2024		200,000			200,000	200,000	-
State Street Corp	3.30% Due 12/16/2024		180,000			180,000	180,000	-
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No transactions								
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
No transactions								
Category 4 - Single Transaction with One Broker Exceeds 5% of Value:								
CB UBS Group AG	3.75% Due 3/26/2025	\$ 249,926				\$ 249,926	249,926	-
Pacific Gas & Electric	1st Mortgage GLB 4.95% Due 6/8/2025	149,340				149,340	149,340	-
Home Depot Inc	SER GLB 5.10% Due 12/24/2025	154,835				154,835	154,835	-
Morgan Stanley	Subordinated GLB 5.00% Due 11/24/2025	201,192				201,192	201,192	-
General Motors Finl Co	GLB 1.05% Due 03/08/2024		\$ 150,000			150,000	150,000	-
HP Enterprise Co	GLB 1.45% Due 4/1/2024		150,000			150,000	150,000	-
Parker-Hannifin Corp	3.65% Due 6/15/2024		150,000			150,000	150,000	-
Target Corp	GLB 3.50% Due 7/1/2024		150,000			150,000	150,000	-
HP Enterprise Co	GLB 5.90% Due 10/1/2024		150,000			150,000	150,000	-
Baxter International Inc.	GLB 1.322% Due 11/29/2024		200,000			200,000	200,000	-
State Street Corp	3.30% Due 12/16/2024		180,000			180,000	180,000	-

See accompanying independent auditor's report.

IBEW LOCAL 309,
VACATION TRUST FUND
EIN: 37-0799627 / PLAN NUMBER: 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JANUARY 31, 2025

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	SHARES	COST	CURRENT VALUE
(a)	(b)		(d)	(e)
INTEREST-BEARING CASH:				
Bank of O'Fallon	Bank of O'Fallon - Working		\$ 776,533	\$ 776,533
Bank of O'Fallon	Bank of O'Fallon - Surplus		23,091	23,091
Merrill Lynch	Preferred Deposit		7,732	7,732
	Total - Interest-Bearing Cash		<u>\$ 807,356</u>	<u>\$ 807,356</u>
CORPORATE BONDS:				
American Electric Power	Jr Subordinated GLB; CUSIP # 025537AK7	85,000	\$ 85,402	\$ 85,363
CB UBS Group AG	CUSIP # 902643AX6	250,000	245,395	249,762
Citigroup Inc	Subordinated GLB; CUSIP # 172967JL6	100,000	98,366	99,893
Citigroup Inc	Subordinated GLB; CUSIP # 172967HBO	70,000	70,319	70,313
Citigroup Inc	Subordinated; CUSIP # 172967KJ9	120,000	119,547	119,930
Duke Energy Corp	GLB; Cusip # 26441BV6	100,000	100,450	100,401
General Motors CO	GLB; CUSIP # 37045VAG5	150,000	147,879	149,847
General Motors Financial Co	GLB; CUSIP # 37045XDZ6	150,000	151,318	151,238
Home Depot Inc	SER GLB; CUSIP # 437076CX8	150,000	151,008	150,968
Intel Corp	GLB; CUSIP # 458140CD0	30,000	30,001	30,033
Lincoln National Corp	GLB; CUSIP # 534187BE8	159,000	155,751	158,741
Morgan Stanley	SER GMTN GLB; CUSIP # 6174468C6	100,000	99,291	99,790
Morgan Stanley	Subordinated GLB; CUSIP # 6174467X1	200,000	200,436	200,390
Nextera Energy Capital	Company Guarant GLB; CUSIP # 65339KCS7	30,000	30,089	30,104
Pacific Gas & Electric	1st Mortgage GLB; CUSIP # 694308KE6	150,000	148,845	149,399
Pacific Gas & Electric Com	1st Mortgage GLB; CUSIP # 694308JL2	59,000	58,117	58,562
Verizon Communications	GLB; CUSIP # 92343VENO	40,000	39,270	39,967
Whirlpool Corp	GLB; CUSIP # 96332OAT3	120,000	117,998	119,737
	Total - Corporate Bonds		<u>\$ 2,049,482</u>	<u>\$ 2,064,438</u>
	Total Investments		<u>\$ 2,856,838</u>	<u>\$ 2,871,794</u>

See accompanying independent auditor's report.

