

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND 1b Three-digit plan number (PN) 501 1c Effective date of plan 10/29/1952 2a Plan sponsor's name (employer, if for a single-employer plan) TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND 2b Employer Identification Number (EIN) 37-6039515 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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for SUE DAVIS (plan administrator), MATTHEW EICHHOLZ (employer/plan sponsor), and Signature of 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>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>	904
<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>	647
	<b>6a(2)</b>	692
	<b>6b</b>	258
	<b>6c</b>	
	<b>6d</b>	950
	<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>	225

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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>7</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

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

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**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>LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</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>TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>37-6039515</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

**GUARDIAN**

<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
<b>13-5123390</b>	<b>64246</b>	<b>00397710</b>	<b>859</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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 <b>23996</b>	<b>(b)</b> Total amount of fees paid <b>786</b>
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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

**ASSURED PARTNERS CORNERSTONE LLC** **721 EMERSON SUITE 500**  
**ST. LOUIS, MO 63141**

<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	
<b>23996</b>	<b>786</b>		<b>3</b>

**(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:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<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) ▶ **AD&D, OPTIONAL LIFE**

**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>	213537
<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. ▶

**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>LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</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>TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>37-6039515</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

**EYE MED**

<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
<b>43-0949844</b>	<b>71870</b>	<b>10103851001</b>	<b>2174</b>	<b>01/01/2024</b>	<b>02/29/2024</b>

**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 <b>622</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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

**ASSURED PARTNERS CORNERSTONE LLC** **12645 OLIVE BLVD. SUITE 300**  
**ST. LOUIS, MO 63141**

<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	
<b>622</b>			<b>3</b>

**(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:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<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>	12431
<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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<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>LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</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>TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>37-6039515</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  
**SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.**

(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
94-0734860	71420	H2001	336	01/01/2024	12/31/2024

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

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

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

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

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

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

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

(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>	556643
<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**

<b>A</b> Name of plan <b>LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</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>TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>37-6039515</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  
**UNITED HEALTHCARE 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
36-2739571	79413	100039	1923	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<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:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<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) **▶ MANAGED ORGAN/TISSUE TRANSPLANT**

**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>	155953
<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. ▶



(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>7c(6)</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 (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</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) ▶

**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>	569587
<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>LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</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>TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>37-6039515</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  
**EYE MED**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	10107131001	7	01/01/2024	02/29/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">30</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**ASSURED PARTNERS CORNERSTONE LLC**      **12645 OLIVE BLVD. SUITE 300**  
**ST. LOUIS, MO 63141**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30			3

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

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

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

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

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

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

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

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

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

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

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

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

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

<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:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<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>	6185
<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. ▶

**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>LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</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>TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>37-6039515</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  
**PROTEC 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
<b>32-0416457</b>	<b>15297</b>	<b>11674</b>	<b>779</b>	<b>03/01/2024</b>	<b>12/31/2024</b>

**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 <b>6133</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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  
**DEWITT INSURANCE AGENCY INC** **390 S WOODS MILL RD**  
**ST. LOUIS, IL 63017**

<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	
<b>6133</b>			<b>4</b>

**(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:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<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>	55266
<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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<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>LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</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>TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>37-6039515</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)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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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)

MERITAIN HEALTH

1285 FERN RIDGE PARKWAY, STE 200  
ST. LOUIS, MO 63141

16-1264154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15	NONE	370087	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)

LABOR FIRST, LLC

1000 MIDLANTIC DRIVE, SUITE 100  
MOUNT LAUREL, NJ 08054

61-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	116601	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)

BYRNE SOFTWARE TECHNOLOGIES, INC.

16091 SWINGLEY RIDGE ROAD STE 160  
CHESTERFIELD, MO 63017

43-1853340

(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?
	NONE	67838	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)

SCHUCHAT, COOK, & WERNER

1221 LOCUST ST., STE 250  
ST. LOUIS, MO 63103

43-0763010

(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	51848	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	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"/>

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

SYSTEMS DESIGN ASSOCIATES

3760 S. LINDBERGH, STE 102  
ST. LOUIS, MO 63127

43-1228887

(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	35623	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)

BURR OAK CONSULTING

2115 BARRETT STATION RD.  
ST. LOUIS, MO 63131

82-3420174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	30571	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)

MERCY MANAGED BEHAVIORAL HEALTH

P.O. BOX 503794  
ST. LOUIS, MO 63150

43-1664148

(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	29807	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?
51	NONE	23380	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MONETARY MANAGEMENT GROUP INC

13537 BARRETT PARKWAY DRIVE, SUITE  
BALLWIN, MO 63021

43-1581414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	12119	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)

MILLIMAN USA

501 N. BROADWAY, STE 550  
ST. LOUIS, MO 63102

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	7000	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)

PNC BANK

PO BOX 91309  
CLEVELAND, OH 44101

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	6500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</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>TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>37-6039515</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>	250	250
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1003400	948968
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	690664	636247
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2239289	2553546
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2060645	2119309
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	879865	794204
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<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>	683641	701426
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	17901799	19066763
<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>	34947	

<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>	135	135
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	25494635	26820848
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	1300000	1150000
<b>h</b> Operating payables.....	<b>1h</b>	83324	105406
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	241641	277736
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1624965	1533142
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	23869670	25287706

**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>	9893915	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1475364	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	281749	
(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>		11651028
<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>	131838	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	56452	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	17173	
<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>	1286	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		206749
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	6410	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	531672	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		538082
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2595289	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	2598419	
<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>		-3130
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	180717	
<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>		
(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>		726667
<b>c</b> Other income .....	<b>2c</b>		121141
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		13421254

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	9239978	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	1742045	
(3) Other.....	<b>2e(3)</b>	324157	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		11306180
<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>	229024	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	37300	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	18619	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	51848	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	7000	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	353247	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		697038
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		12003218

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1418036
<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: 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND

REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2024

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1-3
FINANCIAL STATEMENTS:	
<u>EXHIBIT</u>	
A    Statements of Net Assets Available for Benefits	4
B    Statements of Changes in Net Assets Available for Benefits	5
C    Statements of Plan Benefit Obligations	6
D    Statements of Changes in Plan Benefit Obligations	7
NOTES TO FINANCIAL STATEMENTS	8-19
SUPPLEMENTAL INFORMATION:	
<u>SCHEDULE</u>	
1    Schedules of Administrative Expenses	20
2    Schedule of Assets (Held at End of Year)	21-22
3    Schedule of Reportable Transactions	23



ALTON EDWARDSVILLE BELLEVILLE HIGHLAND  
JERSEYVILLE COLUMBIA CARROLLTON

## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
the IBEW Local 309, Electrical Health and Welfare Fund

### **Opinion**

We have audited the accompanying financial statements of IBEW Local 309, Electrical Health and Welfare 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 and plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of IBEW Local 309, Electrical Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

