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
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/2002

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)
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

4208 W PARTRIDGE WAY, UNIT #3
PEORIA, IL 61615

4208 W PARTRIDGE WAY, UNIT #3
PEORIA, IL 61615

2b Employer Identification Number (EIN) 30-0088171

2c Plan Sponsor's telephone number 309-692-0860

2d Business code (see instructions) 237310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	HOLLY BRYANT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	ANTHONY PENN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	1822
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)**	1822
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1832
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1832
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)**	
g(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**	715

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

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

9a Plan funding arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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
- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 6
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0142235	1861	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
11522	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

LARRY LUCCO
104 EXECUTIVE DR
HIGHLAND, IL 62249

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
11522			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	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** [X] 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** [X] 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 [ ] paid in cash, or [ ] 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**	77459
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10208	1778	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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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(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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	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** [X] 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 [ ] paid in cash, or [ ] 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	1410755
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02141		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
640	5955

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

THE UNION LABOR LIFE INSURANCE CO
8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	5955		7

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

ULLICO INVESTMENT COMPANY, LLC
8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
640			4

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	756399

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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	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 ☐ paid in cash, or ☐ 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**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02175		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
1363	12681

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

THE UNION LABOR LIFE INSURANCE CO
8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	12681		7

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

ULLICO INVESTMENT COMPANY, LLC
8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1363			4

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	2054261

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	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 ☐ paid in cash, or ☐ 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**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

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
DELTA DENTAL OF ILLINOIS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2612058	47589	20141	1785	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	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** [X] 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 [ ] paid in cash, or [ ] 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**	38407
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

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
BLUECROSS BLUESHIELD OF ILLINOIS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	014601	4341	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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	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** [X] 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** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	21646508		
(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)**	21646508
b Benefit charges (1) Claims paid	**9b(1)**	21031340		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	21031340
(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)**	182070		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**	433098		
(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)**	615168
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] 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**	
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

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).. . . . . [X] 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

VANGUARD TOTAL STOCK MARKET INDEX
PO BOX 1101
VALLEY FORGE, PA 19482-1101

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

BAIRD ADVISORS

39-6037917

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

VANGUARD TOTAL INTL STOCK INDX FD
PO BOX 1101
VALLEY FORGE, PA 19482-1101

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

PIMCO ALL ASSET FUND CLASS A
1633 BROADWAY
NEW YORK, NY 10019

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

MESIROW HIGH YIELD

353 NORTH CLARK STREET
CHICAGO, IL 60654

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

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

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

PROFESSIONAL BENEFIT ADMINISTRATORS

38-3668782

(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 50 12	NONE	553991	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 1

30-0088171

(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 50	EMPLOYEE	151551	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MIDWEST REGION HEALTH & SAFETY FUND

37-1384481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	136232	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

EMPLOYEE 2

30-0088171

(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 50	EMPLOYEE	111996	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 4

30-0088171

(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 50	EMPLOYEE	107313	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 3

30-0088171

(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 50	EMPLOYEE	86568	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

SAVRX

86-1323040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	74754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (MIDWEST) INC.

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	68695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 5

30-0088171

(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 50	EMPLOYEE	63746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CAVANAGH & O'HARA LLP

37-1259635

(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 50	NONE	54736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPREHENSIVE HEALTHCARE SYSTEMS, I

01-0589640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	51000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INETICO, LLC DBA VALENZ CARE

36-4869660

(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 49	NONE	46760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARQUETTE & ASSOCIATES

36-3485298

(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 50	NONE	40000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALL ONE HEALTH

20 N CLARK STREET, STE 2750
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	33918	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN REALTY ADVISORS

33-0123114

(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 72	NONE	32890	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	28000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMOLO & ASSOCIATES, LLC

84-2885766

(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 50	NONE	27600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAUM SIGMAN AUERBACH & NEUMAN LTD

36-2744057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THE HORTON GROUP

10320 ORLAND PARKWAY
ORLAND PARK, IL 60467

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	21667	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CIGNA

59-1031071

(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 50	NONE	20001	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHELTON CAPITAL MANAGEMENT

94-2970569

(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 51	NONE	16876	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BANK OF LABOR

48-0150235

(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 21	NONE	10967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELYMD

5665 NEW NORTHSIDE DR. SUITE 320
ATLANTA, GA 30328

(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 49	NONE	5279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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: THE SEGAL COMPANY	**b** EIN:	13-1975125
c	Position: ACTUARY		
d	Address: 101 N WACKER DR, STE 1800 CHICAGO, IL 60606-1724	**e** Telephone:	312-984-8513

Explanation: CHANGE IN ACTUARIAL FIRMS

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 D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ARA CORE PROPERTY FUND

b Name of sponsor of entity listed in (a): AMERICAN REALTY ADVISORS

c EIN-PN 95-4871423-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2942860

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE ACCOUNT W-1

b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY

c EIN-PN 13-1423090-209 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2810660

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS HEALTH & WELFARE PLA

D Employer Identification Number (EIN)
30-0088171

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	80	92
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3604634	3657559
(2) Participant contributions	1b(2)		1459
(3) Other	1b(3)	856654	956530
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5081567	6507704
(2) U.S. Government securities	1c(2)	4638549	4275057
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1670019	1836722
(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)	2992380	2942860
(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)	4009195	2810660
(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)	29563380	32873325
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	732679	949532
f Total assets (add all amounts in lines 1a through 1e)	1f	53149137	56811500
Liabilities			
g Benefit claims payable	1g	3812200	2565500
h Operating payables	1h	778826	1005764
i Acquisition indebtedness	1i		
j Other liabilities	1j	277525	1313849
k Total liabilities (add all amounts in lines 1g through1j)	1k	4868551	4885113
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	48280586	51926387

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)	28593085	
(B) Participants	2a(1)(B)	313138	
(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)		28906223
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	113786	
(B) U.S. Government securities	2b(1)(B)	144984	
(C) Corporate debt instruments	2b(1)(C)	70887	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		329657
(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)	1075604	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1075604
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3112530	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3194442	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-81912
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	282833	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		282833

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		104932
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		195100
(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)		1877692
c Other income	2c		169553
d Total income. Add all **income** amounts in column (b) and enter total	2d		32859682
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25666970	
(2) To insurance carriers for the provision of benefits	2e(2)	1438577	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27105547
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	553991	
(3) Recordkeeping fees	2i(3)	2850	
(4) IQPA audit fees	2i(4)	24750	
(5) Investment advisory and investment management fees	2i(5)	118865	
(6) Bank or trust company trustee/custodial fees	2i(6)	10833	
(7) Actuarial fees	2i(7)	90362	
(8) Legal fees	2i(8)	78736	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1227947	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2108334
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29213881
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3645801
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) [X] 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)** [X] 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: ROMOLO & ASSOCIATES, LLC **(2)** EIN: 84-2885766

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

ROMOLO
& ASSOCIATES, LLC
CERTIFIED PUBLIC ACCOUNTANTS

1700 W. LUTHY DRIVE, PEORIA IL 61615
PHONE 309.682.2001 • FAX 309.682.2045 • romlocpa.com

Independent Auditor's Report

To the Trustees and Participants of North Central Illinois Laborers' Health and Welfare Fund

Opinion

We have audited the financial statements of North Central Illinois Laborers' Health and Welfare Fund (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 as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statements of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years then ended and the benefit obligations as of June 30, 2025 and 2024, and the changes in benefit obligations for the years then ended, of North Central Illinois Laborers' Health and Welfare Fund in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about North Central Illinois Laborers' Health and Welfare Fund's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements 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 North Central Illinois Laborers' Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about North Central Illinois Laborers' Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended June 30, 2025, 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 (DOL) 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Romolo & Associates, LLC
Certified Public Accountants

Peoria, Illinois

April 7, 2026

North Central Illinois Laborers' Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 30-0088171
Plan Number: 501