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> <hr/> <h2 style="text-align: center;">2024</h2> <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>02/01/2024</u> and ending <u>01/31/2025</u>	
A This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here▶ <input checked="" type="checkbox"/> D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here▶ <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information											
1a Name of plan LOCAL 309 VACATION TRUST FUND 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF LOCAL 309 VACATION TRUST FUND 2000A MALL STREET, STE A COLLINSVILLE IL 62234	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1b Three-digit plan number (PN) ▶</td> <td style="width:50%; text-align: center;">501</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">02/01/1964</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">37-0799627</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">(618) 344-2002</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">238210</td> </tr> </table>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan	02/01/1964	2b Employer Identification Number (EIN)	37-0799627	2c Plan Sponsor's telephone number	(618) 344-2002	2d Business code (see instructions)	238210
1b Three-digit plan number (PN) ▶	501										
1c Effective date of plan	02/01/1964										
2b Employer Identification Number (EIN)	37-0799627										
2c Plan Sponsor's telephone number	(618) 344-2002										
2d Business code (see instructions)	238210										

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

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

SIGN HERE		10/07/2025	SUE DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/07/2025	MATTHEW EICHOLZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	877
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	877
a (2) Total number of active participants at the end of the plan year	6a(2)	875
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	875
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	99

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:

4Q

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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IBEW LOCAL 309,
VACATION TRUST FUND
EIN: 37-0799627 / PLAN NUMBER: 501
SCHEDULE H, PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JANUARY 31, 2025

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSET</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>GAIN OR (LOSS)</u> (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
CB UBS Group AG	3.75% Due 3/26/2025	\$ 249,926				\$ 249,926	\$ 249,926	
Pacific Gas & Electric	1st Mortgage GLB 4.95% Due 6/8/2025	149,340				149,340	149,340	
Home Depot Inc	SER GLB 5.10% Due 12/24/2025	154,835				154,835	154,835	
Morgan Stanley	Subordinated GLB 5.00% Due 11/24/2025	201,192				201,192	201,192	
General Motors Finl Co	GLB 1.05% Due 03/08/2024		\$ 150,000			150,000	150,000	\$ -
HP Enterprise Co	GLB 1.45% Due 4/1/2024		150,000			150,000	150,000	-
Parker-Hannifin Corp	3.65% Due 6/15/2024		150,000			150,000	150,000	-
Target Corp	GLB 3.50% Due 7/1/2024		150,000			150,000	150,000	-
HP Enterprise Co	GLB 5.90% Due 10/1/2024		150,000			150,000	150,000	-
Baxter International Inc.	GLB 1.322% Due 11/29/2024		200,000			200,000	200,000	-
State Street Corp	3.30% Due 12/16/2024		180,000			180,000	180,000	-

Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:

No transactions

Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:

No transactions

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

CB UBS Group AG	3.75% Due 3/26/2025	\$ 249,926				\$ 249,926	\$ 249,926	
Pacific Gas & Electric	1st Mortgage GLB 4.95% Due 6/8/2025	149,340				149,340	149,340	
Home Depot Inc	SER GLB 5.10% Due 12/24/2025	154,835				154,835	154,835	
Morgan Stanley	Subordinated GLB 5.00% Due 11/24/2025	201,192				201,192	201,192	
General Motors Finl Co	GLB 1.05% Due 03/08/2024		\$ 150,000			150,000	150,000	\$ -
HP Enterprise Co	GLB 1.45% Due 4/1/2024		150,000			150,000	150,000	-
Parker-Hannifin Corp	3.65% Due 6/15/2024		150,000			150,000	150,000	-
Target Corp	GLB 3.50% Due 7/1/2024		150,000			150,000	150,000	-
HP Enterprise Co	GLB 5.90% Due 10/1/2024		150,000			150,000	150,000	-
Baxter International Inc.	GLB 1.322% Due 11/29/2024		200,000			200,000	200,000	-
State Street Corp	3.30% Due 12/16/2024		180,000			180,000	180,000	-

See accompanying independent auditor's report.