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

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

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

*Schuff-Boyl*

Edwardsville, Illinois  
October 11, 2025

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS:</b>		
Investments at Fair Value	\$ 22,681,702	\$ 21,560,897
Interest-Bearing Cash	2,553,546	2,239,289
Total Investments	<u>25,235,248</u>	<u>23,800,186</u>
Receivables:		
Employer Contributions	948,968	1,003,400
Reciprocity Income	229,173	200,367
Accrued Interest	27,924	32,313
Due From Related Parties	117,196	198,207
Pharmacy Rebates	261,954	259,777
Total Receivables	<u>1,585,215</u>	<u>1,694,064</u>
Other Assets:		
Cash, Non-Interest-Bearing	250	250
Office Equipment and Improvements (Less Accumulated Depreciation of \$183,619 and \$183,619 for 2024 and 2023, Respectively)	135	135
Total Other Assets	<u>385</u>	<u>385</u>
Total Assets	<u>26,820,848</u>	<u>25,494,635</u>
<b>LIABILITIES:</b>		
Accounts Payable and Accrued Expenses	105,406	83,324
Reciprocity Expense Payable	277,736	241,641
Total Liabilities	<u>383,142</u>	<u>324,965</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 26,437,706</u></u>	<u><u>\$ 25,169,670</u></u>

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

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 904,254	\$ 1,776,840
Interest and Dividends	744,832	668,958
	<u>1,649,086</u>	<u>2,445,798</u>
Less Investment Expenses	(18,619)	(18,961)
Investment Income	<u>1,630,467</u>	<u>2,426,837</u>
Contributions:		
Employer Contributions	9,893,915	10,364,966
Employee Contributions	1,475,364	1,449,333
Reciprocity Income	1,710,424	1,367,487
Reciprocity Expense	(1,428,675)	(1,690,711)
Total Contributions	<u>11,651,028</u>	<u>11,491,075</u>
Other Income	<u>121,140</u>	<u>102,363</u>
Total Additions	<u>13,402,635</u>	<u>14,020,275</u>
DEDUCTIONS:		
Benefit Payments and Expenses:		
Medical Benefits	7,572,246	8,000,007
Pharmacy Benefits	1,555,237	1,478,224
Disability Benefits	262,495	357,684
Group Term-Life Insurance Premiums	212,659	211,108
Organ Transplant Insurance Coverage	152,905	119,392
Cost Containment Expense	324,157	363,244
Dental Insurance Premiums	621,932	545,562
Vision Insurance Premiums	81,305	72,951
Retiree Medical Premiums	673,244	631,030
	<u>11,456,180</u>	<u>11,779,202</u>
ACA Fees	5,419	4,920
Administrative Expenses	<u>673,000</u>	<u>573,878</u>
Total Deductions	<u>12,134,599</u>	<u>12,358,000</u>
Net Increase	1,268,036	1,662,275
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>25,169,670</u>	<u>23,507,395</u>
End of Year	<u>\$ 26,437,706</u>	<u>\$ 25,169,670</u>

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

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
STATEMENTS OF PLAN BENEFIT OBLIGATIONS  
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE:		
Claims Payable and Claims Incurred but Not Reported	\$ 1,150,000	\$ 1,300,000
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Accumulated HRA Credits - Liability for Future Credit	262,510	-
Accumulated Eligibility Credits - Liability for Future Credit	1,948,556	2,025,093
Total Postemployment Benefit Obligations	<u>2,211,066</u>	<u>2,025,093</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>3,361,066</u>	<u>3,325,093</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Current Retirees, Beneficiaries and Dependents	16,014,113	17,327,959
Other Participants Fully Eligible for Benefits	7,774,906	7,298,390
Other Participants Not Yet Fully Eligible for Benefits	22,702,926	25,094,121
Total Postretirement Benefit Obligations	<u>46,491,945</u>	<u>49,720,470</u>
TOTAL PLAN BENEFIT OBLIGATIONS	<u>\$ 49,853,011</u>	<u>\$ 53,045,563</u>

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

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	\$ 1,300,000	\$ 1,200,000
Claims Reported and Approved for Payment	9,239,978	9,935,915
Claims Paid	(9,389,978)	(9,835,915)
Balance at End of Year	<u>1,150,000</u>	<u>1,300,000</u>
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	2,025,093	2,039,002
Net Change During Year	185,973	(13,909)
Balance at End of Year	<u>2,211,066</u>	<u>2,025,093</u>
Total Plan Benefit Obligations Other Than Postretirement Benefit Obligations	<u>3,361,066</u>	<u>3,325,093</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE:		
Balance at Beginning of Year	49,720,470	45,274,523
Increase (Decrease) During the Year Attributable to Benefits Earned	2,106,970	3,117,373
Changes in Actuarial Assumptions	(6,118,317)	2,065,330
Changes due to change in retiree self pay rates	-	(1,463,844)
Increase for Interest	2,325,509	2,226,693
Expected Benefits Paid	(1,542,687)	(1,499,605)
Balance at End of Year	<u>46,491,945</u>	<u>49,720,470</u>
TOTAL PLAN BENEFIT OBLIGATIONS	<u>\$ 49,853,011</u>	<u>\$ 53,045,563</u>

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

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

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

General:

The Plan provides health and other benefits to eligible employees of employers who make contributions to the Plan pursuant to collective bargaining agreements with the International Brotherhood of Electrical Workers Local No. 309 (IBEW Local 309). The Plan also covers non-bargaining unit employees that are employed by an employer that has a collective bargaining agreement with IBEW Local 309 through participation agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits:

The Plan provides comprehensive medical, pharmacy, dental, vision, life, accident and disability benefits for participants as specified in the Plan. Medical, pharmacy and disability benefits are self-insured by the Plan. Dental, vision, life, accidental death and dismemberment and transplant benefits are insured. Insured benefits are provided under group insurance contracts with Delta Dental of Illinois (dental), Guardian Life Insurance Company of America (dental, life and accidental death and dismemberment), EyeMed Vision Care/ProTec Insurance Company (vision) and Optum (transplant). Retiree medical is insured through a United Healthcare Medicare Advantage Plan.

Medical Claims:

Certain medical benefits are subject to various levels of coinsurance arrangements, and certain participant benefits are subject to annual deductibles. The Plan has a preferred provider agreement with Aetna for purposes of pricing and paying claims. Pharmacy benefits are administered through a management agreement with Sav-Rx for all Plan participants.

