

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 07/01/2024 and ending 06/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ST. LOUIS LABOR HEALTHCARE NETWORK
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/23/2009
2a Plan sponsor's name (employer, if for a single-employer plan): ST. LOUIS LABOR HEALTHCARE NETWORK
Mailing address (include room, apt., suite no. and street, or P.O. Box): 4239 WOODSON ROAD, SUITE 300 ST. LOUIS, MO 63134
2b Employer Identification Number (EIN): 80-0346232
2c Plan Sponsor's telephone number: 314-513-5871
2d Business code (see instructions): 525100

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	843
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	843
	6a(2)	852
	6b	0
	6c	
	6d	852
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	21

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

9a Plan funding arrangement (check all that apply)	9b 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)

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan ST. LOUIS LABOR HEALTHCARE NETWORK</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ST. LOUIS LABOR HEALTHCARE NETWORK</p>	<p>D Employer Identification Number (EIN) 80-0346232</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00414797	917	06/01/2024	05/31/2025

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

<p>(a) Total amount of commissions paid 7080</p>	<p>(b) Total amount of fees paid 1426</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
ASSUREDPARTNERS OF MISSOURI LLC **12645 OLIVE BLVD STE 300**
SAINT LOUIS, MO 63141

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7080	1426		

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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 Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	70801
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan ST. LOUIS LABOR HEALTHCARE NETWORK</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ST. LOUIS LABOR HEALTHCARE NETWORK</p>	<p>D Employer Identification Number (EIN) 80-0346232</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
AETNA LIFE INSURANCE CO

(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
06-6033492	60054	0210060	852	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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 Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	384643
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.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan ST. LOUIS LABOR HEALTHCARE NETWORK	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ST. LOUIS LABOR HEALTHCARE NETWORK	D Employer Identification Number (EIN) 80-0346232	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

16-1264154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 23	NONE	584212	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)

BURR OAK CONSULTING LLC

2115 BARRETT STATION RD
ST. LOUIS, MO 63131

(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	88631	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)

LISA BOYER

4239 WOODSON RD STE 300
ST. LOUIS, MO 63134

(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?
30	EMPLOYEE	66385	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)

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(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	48178	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)

MORGAN STANLEY SMITH BARNEY

36-3145972

(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	41613	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)

COMMERCE BANK

6863 CLAYTON RD
ST. LOUIS, MO 63117

(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?
19	NONE	40399	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)

MERCY MANAGED BEHAVIORAL HEALTH

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?
15	NONE	34425	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)

DA-COM CORPORATION

5317 KNIGHTS OF COLUMBUS DR
ST. LOUIS, MO 63119

(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?
50	NONE	16999	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INVESTMENT CONSULTING SERVICES, LLC

32-0016703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	16000	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)

VSP VISION CARE

36-3560825

(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 23	NONE	13004	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)

SPECTOR WOLFE MCLAUGHLIN OMARA HALL

43-1718339

(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	8883	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan ST. LOUIS LABOR HEALTHCARE NETWORK	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ST. LOUIS LABOR HEALTHCARE NETWORK	D Employer Identification Number (EIN) 80-0346232

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	385596	1097915
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1052432	1343172
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	850869	1098932
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	259718	323205
(2) U.S. Government securities	1c(2)	5204217	7610769
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8185912	6864778
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	31682238	34307803
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3334691	3309674

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	81625	75704
f Total assets (add all amounts in lines 1a through 1e).....	1f	51037298	56031952
Liabilities			
g Benefit claims payable.....	1g	1658069	2286446
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1658069	2286446
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49379229	53745506

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	13668446	
(B) Participants.....	2a(1)(B)	5159	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		13673605
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15552	
(B) U.S. Government securities.....	2b(1)(B)	229810	
(C) Corporate debt instruments.....	2b(1)(C)	361320	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	26175	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		632857
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	744635	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		744635
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	13160234	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	13212995	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-52761
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	566327	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2610543
c Other income	2c		1653
d Total income. Add all income amounts in column (b) and enter total.....	2d		18176859

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12113479	
(2) To insurance carriers for the provision of benefits	2e(2)	384643	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12498122
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	130378	
(2) Contract administrator fees	2i(2)	701018	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	35400	
(5) Investment advisory and investment management fees	2i(5)	40399	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	8883	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	396382	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1312460
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13810582

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4366277
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ANDERS MINKLER HUBER HELM LLP**

(2) EIN: **43-0831507**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

ST. LOUIS LABOR HEALTHCARE NETWORK

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED JUNE 30, 2025 AND 2024**

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Independent Auditors' Report

Board of Trustees
St. Louis Labor Healthcare Network
St. Louis, MO

Opinion

We have audited the accompanying financial statements of St. Louis Labor Healthcare Network (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and statements of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions 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 GAAS.