Initial Eligibility:

Bargaining unit employees become initially eligible on the first of the month following the month the employee has attained 800 hours in a period of not more than six consecutive calendar months. Nonbargaining unit employees working under a participation agreement initially become eligible if they are actively employed under the participation agreement during the month or employed for at least 32 hours per week and the employer has paid the required monthly employer contribution for that month. Disabled and retired employees are entitled to benefits if they meet the specific eligibility rules of the Plan.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN (CONT'D)

Continuing Eligibility:

For bargaining unit employees, once a participant has attained initial eligibility, bargaining unit employees become eligible for the next quarter provided that they work a minimum of 320 hours in the previous quarter. Hours worked in quarters ending March, June, September and December provided eligibility for June, September, December and March, respectively. Nonbargaining unit employees obtain eligibility on a monthly basis provided the employer has paid the required monthly employer contribution for that month. Nonbargaining unit employees continue to be eligible provided the employer has paid the required monthly employer contribution for that month.

Contributions:

The Plan agreement provides that the employer or association must make monthly contributions in accordance with the negotiated labor agreement. Other eligible participants, including disabled and retired participants, have a monthly contribution requirement. Any employee temporarily unemployed or employed in a jurisdiction where contributions to the Plan are not required may make self-contributions to maintain eligibility.

Reciprocal Income and Expense:

In accordance with agreements in place between IBEW Local 309 and other International Brotherhood of Electrical Workers local unions, contributions earned by members of IBEW Local 309 while working in other local union jurisdictions are remitted to the Plan and counted towards those members' eligibility in the Plan. Similarly, contributions received by the Plan for hours worked by members of other local union jurisdictions while working in the IBEW Local 309 jurisdiction are due to the respective members' local union office. Reciprocity earned or due but not received or paid as of the financial statement date have been reported as a receivable or payable.

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.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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

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, liabilities, benefit obligations and changes therein, incurred but not reported claims, eligibility credits, claims payable, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

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. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Concentrations of Cash:

The Plan maintains its cash accounts with one commercial bank located in Collinsville, Illinois. Cash balances are secured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times, the balance in the accounts may exceed federally insured limits.

Employer Contributions Receivable:

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

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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

Office Equipment and Improvements:

Office equipment and improvements are recorded at cost. Depreciation is calculated using straight-line methods over the assets' estimated useful lives, which range from 3 to 10 years. Maintenance and repair costs are charged to expense as incurred. Depreciation expense was \$-0- for the years ended December 31, 2024 and 2023.

Benefit Payments:

Benefit claim payments, premiums, and other benefits-related expenses are recorded when paid by the Plan.

Pharmacy Rebates:

Rebates due from the Plan's pharmacy benefits manager (PBM) are recorded when earned. Rebates earned but not paid as of the financial statement date have been reported as a receivable, with the offset being netted against benefit payments. Pharmacy rebates and subsidies totaling \$516,266 and \$476,843 have been netted with pharmacy benefit payments in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

Postretirement Benefit Obligations:

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements. 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. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligations are the portion of the expected postretirement benefit obligations that are attributed to that employee's service render to the valuation date. The obligation is net of self-payments.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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

Postretirement Benefit Obligations (Cont'd):

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

Other Plan Obligations:

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

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

Administrative Expenses:

Expenses are paid directly by the plan and are recorded when incurred.

Reclassifications:

Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported net increase.

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.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

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

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

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

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

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

The following is a description 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.

Municipal Bonds, Corporate Bonds and Notes and U.S. Government and Agency Securities

Municipal bonds, corporate bonds and notes and U.S. government and agency securities are stated at fair value based on yields currently available on comparable securities of issuers and similar credit ratings.

Common Stocks and Mutual Funds

Common stocks and mutual funds are valued at the closing price reporting on the active market on which the individual securities are traded.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Corporate Bonds and Notes	\$ -	\$ 794,204	\$ -	\$ 794,204
U.S. Government and Agency Securities	-	2,119,309	-	2,119,309
Mutual Funds	19,066,763	-	-	19,066,763
Common Stocks	701,426	-	-	701,426
Investments at Fair Value	\$ 19,768,189	\$ 2,913,513	\$ -	\$ 22,681,702
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Municipal Bonds	\$ -	\$ 34,947	\$ -	\$ 34,947
Corporate Bonds and Notes	-	879,865	-	879,865
U.S. Government and Agency Securities	-	2,060,645	-	2,060,645
Mutual Funds	17,901,799	-	-	17,901,799
Common Stocks	683,641	-	-	683,641
Investments at Fair Value	\$ 18,585,440	\$ 2,975,457	\$ -	\$ 21,560,897

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. POSTRETIREMENT BENEFIT OBLIGATIONS

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

Actuarial Cost Method:

The accruing costs of all benefits are measured under the projected unit credit actuarial cost method. Under the projected unit credit actuarial cost method, costs are accrued as the benefits are earned by active members. On a pay-as-you-go basis, costs are accrued when the benefits are paid to retired members.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS (CONT'D)

Discount Rate:

The discount rate used in the valuation as of December 31, 2024 was 5.50% per annum. The assumption used in the 2023 valuation was 4.75% per annum.

Health Care Cost Increase or Trend Rate:

The 2024 and 2023 valuation utilized trend rates developed using the Getzen model. The 2024 valuation used assumed health care cost trend rates of 6.1% graded down to 3.7% over 49 years. The 2023 valuation utilized an assumed trend of 6.6% graded down to 3.7% over 50 years.

Medical Claim Costs:

The overall annual medical claim costs (including prescription drug costs) assumed for each covered person for the current fiscal year (sample rates) are as follows:

Age	Retiree		Spouse	
	Male	Female	Male	Female
55	\$ 11,996	\$ 12,882	\$ 9,878	\$ 11,166
58	12,947	13,297	10,838	11,705
60	13,796	13,859	11,693	12,225
62	14,701	14,445	12,615	12,769
64	16,480	15,277	14,033	13,450
65	3,577	3,125	3,577	3,125
68	3,840	3,340	3,840	3,340
70	4,026	3,492	4,026	3,492
73	4,311	3,688	4,311	3,688
75	4,495	3,766	4,495	3,766
80	4,765	3,859	4,765	3,859
83	4,741	3,785	4,741	3,785
85	4,591	3,622	4,591	3,622

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS (CONT'D)

Mortality:

Actives: 2024: RP-2014 Employees Mortality Table, male and female rates, projected generationally using Scale MP-2021  
2023: RP-2014 Employees Mortality Table, male and female rates, projected generationally using Scale MP-2021

Healthy retirees: 2024: RP-2014 Healthy Annuitant Tables, male and female rates, projected generationally using Scale MP-2021  
2023: RP-2014 Healthy Annuitant Tables, male and female rates, projected generationally using Scale MP-2021

Disabled retirees: 2024: RP-2014 Disabled Tables, male and female rates  
2023: RP-2014 Disabled Tables, male and female rates

Spouse Coverage:

75% of actives are assumed to be married and elect spouse coverage at retirement. Wives are assumed to be three years younger than husbands.

Election of Retirement Coverage:

85% of actives are assumed to elect retiree medical coverage at retirement.

Retiree Contributions:

Grandfathered retirees who retired before January 1, 1995, pay \$150 per month. Those retiring after January 1, 1995, are required to contribute \$525 per month between ages 55 and 64 and \$400 per month at ages 65 and later. Starting in 2023, if a retiree turns age 65 but has covered dependents that are under age 65, the retiree rate continues to be \$525 per month until such time all covered dependents are Medicare eligible, and then the rate reduces to \$400 per month.

There is no charge for spouse coverage while the retiree is alive. Upon the retiree's death, the spouse is charged the rate the retiree would have been charged. Retiree contributions are assumed to increase at 25% of the rate of medical cost inflation.

Other:

The health care cost trend rate has a significant impact on the liabilities. The postretirement benefit obligation as of December 31, 2024 and 2023, using trend rates 1% higher than the assumed health care cost trend rate, will increase the obligation by \$8,043,094 and \$9,267,079, respectively.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS (CONT'D)

Other (Cont'd):

The Plan's total benefit obligations exceeded its net assets available for benefits as of December 31, 2024 and 2023. The Board of Trustees has several options at its disposal to fund the deficit, including increasing future contribution rates and reducing benefits to eligible participants.

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

NOTE 5. TAX STATUS

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

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

NOTE 6. PLAN TERMINATION

In the event the Plan terminates, the trustees shall continue benefit programs in some form for the benefit of one or more classes of employees and their dependents, seeking to pay or to set aside funds to pay all of the obligations of the trust fund. Any termination must be in conformity with ERISA and the regulations issued thereunder.

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

In accordance with an agreement among the Plan and other affiliated funds, certain common expenses relating to the operation of the office, including salaries, are paid by the Plan and allocated to and reimbursed by each participating fund.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

Amounts due from related parties at December 31, 2024 and 2023, are as follows:

	2024	2023
IBEW Local 309, Vacation Trust Fund	\$ 36,041	\$ 12,792
IBEW Local 309, Income Security Fund	55,079	117,393
IBEW Local 309, 401(k) Retirement Plan	26,076	68,022
	\$ 117,196	\$ 198,207

The Plan operates in premises leased from IBEW Local 309 with annual rent payments amounting to \$9,600 and \$8,800 for the years ended December 31, 2024 and 2023, 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 and investment activity to various service providers. Therefore, payments to such service providers by the Plan qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Significant party-in-interest transactions include claims processing and recordkeeping by Meritain Health. Fees paid by the Plan for the claims processing and recordkeeping services amounted to \$370,087 and \$411,059 respectively, for the years ended December 31, 2024 and 2023, respectively.

**NOTE 8. RISKS AND UNCERTAINTIES**

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

Plan contributions are made based on respective collective bargaining agreements, and the actuarial present value of various benefits obligations are reported based on certain assumptions pertaining to interest rates, 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 could materially affect the amounts reported and disclosed in the financial statements.

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net Assets Available for Benefits Per the Financial Statements	\$ 26,437,706	\$ 25,169,670
Less: Benefit Obligations Payable	(1,150,000)	(1,300,000)
Net Assets Available for Benefits per Form 5500	\$ 25,287,706	\$ 23,869,670

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

	2024	2023
Benefit Payments and Expenses Per the Financial Statements	\$ 11,456,180	\$ 11,779,202
Add: Benefit Obligations Payable - Current Year	1,150,000	1,300,000
Less: Benefit Obligations Payable - Prior Year	(1,300,000)	(1,200,000)
Benefit Payments and Expenses Per Form 5500	\$ 11,306,180	\$ 11,879,202
Net Increase (Decrease) in Net Assets Available for Benefits Per the Financial Statements	\$ 1,268,036	\$ 1,662,275
Add: Benefit Obligations Payable - Prior Year	1,300,000	1,200,000
Less: Benefit Obligations Payable - Current Year	(1,150,000)	(1,300,000)
Net Increase (Decrease) in Net Assets Available for Benefits Per Form 5500	\$ 1,418,036	\$ 1,562,275

NOTE 10. HEALTH REIMBURSEMENT ACCOUNT (HRA)

The Fund implemented a Health Reimbursement Account (HRA) for each participant. Effective October 1, 2024, each participant's account was funded based on the following: \$0.20 per hour from September 2023 to February 2024, \$0.40 per hour from March 2024 to August 2024, and 6.53% of employer contributions for inside wireman (6.88% of employer contributions for outside wireman) from September 2024 to December 2024. The funding of the HRA was \$295,885 for the year ended December 31, 2024, respectively. The Fund reimbursed participants \$33,375 for eligible expenses for the year ended December 31, 2024. This leaves a balance at the end of December 31, 2024 of \$262,510.

NOTE 11. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 11, 2025. From this evaluation, no events were identified that met the requirement for disclosure.

SCHEDULE "1"

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
SCHEDULES OF ADMINISTRATIVE EXPENSES  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Accounting and Audit Fees	\$ 54,090	\$ 47,290
Conferences, Conventions and Meetings	21,270	17,158
Consultant Fees	48,150	59,105
Data Processing	105,755	84,992
Employee Benefits	102,145	69,132
Equipment Lease and Maintenance	11,530	6,399
Insurance	15,880	2,313
Legal Fees	51,848	26,253
Membership Dues and Subscriptions	350	2,875
Office Supplies and Expense	53,900	51,291
Payroll Taxes	17,995	22,305
Postage Expense	7,987	3,364
Rent	9,600	8,800
Salaries	229,024	227,059
Trustee Lost-Time Pay	6,187	4,856
Administrative Expenses Allocated to Related Parties	(62,711)	(59,314)
	<u>\$ 673,000</u>	<u>\$ 573,878</u>