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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.



February 17, 2026

Chesterfield, Missouri

St. Louis Labor Healthcare Network
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	Assets	
	2025	2024
Investments, at Fair Value	<u>\$ 52,416,229</u>	<u>\$ 48,666,776</u>
Receivables		
Employer contributions	1,343,172	1,052,432
Accrued interest and dividends	161,069	158,921
Due from related parties	28,584	31,354
Rebates	<u>909,279</u>	<u>660,594</u>
Total Receivables	<u>2,442,104</u>	<u>1,903,301</u>
Property and Equipment, net	75,704	81,625
Cash - Non-interest Bearing	<u>1,097,915</u>	<u>385,596</u>
Total Assets	<u>56,031,952</u>	<u>51,037,298</u>
Net Assets Available for Benefits	<u>\$ 56,031,952</u>	<u>\$ 51,037,298</u>

St. Louis Labor Healthcare Network
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2025 and 2024

	2025	2024
Additions to Net Assets:		
Investment Income		
Net appreciation in fair value of investments	\$ 3,124,109	\$ 2,847,618
Interest and dividends	<u>1,377,492</u>	<u>1,230,116</u>
	4,501,601	4,077,734
Less: investment expense	<u>(40,399)</u>	<u>(38,712)</u>
Net Investment Income	<u>4,461,202</u>	<u>4,039,022</u>
Contribution Income		
Employer	13,668,446	13,461,227
Participant	<u>5,159</u>	<u>7,270</u>
Total Contribution Income	<u>13,673,605</u>	<u>13,468,497</u>
Other Income	<u>1,653</u>	<u>-</u>
Total Additions	<u>18,136,460</u>	<u>17,507,519</u>
Deductions from Net Assets:		
Benefits Paid Directly to/for Participants		
Medical benefits	8,979,146	9,241,291
Dental benefits	609,431	560,587
Vision benefits	66,317	84,030
Prescription drugs	1,751,643	2,187,773
Premium payments	<u>78,565</u>	<u>80,922</u>
Total Benefits Paid	11,485,102	12,154,603
Insurance - Stop-Loss	384,643	376,491
Administrative Service Fees	701,018	752,066
ACA Fees	-	5,653
Administrative Expenses	<u>571,043</u>	<u>540,106</u>
Total Deductions	<u>13,141,806</u>	<u>13,828,919</u>
Net Increase	4,994,654	3,678,600
Net Assets Available for Benefits, Beginning of Year	<u>51,037,298</u>	<u>47,358,698</u>
Net Assets Available for Benefits, End of Year	<u>\$ 56,031,952</u>	<u>\$ 51,037,298</u>

**St. Louis Labor Healthcare Network
Statements of Benefit Obligations
June 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Amounts currently payable to or for participants, beneficiaries and dependents:		
Health claims payable and claims incurred but not reported	\$ <u>2,286,446</u>	\$ <u>1,658,069</u>
Total Benefit Obligations, End of Year	<u>\$ 2,286,446</u>	<u>\$ 1,658,069</u>

**St. Louis Labor Healthcare Network
Statements of Changes in Benefit Obligations
Years Ended June 30, 2025 and 2024**

	2025	2024
Amounts currently payable to or for participants, beneficiaries and dependents:		
Balance at beginning of year	\$ 1,658,069	\$ 1,686,999
Claims and premiums reported and approved for payment	12,113,479	12,125,673
Benefits and premiums paid	(11,485,102)	(12,154,603)
Total Benefit Obligations, End of Year	\$ 2,286,446	\$ 1,658,069

St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024

1. Plan Description

The following description of the St. Louis Labor Healthcare Network (the "Plan") is provided for financial reporting purposes only. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare benefit plan. The Plan was established and maintained pursuant to a collective bargaining agreement ("CBA") between Teamsters Local 688 (the "Union") and contributing employers (the "Employers") to provide medical, dental, prescription drug, vision, life insurance, accidental death and dismemberment, and short term disability benefits to participants and eligible beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Union.