See accompanying independent auditor's report

IBEW LOCAL 309  
ELECTRICAL HEALTH AND WELFARE FUND  
EIN: 37-6039515 / PLAN NUMBER 501  
SCHEDULE H, LINE 4: - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)		
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	SHARES	COST	CURRENT VALUE		
<b>INTEREST-BEARING CASH:</b>						
Fidelity	Fidelity Government Portfolio (III)		\$ 1,242,535	\$ 1,242,535		
PNC Bank	Business Checking		228,546	228,546		
IAM Bank	IAM Bank Sweep		1,082,465	1,082,465		
			<u>\$ 2,553,546</u>	<u>\$ 2,553,546</u>		
<b>CORPORATE BONDS AND NOTES:</b>						
Abbott Laboratories	Call 11/30/2027 UNSC CUSIP # 002824BP4	1.150%	01/30/28	50,000	\$ 49,395	\$ 45,277
Apple Inc	Call 6/11/2029 UNSC CUSIP # 037833DP2	2.200%	09/11/29	50,000	52,151	44,899
Arthur J Gallagher & Co	Call 8/9/2031 UNSC CUSIP # 04316JAA7	2.400%	11/09/31	100,000	99,673	83,752
Bristol - Myers Squibb Co	Call 10/13/2025 UNSC CUSIP # 110122DN5	0.750%	11/13/25	100,000	98,344	96,874
The Coca Cola Co	UNSC CUSIP # 191216CM0	2.125%	09/06/29	50,000	52,141	44,801
The Coca Cola Co	UNSC CUSIP # 191216DP2	2.250%	01/05/32	50,000	45,405	42,540
Johnson & Johnson	Call 12/1/2025 UNSC CUSIP # 478160BY9	2.450%	03/01/26	50,000	53,282	48,882
JP Morgan Chase & Co Ser Gmnt	Call 9/14/2023 CUSIP # 48128G5H9	1.150%	09/14/26	100,000	99,699	92,795
Oracle Corp	Call 2/25/2026 UNSC CUSIP # 68389XCC7	1.650%	02/25/26	50,000	49,663	48,200
Perkinelmer Inc	Call 7/15/2028 UNSC CUSIP # 714046AM1	1.900%	09/15/28	100,000	100,445	89,573
Qualcomm Inc	Call 2/20/2028 UNSC CUSIP # 747525BN2	1.300%	05/20/28	50,000	49,467	44,853
Texas Instruments Inc	Call 06/04/2029 UNSC CUSIP # 882508BG8	2.250%	09/04/29	75,000	74,996	67,371
Union Pacific Group	Call 11/5/2029 UNSC CUSIP # 907818FH6	2.400%	02/05/30	50,000	52,041	44,387
	Total - Corporate Bonds and Notes				<u>\$ 876,702</u>	<u>\$ 794,204</u>
<b>U.S. GOVERNMENT AND AGENCY SECURITIES:</b>						
Federal Farm Credit Bank Bnds	CUSIP # 3133EFXJ1	3.300%	02/02/35	75,000	\$ 88,256	\$ 65,840
Federal Farm Credit Bank Bnds	Call 12/1/2023 CUSIP # 3133ENGA2	1.300%	12/01/25	100,000	100,358	97,295
Federal Home Ln Mtg Corp	Gold Pool G08791 CUSIP # 3128MJZ22	3.000%	12/01/47	13,374	14,059	11,607
Federal Home Ln Mtg Corp	Gold Pool G15688 CUSIP # 3128MERH6	3.500%	12/01/30	1,794	1,928	1,755
Federal Home Ln Mtg Corp	Pool # SD8274 CUSIP # 3132DWFP3	4.000%	12/01/52	44,932	43,345	41,150
Federal Natl Mtg Assn	Pool # 797044 CUSIP # 31405XP59	5.500%	07/01/34	5,644	6,403	5,692
Federal Natl Mtg Assn	Pool # 823595 CUSIP # 31406X7G1	Var Rate	04/01/35	444	447	450
Federal Natl Mtg Assn	Pool # 889036 CUSIP # 31410GV59	5.500%	08/01/37	779	905	786
Federal Natl Mtg Assn	Pool # MA1200 CUSIP # 31418AKN7	3.000%	10/01/32	6,439	6,820	6,064
Federal Natl Mtg Assn	Pool # MA3129 CUSIP # 31418CNP3	4.000%	09/01/37	16,074	17,345	15,418
Federal Natl Mtg Assn	Pool # MA3153 CUSIP # 31418CQF4	4.000%	10/01/37	18,929	20,553	18,156
Federal Natl Mtg Assn	Pool # AE0139 CUSIP # 31419AEM5	3.500%	07/01/25	127	136	126
Federal Natl Mtg Assn	Pool # MA3975 CUSIP # 31418DMZ2	4.000%	02/01/40	16,718	18,126	15,932
GNMA	Pool # 552714 CUSIP # 36213FAP8	7.000%	08/15/32	363	400	365
GNMA	Pool # 604623 CUSIP # 36200MVQ3	5.000%	09/15/33	2,580	2,975	2,595
GNMA II	Pool # MA2416 CUSIP # 36179QVH1	4.000%	12/20/29	2,156	2,303	2,128
GNMA II	Pool # MA6039 CUSIP # 36179UV82	3.500%	07/20/49	6,338	6,664	5,732
GNMA II	Pool # MA2726 CUSIP # 36179RA33	4.000%	04/20/30	431	457	424
GNMA II	Pool # MA6145 CUSIP # 36179UJZ4	3.500%	09/20/49	2,763	2,838	2,417
GNMA II	Pool # MA6337 CUSIP # 36179VBE9	2.500%	12/20/49	11,639	12,068	9,783
GNMA II	Pool # MA6340 CUSIP # 36179VBH2	4.000%	12/20/49	8,165	8,694	7,606
GNMA II	Pool # MA6716 CUSIP # 36179VN97	6.000%	06/20/50	9,143	10,366	9,499
GNMA II	Pool # MA6823 CUSIP # 36179VSL5	4.500%	08/20/50	12,967	13,810	12,376
GNMA II	Pool # MA6840 CUSIP # 36179VSS0	2.500%	09/20/35	18,384	19,423	16,731
GNMA II	Pool # MA7030 CUSIP # 36179VY38	5.500%	11/20/35	29,727	32,882	29,732
GNMA II	Pool # MA7139 CUSIP # 36179V4Y3	4.000%	01/20/51	18,932	20,242	17,637
GNMA II	Pool # MA49109 CUSIP # 36179YDN1	7.000%	08/20/53	53,475	55,202	54,955
U.S. Treasury Notes	CUSIP # 912810QK7	3.875%	08/15/40	150,000	143,110	134,979
U.S. Treasury Notes	CUSIP # 912810TZ1	4.500%	02/15/44	50,000	48,210	47,724
U.S. Treasury Notes	CUSIP # 91282CBP5	1.125%	02/29/28	100,000	100,910	90,707
U.S. Treasury Notes	CUSIP # 91282CCJ8	0.875%	06/30/26	100,000	99,619	95,149
U.S. Treasury Notes	CUSIP # 91282CDG3	1.125%	10/31/26	100,000	99,736	94,534
U.S. Treasury Notes	CUSIP # 91282CGM7	3.500%	02/15/33	100,000	98,739	93,029
U.S. Treasury Notes	CUSIP # 91282CJZ5	4.000%	02/15/34	175,000	173,292	167,538
U.S. Treasury Notes	CUSIP # 91282CKW0	4.250%	06/30/31	125,000	123,125	123,429
U.S. Treasury Notes	CUSIP # 91282J27	2.000%	02/15/25	100,000	105,129	99,715
U.S. Treasury Notes	CUSIP # 91282V98	2.250%	02/15/27	200,000	215,290	191,932
U.S. Treasury Notes	CUSIP # 912828XB1	2.125%	05/15/25	150,000	158,671	148,825
U.S. Treasury Notes	CUSIP # 912828XZ8	2.750%	06/30/25	200,000	216,516	198,566
U.S. Treasury Notes	CUSIP # 912828YB0	1.625%	08/15/29	100,000	103,871	88,754
U.S. Treasury Notes	CUSIP # 9128286T2	2.375%	05/15/29	100,000	109,426	92,177
	Total - U.S. Government and Agency Securities				<u>\$ 2,302,649</u>	<u>\$ 2,119,309</u>
<b>MUTUAL FUNDS:</b>						
Invesco	Developing Markets Fund Class R6			11,500	\$ 559,310	\$ 437,471
Ishares	Core U.S. Aggregate Bond ETF			44,353	4,787,552	4,297,806
Ishares	Core U.S. Aggregate Bond ETF			3,000	328,869	290,700
Ishares	Expanded Tech-Sector Software			150	7,917	15,018
Ishares	Iboxx \$ Investment Grade Corporate Bond			3,200	365,974	341,888
Ishares	7-10 Year Treasury Bond ETF			3,000	298,859	277,350
Ishares	5-10 Yr Investment Grade Corp Bond ETF			3,800	231,230	195,738
Ishares	Semiconductor ETF			105	13,428	22,626
Ishares	US Medical Devices ETF			300	14,488	17,505
MFS	International Diversification Fund			65,800	1,691,069	1,503,538
Vanguard	Vanguard Growth			2,882	777,283	1,182,888
Vanguard	Vanguard Value			6,266	880,127	1,060,834
Vanguard	FTSE Developed Markets VEA			30,867	1,604,158	1,476,060
Vanguard	FTSE Developed Markets VVO			10,994	558,659	484,176
Vanguard	Vanguard Small Cap			6,365	1,408,803	1,529,382
Vanguard	Total Bond Market ETF			59,843	5,057,401	4,303,310
State Street Global Advisors	Consumer Staples Select Sector SPDR Fund			300	21,666	23,583

IBEW LOCAL 309  
ELECTRICAL HEALTH AND WELFARE FUND  
EIN: 37-6039515 / PLAN NUMBER: 501  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	SHARES	COST (d)	CURRENT VALUE (e)
	<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE</u>			
	State Street Global Advisors	Consumer Discretionary Select Sector SPDR Fund ETF	225	36,445	50,479
	State Street Global Advisors	Energy Select Sector SPDR Fund	250	14,172	21,415
	State Street Global Advisors	Real Estate Select Sector SPDR Fund	647	30,273	26,313
	State Street Global Advisors	Financial Select Sector SPDR Fund	1,600	63,500	77,328
	State Street Global Advisors	Comm Serv Select Sector SPDR ETF	400	35,109	38,724
	State Street Global Advisors	Industrial Select Sector SPDR ETF	200	23,570	26,352
	State Street Global Advisors	Healthcare Select Sector SPDR ETF	150	20,374	20,636
	State Street Global Advisors	Utilities Select Sector SPDR Fund	400	26,788	30,276
	State Street Global Advisors	Technology Select Sector SPDR Fund	200	31,646	46,504
	State Street Global Advisors	SPDR S&P 500 ETF Trust	2,165	985,541	1,268,863
	Total - Mutual Funds			<u>\$ 19,874,211</u>	<u>\$ 19,066,763</u>
	COMMON STOCKS:				
	Alphabet Inc Class A	Alphabet Inc Cap Stk Cl A	175	\$ 24,204	\$ 33,127
	Amazon, Inc	Amazon Com Inc Com	230	37,938	50,460
	Amgen, Inc	Amgen Inc Com	50	11,554	13,032
	Apple Inc	Apple Inc Com	300	45,336	75,126
	Berkshire Hathaway	Berkshire Hathaway Inc Del Cl B New	50	14,473	22,664
	Broadcom Inc	Broadcom Inc	100	8,504	23,184
	Carrier Global Corporation	Carrier Global Corporation Com	275	15,565	18,772
	Cheniere Energy	Cheniere Energy Inc	35	5,408	7,520
	Chevron	Chevron Corp New Com	60	6,055	8,690
	Costco	Costco Whsl Corp New Com	25	11,322	22,907
	Deere	Deere & Co	25	9,552	10,592
	Eli Lilly & Co	Eli Lilly & Co	10	7,586	7,720
	Home Depot Inc	Home Depot Inc Com	25	8,376	9,725
	JPMorgan Chase & Co	JPMorgan Chase & Co Com	75	11,920	17,978
	Lam Research Corp	Lam Research Corp	100	5,889	7,223
	Lockheed Martin Corp	Lockheed Martin Corp	25	11,141	12,149
	Mastercard Inc	Mastercard Inc Cl A	50	18,178	26,329
	Merck & Co Inc	Merck & Co Inc New Com	150	11,690	14,922
	Meta Platforms Inc	Meta Platforms Inc	60	21,994	35,131
	Microsoft Corporation	Microsoft Corp Com	160	47,340	67,440
	Nvidia Corp	Nvidia Corp	550	15,857	73,860
	Otis Worldwide Corp	Otis Worldwide Corp Com	87	7,995	8,057
	Oracle	Oracle Corp Com	50	8,369	8,332
	PepsiCo, Inc.	Pepsico Inc Com	100	15,805	15,206
	Sherwin-Williams Co	Sherwin-Williams	75	23,082	25,495
	Stryker Corp	Stryker Corp Com	45	11,927	16,202
	Synopsys Inc	Synopsys Inc	20	6,919	9,707
	Tesla Inc	Tesla Inc	41	11,802	16,557
	Thermo Fisher Scientific Inc.	Thermo Fisher Corp Com	15	8,317	7,803
	Uber	Uber Technologies Inc	100	7,579	6,032
	Union Pacific Corp	Union Pacific Corp	60	13,649	13,682
	Visa Inc	Visa Inc Com Cl A	50	11,768	15,802
	Total - Common Stocks			<u>\$ 477,094</u>	<u>\$ 701,426</u>
	Total Investments			<u>\$ 26,084,202</u>	<u>\$ 25,235,248</u>

See accompanying independent auditor's report

IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
EIN: 37-6039515 / PLAN NUMBER: 501  
SCHEDULE H, PART IV, LINE 41 - SCHEDULE OF REPORTABLE TRANSACTIONS  
YEAR ENDED DECEMBER 31, 2024

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSET</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>GAIN OR (LOSS)</u> (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No transactions								
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No transactions								
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
PNC Bank		\$ 1,306,469				\$ 1,306,469	\$ 1,306,469	
Category 4 - Single Transaction with One Broker Exceeds 5% of Value:								
No transactions								