Eligibility

Eligibility of participants is determined under the various CBAs between the Union's membership and the Employers. Generally, a participant will remain eligible as long as actively employed with an Employer. Participants may also continue to remain eligible for benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Contributions

The Employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA or such other agreements as approved by the Trustees. Participant contributions are allowed to provide COBRA benefits and participants pay the full cost of such benefits.

St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024

Benefits

The Plan provides medical, dental, prescription drug, vision, life insurance, accidental death and dismemberment, and short term disability benefits for participants and eligible beneficiaries, as specified in the plan document. All of these benefits are self-insured by the Plan with the exception of life insurance, accidental death and dismemberment and short-term disability benefits. Those benefits are provided under group insurance contracts. The premiums for all insured benefits are paid from the assets of the Plan. The claims for all self-insured benefits are processed by the Plan's third-party claims processor under an administrative-services-only arrangement. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

The Plan has entered into a stop-loss insurance arrangement in an effort to actively manage catastrophic medical claims.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, benefit obligations and changes therein, claims incurred but not reported ("IBNR"), claims payable, and disclosures of contingent assets and liabilities. Accordingly, 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.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employer Contributions Receivable

Employer contributions receivable represent Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not received by year end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimated the allowance for credit losses by regularly evaluating individual Employer contributions receivables and considers the Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible. Management is of the opinion that no allowance for credit losses is necessary as of June 30, 2025 and 2024.

Rebates

Rebates due from the Plan's PBM are recorded when earned. Rebates due as of June 30, 2025 and 2024, have been reported as receivables, with the offset being netted against prescription drugs. For the years ended June 30, 2025 and 2024, pharmacy rebates totaling \$1,217,843 and \$1,166,340, respectively, have been netted with prescription drugs in the accompanying statements of changes in net assets available for benefits.

Property and Equipment

Property and equipment are stated at cost net of accumulated depreciation and amortization. Major additions and improvements are capitalized, while maintenance and repairs are expensed as incurred. When assets are sold or otherwise disposed of, the related cost and accumulated depreciation or amortization are removed from the accounts. Any gain or loss arising from such disposition is included as income or expense in the year of disposition.

Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets. Leasehold improvements are amortized over the shorter of the life of the related asset or the term of the lease.

**St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024**

The estimated lives for computing depreciation and amortization on property and equipment are:

<u>Classification</u>	<u>Years</u>
Computer software	3-5
Office equipment	5-10
Leasehold improvements	15

Payment of Benefits

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

Plan Benefit Obligations

Plan obligations at year-end for health claims IBNR at that date are calculated by the Plan healthcare consultants. Such estimated amounts are reported in the accompanying statements of plan's benefit obligations at present value.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Trust has evaluated subsequent events through February 17, 2026, the date on which the financial statements were available to be issued.

St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.

- Level 2 Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

The instruments' 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.

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of a money market fund and registered investment companies ("mutual funds"). The money market fund is valued at cost plus accrued interest, which approximates fair value. Mutual funds are recorded at the closing price recorded by the fund. These are open ended mutual funds and are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 investments consist of corporate bonds, U.S. government and agency securities, and municipal bonds. Corporate bonds, U.S. government and agency securities, and municipal bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Investments also include a common collective trust fund. The common collective trust is valued at the NAV of shares of the bank collective trust held by the Plan at year-end. The NAV is based on the fair value of the underlying investments held by the trust. The NAV is used as a practical expedient to estimate fair value.

St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value of investments is measured as of June 30, as follows:

	2025			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market fund	\$ 323,205	\$ 323,205	\$ -	\$ -
Mutual funds	34,307,803	34,307,803	-	-
U.S. government and agency securities	7,610,769	-	7,610,769	-
Corporate bonds	6,864,778	-	6,864,778	-
Municipal bonds	948,170	-	948,170	-
Total assets in fair value hierarchy	50,054,725	<u>\$ 34,631,008</u>	<u>\$ 15,423,717</u>	<u>\$ -</u>
Investments measured at NAV	2,361,504			
	<u>\$ 52,416,229</u>			

	2024			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market fund	\$ 259,718	\$ 259,718	\$ -	\$ -
Mutual funds	31,682,238	31,682,238	-	-
U.S. government and agency securities	5,204,217	-	5,204,217	-
Corporate bonds	8,185,912	-	8,185,912	-
Municipal bonds	1,169,855	-	1,169,855	-
Total assets in fair value hierarchy	46,501,940	<u>\$ 31,941,956</u>	<u>\$ 14,559,984</u>	<u>\$ -</u>
Investments measured at NAV	2,164,836			
	<u>\$ 48,666,776</u>			

In accordance with Subtopic 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024**

Investments measured at fair value based on NAV per share as a practical expedient as of June 30, are as follows:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>2025</u>				
Common Collective Trust Fund (A)	\$ 2,361,504	N/A	Monthly	N/A
<u>2024</u>				
Common Collective Trust Fund (A)	\$ 2,164,836	N/A	Monthly	N/A

(A) This investment seeks a favorable long-term rate of return and seek to track the return and risk characteristics of the FTSE NARETT US All Equity Index.

4. Property and Equipment

Property and equipment consist of the following as of June 30,:

	<u>2025</u>	<u>2024</u>
Computer software	\$ 92,847	\$ 91,306
Office equipment	10,545	10,545
Leasehold improvements	<u>76,830</u>	<u>76,830</u>
	180,222	178,681
Less: accumulated depreciation and amortization	<u>104,518</u>	<u>97,056</u>
	<u>\$ 75,704</u>	<u>\$ 81,625</u>

Depreciation and amortization expense for the years ended June 30, 2025 and 2024 totaled \$7,462 and \$5,751, respectively.

5. Related Party Transactions

The Plan leases office facilities from Teamsters Local 688 Real Estate Company pursuant to a lease agreement that expires on February 28, 2026. Rent expense paid to the Teamsters Local 688 was \$21,545 and \$19,569 for the years ended June 30, 2025 and 2024, respectively.

Future minimum lease commitments for the Plan are \$14,202 for the year ended June 30, 2026.

**St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024**

Amounts due from related parties at June 30 are as follows:

	2025	2024
Teamsters Local 688 Insurance and Welfare Fund	\$ 7,248	\$ 7,139
Teamsters Local 688	21,336	24,215
Total Due From Related Parties	\$ 28,584	\$ 31,354

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

6. Employee Benefit Plans

The Plan established a defined contribution 401(k) retirement plan (the "retirement plan") for the benefit of the nonunion administrative employee of the Plan. The retirement plan is funded by Plan contributions and allows for employee elective wage deferrals. The Plan's contributions for both the years ended June 30, 2025 and 2024 was \$11,034.

The Plan contributes to a related-party multiemployer benefit plan created for its employees to provide certain benefits upon retirement. Contributions to this plan totaled \$1,170 and \$1,193 for the years ended June 30, 2025 and 2024, respectively.

7. Plan Amendments

Effective July 1, 2025, the Plan was amended to update the eligibility requirement for a member's spouse or other family member. If the dependent is individually eligible to participate based on the outlined requirements, both the member and the dependent should participate separately as members. If one or both eligible participants carry family coverage, one may be covered additionally as a dependent of the other member.

Effective January 1, 2024, transplants not specifically listed in the medical benefits is limited to a maximum coverage amount of \$100,000.

8. Plan Termination

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to modify the benefits provided to eligible active employees. The Plan may be terminated only by joint agreement between the Employers and the Union, subject to the provisions set forth in ERISA.

Should the Plan terminate, any assets remaining shall be used solely for purposes of providing benefits and defraying the reasonable cost of administering the Plan. No assets shall revert to the Employers.

St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024

9. Tax Status of Trust

The Internal Revenue Service has determined and informed the Trustees by a letter that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2025 and 2024, there were no uncertain positions taken, or expected to be taken, that would require the recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations prior to 2021. The Plan is also subject to routine audits by the DOL generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

10. Risks and Uncertainties

Concentrations of Credit Risk

Financial instruments that subject the Plan to concentrations of credit and market risk consist of cash, investments, and receivables. The Plan maintains its cash primarily with one financial institution. Deposits at this bank are insured by the Federal Deposit Insurance Corporation up to \$250,000. At June 30, 2025, there were cash balances of \$867,201 in excess of FDIC limits at the bank.

Investments

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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions

The majority of receivables are from Employers primarily located in or working in St. Louis, Missouri. The Plan generally does not require collateral, but in some cases can require a performance bond.