See accompanying independent auditor's report

IBEW LOCAL 309  
ELECTRICAL HEALTH AND WELFARE FUND  
EIN: 37-6039515 / PLAN NUMBER: 501  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE	RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	SHARES	CURRENT VALUE
<b>INTEREST-BEARING CASH:</b>				
Fidelity	Fidelity Government Portfolio (III)	4.18%		\$ 1,242,535
PNC Bank	Business Checking	1.95%		\$ 228,546
IAM Bank	IAM Bank Sweep	4.24%		\$ 1,082,465
				\$ 2,553,546
<b>CORPORATE BONDS AND NOTES:</b>				
Abbott Laboratories	Call 11/30/2027 UNSC CUSIP # 002824BP4	1.150%	01/30/28	50,000
Apple Inc	Call 6/11/2029 UNSC CUSIP # 037833DP2	2.200%	09/11/29	50,000
Arthur J Gallagher & Co	Call 8/9/2031 UNSC CUSIP # 04316JAA7	2.400%	11/09/31	100,000
Bristol - Myers Squibb Co	Call 10/13/2025 UNSC CUSIP # 110122DN5	0.750%	11/13/25	100,000
The Coca Cola Co	UNSC CUSIP # 191216CM0	2.125%	09/06/29	50,000
The Coca Cola Co	UNSC CUSIP # 191216DP2	2.250%	01/05/32	50,000
Johnson & Johnson	Call 12/1/2025 UNSC CUSIP # 478160BY9	2.450%	03/01/26	50,000
JP Morgan Chase & Co Ser Gmnt	Call 9/14/2023 CUSIP # 48128G5H9	1.150%	09/14/26	100,000
Oracle Corp	Call 2/25/2026 UNSC CUSIP # 68389XCC7	1.650%	02/25/26	50,000
Perkinelmer Inc	Call 7/15/2028 UNSC CUSIP # 714046AM1	1.900%	09/15/28	100,000
Qualcomm Inc	Call 2/20/2028 UNSC CUSIP # 747525BN2	1.300%	05/20/28	50,000
Texas Instruments Inc	Call 06/04/2029 UNSC CUSIP # 882508BG8	2.250%	09/04/29	75,000
Union Pacific Group	Call 11/5/2029 UNSC CUSIP # 907818FH6	2.400%	02/05/30	50,000
	Total - Corporate Bonds and Notes			\$ 876,702
				\$ 794,204
<b>U.S. GOVERNMENT AND AGENCY SECURITIES:</b>				
Federal Farm Credit Bank Bnds	CUSIP # 3133EFXJ1	3.300%	02/02/35	75,000
Federal Farm Credit Bank Bnds	Call 12/1/2023 CUSIP # 3133ENGA2	1.300%	12/01/25	100,000
Federal Home Ln Mtg Corp	Gold Pool G08791 CUSIP # 3128M2Z2	3.000%	12/01/47	13,374
Federal Home Ln Mtg Corp	Gold Pool G15688 CUSIP # 3128MERH6	3.500%	12/01/30	1,794
Federal Home Ln Mtg Corp	Pool # SD8274 CUSIP # 3132DWF3	4.000%	12/01/52	44,932
Federal Natl Mtg Assn	Pool # 797044 CUSIP # 31405RPS9	5.500%	07/01/34	5,644
Federal Natl Mtg Assn	Pool # 823595 CUSIP # 31406X7G1	Var Rate	04/01/35	444
Federal Natl Mtg Assn	Pool # 889036 CUSIP # 31410GV59	5.500%	08/01/37	779
Federal Natl Mtg Assn	Pool # MA1200 CUSIP # 31418AKN7	3.000%	10/01/32	6,439
Federal Natl Mtg Assn	Pool # MA3129 CUSIP # 31418CPP3	4.000%	09/01/37	16,074
Federal Natl Mtg Assn	Pool # MA3153 CUSIP # 31418CQF4	4.000%	10/01/37	18,929
Federal Natl Mtg Assn	Pool # AE0139 CUSIP # 31419AEM5	3.500%	07/01/25	127
Federal Natl Mtg Assn	Pool # MA3975 CUSIP # 31418DMZ2	4.000%	02/01/40	16,718
GNMA	Pool # 552714 CUSIP # 36213FAP8	7.000%	08/15/32	363
GNMA	Pool # 604623 CUSIP # 36200MVQ3	5.000%	09/15/33	2,580
GNMA II	Pool # MA2416 CUSIP # 36179QVH1	4.000%	12/20/29	2,156
GNMA II	Pool # MA6039 CUSIP # 36179UV82	3.500%	07/20/49	6,338
GNMA II	Pool # MA2726 CUSIP # 36179RA33	4.000%	04/20/30	431
GNMA II	Pool # MA6145 CUSIP # 36179UJ34	3.500%	09/20/49	2,763
GNMA II	Pool # MA6337 CUSIP # 36179VBE9	2.500%	12/20/49	11,639
GNMA II	Pool # MA6340 CUSIP # 36179VBH2	4.000%	12/20/49	8,165
GNMA II	Pool # MA6716 CUSIP # 36179VNF9	6.000%	06/20/50	9,143
GNMA II	Pool # MA6823 CUSIP # 36179VSL5	4.500%	08/20/50	12,967
GNMA II	Pool # MA6840 CUSIP # 36179VSS0	2.500%	09/20/35	18,384
GNMA II	Pool # MA7030 CUSIP # 36179VY38	5.500%	11/20/35	29,727
GNMA II	Pool # MA7139 CUSIP # 36179V4Y3	4.000%	01/20/51	18,932
GNMA II	Pool # MA49109 CUSIP # 36179YDN1	7.000%	08/20/53	53,475
U.S. Treasury Notes	CUSIP # 912810QK7	3.875%	08/15/40	150,000
U.S. Treasury Notes	CUSIP # 912810TZ1	4.500%	02/15/44	50,000
U.S. Treasury Notes	CUSIP # 91282CBP5	1.125%	02/29/28	100,000
U.S. Treasury Notes	CUSIP # 91282CCJ8	0.875%	06/30/26	100,000
U.S. Treasury Notes	CUSIP # 91282CDG3	1.125%	10/31/26	100,000
U.S. Treasury Notes	CUSIP # 91282CGM7	3.500%	02/15/33	100,000
U.S. Treasury Notes	CUSIP # 91282CJZ5	4.000%	02/15/34	175,000
U.S. Treasury Notes	CUSIP # 91282CKW0	4.250%	06/30/31	125,000
U.S. Treasury Notes	CUSIP # 912828J27	2.000%	02/15/25	100,000
U.S. Treasury Notes	CUSIP # 912828V98	2.250%	02/15/27	200,000
U.S. Treasury Notes	CUSIP # 912828XB1	2.125%	05/15/25	150,000
U.S. Treasury Notes	CUSIP # 912828XZ8	2.750%	06/30/25	200,000
U.S. Treasury Notes	CUSIP # 912828YB0	1.625%	08/15/29	100,000
U.S. Treasury Notes	CUSIP # 9128286T2	2.375%	05/15/29	100,000
	Total - U.S. Government and Agency Securities			\$ 2,302,649
				\$ 2,119,309
<b>MUTUAL FUNDS:</b>				
Invesco	Developing Markets Fund Class R6			11,500
Ishares	Core U.S. Aggregate Bond ETF			44,353
Ishares	Core U.S. Aggregate Bond ETF			3,000
Ishares	Expanded Tech-Sector Software			150
Ishares	Iboxx \$ Investment Grade Corporate Bond			3,200
Ishares	7-10 Year Treasury Bond ETF			3,000
Ishares	5-10 Yr Investment Grade Corp Bond ETF			3,800
Ishares	Semiconductor ETF			105
Ishares	US Medical Devices ETF			300
MFS	International Diversification Fund			65,800
Vanguard	Vanguard Growth			2,882
Vanguard	Vanguard Value			6,266
Vanguard	FTSE Developed Markets VEA			30,867
Vanguard	FTSE Developed Markets VWO			10,994
Vanguard	Vanguard Small Cap			6,365
Vanguard	Total Bond Market ETF			59,843
State Street Global Advisors	Consumer Staples Select Sector SPDR Fund			300
				\$ 559,310
				\$ 4,787,552
				\$ 328,869
				\$ 7,917
				\$ 341,888
				\$ 277,350
				\$ 195,738
				\$ 22,626
				\$ 17,505
				\$ 1,503,538
				\$ 1,182,888
				\$ 1,060,834
				\$ 1,476,060
				\$ 484,176
				\$ 1,529,382
				\$ 4,303,310
				\$ 21,666
				\$ 23,583