**St. Louis Labor Healthcare Network
Notes to Financial Statements
June 30, 2025 and 2024**

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	\$ 56,031,952	\$ 51,037,298
Less: claims payable at year end	(2,286,446)	(1,658,069)
Net assets available for benefits per the Form 5500	\$ 53,745,506	\$ 49,379,229

The following is a reconciliation of benefits paid per the financial statements for the years ended June 30, to Form 5500:

	2025
Benefits paid per the financial statements	\$ 11,485,102
Plus: claims payable current year	2,286,446
Less: claims payable prior year	(1,658,069)
Benefits paid per Form 5500	\$ 12,113,479

St. Louis Labor Healthcare Network
EIN: 80-0346232 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
Money Market Fund:			
	First Am Govt Ob Fd Cl Z	\$ 323,205	\$ 323,205
U.S. Government and Agency Securities:			
	F F C B Deb 3.670% 5/16/28	240,000	237,638
	F H L M C #840432 2.868% 11/01/46	21,808	20,841
	F H L M C #Sc0002 5.000% 5/01/39	32,465	30,817
	F H L M C #Sd8106 2.000% 10/01/50	137,068	105,931
	F H L M C #Sb8384 5.000% 5/01/40	98,186	98,642
	F H L M C #Sd2732 5.000% 10/01/52	121,599	121,689
	F H L M C #Sd6639 5.500% 10/01/54	137,615	139,330
	F H L M C #Sd6847 5.500% 10/01/54	147,436	148,207
	F H L M C #SI0794 5.500% 5/01/54	143,825	145,658
	F H L M C Gd G08717 4.000% 7/01/46	26,402	23,327
	F H L M C Gd G60923 4.000% 4/01/47	20,484	18,425
	F H L M C Gd Q50109 3.500% 8/01/47	24,383	21,696
	F H L M C Gd T65302 3.000% 6/01/45	27,929	23,772
	F H L M C Gd U90490 4.000% 6/01/42	50,185	47,086
	F H L M C Mltcl Mtg 1.500% 10/15/42	1,682	1,703
	F H L M C Mltcl Mtg 3.000% 4/15/43	4,572	4,375
	F H L M C Mltcl Mtg 2.500% 9/25/49	126,323	125,844
	F H L M C Mltcl Mtg 4.750% 9/25/54	155,581	150,871
	F H L M C Mltcl Mtg 5.000% 7/25/38	116,283	118,023
	F H L M C Mltcl Mtg 2.250% 12/25/48	130,576	128,511
	F H L M C Mltcl Mtg 3.000% 5/25/57	66,382	63,161
	F H L M C Mltcl Mtg 3.500% 11/25/28	86,126	84,852
	F H L M C Mltcl Mtg 3.500% 6/25/28	244,990	243,155
	F N M A #Al6326 2.500% 8/01/28	9,128	8,711
	F N M A #Az2331 3.500% 7/01/45	39,262	34,631
	F N M A #Bp1352 3.000% 3/01/50	66,930	57,143
	F N M A #Bs6088 4.040% 8/01/30	137,093	142,710
	F N M A #Ca8079 2.000% 12/01/50	160,907	121,464
	F N M A #Fm8118 2.000% 8/01/51	167,790	131,743
	F N M A #Fs9456 5.500% 11/01/54	144,933	146,486
	F N M A #Ma1491 3.000% 6/01/43	35,560	31,384
	F N M A #Ma5020 5.000% 5/01/43	124,825	126,640
	F N M A #Ma5271 5.500% 1/01/54	147,471	148,984
	F N M A #Ma5296 5.500% 3/01/54	146,026	147,622

St. Louis Labor Healthcare Network
EIN: 80-0346232 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. Government and Agency Securities (Continued):			
	F N M A Gtd Remic 1.500% 12/25/49	\$ 152,865	\$ 118,082
	F N M A Gtd Remic 2.000% 8/25/51	167,684	136,923
	F N M A Gtd Remic 2.500% 12/25/41	154,714	126,397
	F N M A Gtd Remic 3.000% 12/25/44	11,328	10,950
	F N M A Gtd Remic 3.000% 2/25/47	34,953	32,653
	F N M A Gtd Remic 3.000% 6/25/48	146,957	133,751
	G N M A Gtd Remic 2.350% 9/16/61	176,019	140,189
	G N M A Gtd Remic 2.500% 8/20/47	7,726	6,638
	G N M A Gtd Remic 3.500% 3/20/48	72,033	66,220
	G N M A I I #784174 2.500% 6/20/31	11,804	11,142
	G N M A I I #Ma0527 3.000% 11/20/42	24,782	21,184
	T V A 5.880% 4/01/36	97,057	77,391
	U S Treasury Bd 2.250% 8/15/46	451,911	278,426
	U S Treasury Bd 2.250% 8/15/49	203,359	119,189
	U S Treasury Bd 3.000% 11/15/44	383,421	323,417
	U S Treasury Bd 3.125% 5/15/48	390,784	349,007
	U S Treasury I P S 2.000% 1/15/26	240,115	218,552
	U S Treasury Nt 1.375% 11/15/31	147,923	154,006
	U S Treasury Nt 2.875% 5/15/32	292,381	289,246
	U S Treasury Nt 3.125% 8/31/29	152,613	156,138
	U S Treasury Nt 3.500% 4/30/30	156,575	157,944
	U S Treasury Nt 4.500% 11/15/33	224,546	225,982
	U S Treasury Nt 4.125% 3/31/31	248,359	253,145
	U S Treasury Nt 4.250% 11/15/34	177,954	180,590
	U S Treasury Nt 4.250% 5/15/35	157,881	160,250
	U S Treasury Nt 1.375% 8/31/26	102,789	97,086
	U S Treasury Nt 1.500% 8/15/26	138,928	136,242
	U S Treasury Nt 3.375% 5/15/33	414,287	428,957
	Total U.S. Government and Agency Securities	<u>8,283,573</u>	<u>7,610,769</u>
Corporate Bonds:			
	Alleghany Corp 4.900% 9/15/44	49,657	45,508
	Ameren Ill Co 1ST 5.900% 12/01/52	124,614	128,615
	Amgen Inc 3.375% 2/21/50	100,269	70,344
	Aon Plc 4.450% 5/24/43	118,535	104,574
	Arizona Public 6.875% 8/01/36	139,094	108,009

St. Louis Labor Healthcare Network
EIN: 80-0346232 Plan Number: 501
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June 30, 2025

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	Bell Tel Co 5.100% 5/11/33	104,927	105,086
	Bhp Fin USA Ltd 6.420% 3/01/26	216,395	187,351
	Bk Of America Mtn 2.972% 2/04/33	200,000	179,098
	Bristol Myers 5.200% 2/22/34	145,468	148,500
	Blackrock Inc 2.100% 2/25/32	81,947	86,282
	Canadian Pac Ry 4.950% 8/15/45	129,254	113,606
	Canadian Pacific 5.750% 1/15/42	93,125	73,952
	Carmax Auto Owner 5.340% 8/16/27	85,831	86,126
	Celgene Corp 3.900% 2/20/28	119,587	118,633
	Centerpoint Ener 4.500% 4/01/44	75,280	65,024
	Ch Robinson 4.200% 4/15/28	97,797	99,453
	Citigroup Inc 3.878% 1/24/39	120,000	103,438
	Conocophillips Sr 5.05% 9/15/33	99,807	101,775
	Daimler Trucks 5.230% 2/17/26	7,369	7,371
	Energy Transfer L P 5.600% 9/01/34	134,650	137,107
	Fidelity Natl 4.700% 7/15/27	109,825	110,422
	Gallagher Arthur J 6.500% 2/15/34	69,864	76,799
	General Motors Co 6.600% 4/01/36	113,558	111,207
	Goldman Sachs Group 3.850% 1/26/27	99,720	99,335
	John Deere Mtn 4.700% 6/10/30	184,835	188,115
	Jpmorgan Chase Co 5.600% 7/15/41	284,376	205,364
	Key Bank Na Mtn 4.150% 8/08/25	199,944	199,852
	Kimco Realty Corp 2.800% 10/01/26	44,626	44,095
	Loews Corp 6.000% 2/01/35	197,354	195,727
	Metlife Inc 5.300% 12/15/34	149,376	154,092
	The Hartford 6.100% 10/01/41	125,794	129,438
	Marathon Petroleum 6.500% 3/01/41	53,693	52,197
	Mayo Clinic 4.000% 11/15/47	90,000	69,547
	Morgan Stanley Mtn 4.431% 1/23/30	46,417	49,930
	Oneok Inc New 5.00% 3/01/26	79,900	80,062
	Northern State 6.200% 7/01/37	100,188	81,834
	Oklahoma Gas Elec Co 3.500% 4/01/30	94,473	94,887
	Paccar Financial Mtn 2.000% 2/04/27	159,803	155,136
	Pacificorp 5.750% 4/01/37	97,862	76,244
	Petro Canada 7.875% 6/15/26	148,374	113,486
	Pg E Wildfire 3.594% 6/01/30	138,076	135,632

St. Louis Labor Healthcare Network
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June 30, 2025