IBEW LOCAL 309  
ELECTRICAL HEALTH AND WELFARE FUND  
EIN: 37-6039515 / PLAN NUMBER: 501  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

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)	(c)	(d)	(e)
State Street Global Advisors	Consumer Discretionary Select Sector SPDR Fund ETF	225	36,445	50,479
State Street Global Advisors	Energy Select Sector SPDR Fund	250	14,172	21,415
State Street Global Advisors	Real Estate Select Sector SPDR Fund	647	30,273	26,313
State Street Global Advisors	Financial Select Sector SPDR Fund	1,600	63,500	77,328
State Street Global Advisors	Comm Serv Select Sector SPDR ETF	400	35,109	38,724
State Street Global Advisors	Industrial Select Sector SPDR ETF	200	23,570	26,352
State Street Global Advisors	Healthcare Select Sector SPDR ETF	150	20,374	20,636
State Street Global Advisors	Utilities Select Sector SPDR Fund	400	26,788	30,276
State Street Global Advisors	Technology Select Sector SPDR Fund	200	31,646	46,504
State Street Global Advisors	SPDR S&P 500 ETF Trust	2,165	985,541	1,268,863
Total - Mutual Funds			<u>\$ 19,874,211</u>	<u>\$ 19,066,763</u>
<b>COMMON STOCKS:</b>				
Alphabet Inc Class A	Alphabet Inc Cap Stk Cl A	175	\$ 24,204	\$ 33,127
Amazon, Inc	Amazon Com Inc Com	230	37,938	50,460
Amgen, Inc	Amgen Inc Com	50	11,554	13,032
Apple Inc	Apple Inc Com	300	45,336	75,126
Berkshire Hathaway	Berkshire Hathaway Inc Del Cl B New	50	14,473	22,664
Broadcom Inc	Broadcom Inc	100	8,504	23,184
Carrier Global Corporation	Carrier Global Corporation Com	275	15,565	18,772
Cheniere Energy	Cheniere Energy Inc	35	5,408	7,520
Chevron	Chevron Corp New Com	60	6,055	8,690
Costco	Costco Whsl Corp New Com	25	11,322	22,907
Deere	Deere & Co	25	9,552	10,592
Eli Lilly & Co	Eli Lilly & Co	10	7,586	7,720
Home Depot Inc	Home Depot Inc Com	25	8,376	9,725
JPMorgan Chase & Co	JPMorgan Chase & Co Com	75	11,920	17,978
Lam Research Corp	Lam Research Corp	100	5,889	7,223
Lockheed Martin Corp	Lockheed Martin Corp	25	11,141	12,149
Mastercard Inc	Mastercard Inc Cl A	50	18,178	26,329
Merk & Co Inc	Merk & Co Inc New Com	150	11,690	14,922
Meta Platforms Inc	Meta Platforms Inc	60	21,994	35,131
Microsoft Corporation	Microsoft Corp Com	160	47,340	67,440
Nvidia Corp	Nvidia Corp	550	15,857	73,860
Otis Worldwide Corp	Otis Worldwide Corp Com	87	7,995	8,057
Oracle	Oracle Corp Com	50	8,369	8,332
PepsiCo, Inc.	PepsiCo Inc Com	100	15,805	15,206
Sherwin-Williams Co	Sherwin-Williams	75	23,082	25,495
Stryker Corp	Stryker Corp Com	45	11,927	16,202
Synopsys Inc	Synopsys Inc	20	6,919	9,707
Tesla Inc	Tesla Inc	41	11,802	16,557
Thermo Fisher Scientific Inc.	Thermo Fisher Corp Com	15	8,317	7,803
Uber	Uber Technologies Inc	100	7,579	6,032
Union Pacific Corp	Union Pacific Corp	60	13,649	13,682
Visa Inc	Visa Inc Com Cl A	50	11,768	15,802
Total - Common Stocks			<u>\$ 477,094</u>	<u>\$ 701,426</u>
Total Investments			<u>\$ 26,084,202</u>	<u>\$ 25,235,248</u>

See accompanying independent auditor's report

**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 LOCAL 309 ELECTRICAL HEALTH AND WELFARE FUND	<b>1b</b> Three-digit plan number (PN) ► 501
<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) TRUSTEES OF LOCAL 309 ELECTRICAL HEALTH AND WELFARE  2000A MALL STREET, STE A  COLLINSVILLE IL 62234	<b>1c</b> Effective date of plan 10/29/1952  <b>2b</b> Employer Identification Number (EIN) 37-6039515  <b>2c</b> Plan Sponsor's telephone number 618-344-2002  <b>2d</b> 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		10/11/2025	SUE DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/11/2025	MATTHEW EICHHOLZ
	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

<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> 904
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<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>6a(1)</b> 647
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b> 692
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b> 258
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b>	<b>6d</b> 950
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b>	<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> 225
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

**4A 4B 4D 4E 4F 4L**

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>7</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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IBEW LOCAL 309,  
ELECTRICAL HEALTH AND WELFARE FUND  
EIN: 37-6039515 / PLAN NUMBER: 501  
SCHEDULE H, PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS  
YEAR ENDED DECEMBER 31, 2024

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSET</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>GAIN OR (LOSS)</u> (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No transactions								
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No transactions								
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
PNC Bank	IAM Bank Sweep	\$ 1,306,469				\$ 1,306,469	\$ 1,306,469	
Category 4 - Single Transaction with One Broker Exceeds 5% of Value:								
No transactions								

See accompanying independent auditor's report