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	Ppl Electric 3.000% 10/01/49	250,719	167,775
	Progressive Corp 6.250% 12/01/32	89,986	77,116
	Realty Income Corp 3.650% 1/15/28	124,723	123,461
	Rogers Comm Inc 7.500% 8/15/38	57,094	46,214
	Illinois Tool Works 4.875% 9/15/41	71,606	70,142
	San Diego G&e 6.000% 6/01/39	103,144	83,963
	Sequoia Mortgage 1.87399% 2/25/43	15,192	13,794
	Sequoia Mortgage Tr 3.000% 5/25/43	21,628	19,465
	Simon Ppty Group L P 6.250% 1/15/34	108,915	119,351
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	The Met 3.400% 7/01/45	139,188	104,724
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	Trans Canada Pl 6.100% 6/01/40	149,798	124,334
	Travelers Cos Inc 4.100% 3/04/49	224,152	181,208
	Truist Financial Mtn 4.260% 7/28/26	225,000	224,910
	Tyco Electronics 7.125% 10/01/37	122,574	103,410
	Valero Energy Corp 7.500% 4/15/32	48,139	45,725
	Verizon 2.355% 3/15/32	76,372	86,200
	Wells Fargo Mtn 3.196% 6/17/27	85,000	83,981
	Total Corporate Bonds	<u>7,470,069</u>	<u>6,864,778</u>
Municipal Bonds:			
	Chesapeake Va 1.849% 8/01/27	300,000	288,399
	Montgomery Pa 2.080% 5/01/29	200,000	184,690
	Ohlone Ca Cmnty Clg 2.095% 8/01/26	295,000	289,312
	Santa Monica Ca 4.011% 8/01/32	190,000	185,769
	Total Municipal Bonds	<u>985,000</u>	<u>948,170</u>
Mutual Funds:			
	Jpmorgan Core Bond Fund Class R6	7,057,384	6,891,862
	Proshares S P 500 Dividend Etf	2,376,017	3,513,222
	Schwab S & P 500 Fund	8,004,676	11,377,351
	Schwab Small Cap Index Selct	2,737,519	3,246,460
	Schwab US Mid Cap Index	4,612,723	5,934,490

St. Louis Labor Healthcare Network
EIN: 80-0346232 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	Mutual Funds (Continued):		
	Vanguard Short Term Govt Bd Idx	\$ 3,515,616	\$ 3,344,418
	Total Mutual Funds	<u>28,303,935</u>	<u>34,307,803</u>
	Common Collective Trust:		
	Rhumblin Reit Indx Fd LLC	<u>1,920,685</u>	<u>2,361,504</u>
	Total Assets Held At End Of Year	<u>\$ 47,286,467</u>	<u>\$ 52,416,229</u>

St. Louis Labor Healthcare Network
Employee Identification Number 80-0346232 Plan Number: 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended June 30, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Single transaction within the plan year in excess of 5%:</u>						
US Bank	Johnson Institutional Core Bond	\$ -	\$ 6,729,950	\$ 7,837,634	\$ 6,729,950	\$ (1,107,684)
<u>Series of transactions with the same person or property other than securities within the plan year in excess of 5%:</u>						
US Bank	First American Government Ob CL	\$ 6,729,950	\$ -	\$ 6,729,950	\$ 6,729,950	\$ -
US Bank	First American Government Ob CL	-	6,825,000	6,825,000	6,825,000	-
US Bank	FP Morgan Core Bond Fund	6,825,000	-	6,825,000	6,825,000	-
<u>Series of transactions within the plan year involving securities of the same issue in excess of 5%: None</u>						

**St. Louis Labor Healthcare Network
Schedules of Administrative Expenses
Years Ended June 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Computer expenses	\$ 154,905	\$ 145,852
Data processing	10,023	3,341
Depreciation and amortization	7,462	5,751
Insurance	28,797	28,398
Meetings and conventions	7,163	10,555
Miscellaneous	6,275	8,200
Printing, postage, office supplies and expenses	22,771	29,855
Professional fees - legal and accounting	44,283	52,447
Professional fees - other	117,409	82,129
Rent	21,545	19,569
Repairs and maintenance	3,682	21,884
Salaries and benefits	130,378	130,792
Taxes and licenses	16,350	1,333
Total Administrative Expenses	<u>\$ 571,043</u>	<u>\$ 540,106</u>

St. Louis Labor Healthcare Network
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
Money Market Fund:			
	First Am Govt Ob Fd Cl Z	\$ 323,205	\$ 323,205
U.S. Government and Agency Securities:			
	F F C B Deb 3.670% 5/16/28	240,000	237,638
	F H L M C #840432 2.868% 11/01/46	21,808	20,841
	F H L M C #Sc0002 5.000% 5/01/39	32,465	30,817
	F H L M C #Sd8106 2.000% 10/01/50	137,068	105,931
	F H L M C #Sb8384 5.000% 5/01/40	98,186	98,642
	F H L M C #Sd2732 5.000% 10/01/52	121,599	121,689
	F H L M C #Sd6639 5.500% 10/01/54	137,615	139,330
	F H L M C #Sd6847 5.500% 10/01/54	147,436	148,207
	F H L M C #SI0794 5.500% 5/01/54	143,825	145,658
	F H L M C Gd G08717 4.000% 7/01/46	26,402	23,327
	F H L M C Gd G60923 4.000% 4/01/47	20,484	18,425
	F H L M C Gd Q50109 3.500% 8/01/47	24,383	21,696
	F H L M C Gd T65302 3.000% 6/01/45	27,929	23,772
	F H L M C Gd U90490 4.000% 6/01/42	50,185	47,086
	F H L M C Mltcl Mtg 1.500% 10/15/42	1,682	1,703
	F H L M C Mltcl Mtg 3.000% 4/15/43	4,572	4,375
	F H L M C Mltcl Mtg 2.500% 9/25/49	126,323	125,844
	F H L M C Mltcl Mtg 4.750% 9/25/54	155,581	150,871
	F H L M C Mltcl Mtg 5.000% 7/25/38	116,283	118,023
	F H L M C Mltcl Mtg 2.250% 12/25/48	130,576	128,511
	F H L M C Mltcl Mtg 3.000% 5/25/57	66,382	63,161
	F H L M C Mltcl Mtg 3.500% 11/25/28	86,126	84,852
	F H L M C Mltcl Mtg 3.500% 6/25/28	244,990	243,155
	F N M A #Al6326 2.500% 8/01/28	9,128	8,711
	F N M A #Az2331 3.500% 7/01/45	39,262	34,631
	F N M A #Bp1352 3.000% 3/01/50	66,930	57,143
	F N M A #Bs6088 4.040% 8/01/30	137,093	142,710
	F N M A #Ca8079 2.000% 12/01/50	160,907	121,464
	F N M A #Fm8118 2.000% 8/01/51	167,790	131,743
	F N M A #Fs9456 5.500% 11/01/54	144,933	146,486
	F N M A #Ma1491 3.000% 6/01/43	35,560	31,384
	F N M A #Ma5020 5.000% 5/01/43	124,825	126,640
	F N M A #Ma5271 5.500% 1/01/54	147,471	148,984
	F N M A #Ma5296 5.500% 3/01/54	146,026	147,622

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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 07/01/2024 and ending 06/30/2025

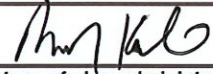
- A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

1a Name of plan ST. LOUIS LABOR HEALTHCARE NETWORK	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	01/23/2009
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ST. LOUIS LABOR HEALTHCARE NETWORK 4239 WOODSON ROAD, SUITE 300 ST. LOUIS MO 63134	2b Employer Identification Number (EIN)	80-0346232
	2c Plan Sponsor's telephone number	(314) 513-5871
	2d Business code (see instructions)	525100

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		<u>2-20-26</u>	RODNEY KALINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	843
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	843
a (2) Total number of active participants at the end of the plan year	6a(2)	852
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	852
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	21

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>2</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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St. Louis Labor Healthcare Network
Employee Identification Number 80-0346232 Plan Number: 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended June 30, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Single transaction within the plan year in excess of 5%:</u>						
US Bank	Johnson Institutional Core Bond	\$ -	\$ 6,729,950	\$ 7,837,634	\$ 6,729,950	\$ (1,107,684)
<u>Series of transactions with the same person or property other than securities within the plan year in excess of 5%:</u>						
US Bank	First American Government Ob CL	\$ 6,729,950	\$ -	\$ 6,729,950	\$ 6,729,950	\$ -
US Bank	First American Government Ob CL	-	6,825,000	6,825,000	6,825,000	-
US Bank	FP Morgan Core Bond Fund	6,825,000	-	6,825,000	6,825,000	-
<u>Series of transactions within the plan year involving securities of the same issue in excess of 5%: None</u>						