As of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current value
	US TREASURY NOTE	US GOV'T SECURITY	8/31/25	5.000	60,000	$ 59,941	$ 60,043
	US TREASURY NOTE	US GOV'T SECURITY	2/28/26	0.500	420,000	414,334	409,928
	US TREASURY NOTE	US GOV'T SECURITY	2/15/30	1.500	520,000	513,920	470,558
	US TREASURY NOTE	US GOV'T SECURITY	11/15/33	4.500	350,000	359,139	359,517
	US TREASURY NOTE	US GOV'T SECURITY	6/30/29	3.250	290,000	278,207	284,699
	US TREASURY NOTE	US GOV'T SECURITY	5/15/35	4.250	120,000	119,606	120,187
	US TREASURY NOTE	US GOV'T SECURITY	7/31/27	0.375	500,000	423,633	466,640
	US TREASURY NOTE	US GOV'T SECURITY	7/31/26	0.625	225,000	200,408	217,064
	US TREASURY NOTE	US GOV'T SECURITY	4/30/29	2.875	75,000	74,625	72,712
	US TREASURY NOTE	US GOV'T SECURITY	3/31/30	3.625	400,000	407,782	397,140
	US TREASURY NOTE	US GOV'T SECURITY	5/15/34	4.375	240,000	240,431	243,742
	US TREASURY NOTE	US GOV'T SECURITY	11/30/30	4.375	430,000	441,237	441,120
	US TREASURY NOTE	US GOV'T SECURITY	3/15/26	4.625	540,000	541,742	541,906
	US TREASURY BILL	US GOV'T SECURITY	7/10/25		190,000	187,941	189,801
	TOTAL U.S. GOVERNMENT SECURITIES					4,262,946	4,275,057
	AMAZON.COM	CORPORATE BOND	6/3/30	1.500	30,000	25,700	26,536
	AMERICAN HOMES	CORPORATE BOND	2/1/34	5.500	40,000	40,131	40,669
	AMERICAN TOWER	CORPORATE BOND	3/15/32	4.050	40,000	37,168	38,254
	APA CORPORATION	CORPORATE BOND	1/15/30	4.250	50,000	46,643	47,865
	ASTRAZENECA	CORPORATE BOND	9/18/42	4.000	40,000	33,186	33,893
	BP CAP MKTS AMER	CORPORATE BOND	11/6/28	4.234	35,000	33,219	35,011
	BROADCOM	CORPORATE BOND	2/15/31	2.450	40,000	34,713	35,768
	CHENIERE ENERGY PTNR	CORPORATE BOND	3/1/31	4.000	35,000	32,669	33,305
	CHUBB INA HLDGS	CORPORATE BOND	3/15/34	5.000	35,000	34,315	35,659
	D R HORTON	CORPORATE BOND	10/15/34	5.000	25,000	24,555	24,716
	D R HORTON	CORPORATE BOND	10/15/26	1.300	10,000	8,791	9,614
	DEVON ENERGY	CORPORATE BOND	9/15/34	5.200	50,000	47,213	48,557
	DOLLAR GENERAL	CORPORATE BOND	11/1/32	5.000	35,000	34,018	35,116
	DTE ELEC CO	CORPORATE BOND	3/1/32	3.000	55,000	48,230	49,963
	EIDP INC	CORPORATE BOND	7/15/30	2.300	30,000	26,861	27,315
	ENERGY TRANSFER	CORPORATE BOND	2/15/28	5.550	30,000	30,650	30,865
	EQUINIX	CORPORATE BOND	4/15/32	3.900	45,000	41,952	42,620
	ESSENT GROUP LTD	CORPORATE BOND	7/1/29	6.250	30,000	30,862	31,070
	EXXON MOBIL	CORPORATE BOND	10/15/30	2.610	40,000	36,024	37,018
	FLEXTRONICS INTL	CORPORATE BOND	5/12/30	4.875	35,000	34,173	35,151
	HONEYWELL INTL	CORPORATE BOND	1/15/34	4.500	25,000	24,556	24,490

North Central Illinois Laborers' Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 30-0088171
Plan Number: 501

As of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current value
	HOST HOTELS & RESORTS	CORPORATE BOND	9/15/30	3.500	45,000	40,768	41,784
	JBS USA LUX	CORPORATE BOND	4/1/33	5.750	30,000	29,942	30,838
	JP MORGAN CHASE	CORPORATE BOND	7/25/28	4.851	75,000	72,533	75,782
	KILLROY RLTY	CORPORATE BOND	12/15/28	4.750	40,000	39,119	39,678
	KLA CORP	CORPORATE BOND	7/15/32	4.650	40,000	39,668	40,263
	KRAFT HEINZ FOODS	CORPORATE BOND	3/1/31	4.250	50,000	47,947	49,198
	LAM RESEARCH	CORPORATE BOND	6/15/30	1.900	40,000	34,329	35,695
	L3HARRIS TECHNOLOGIES	CORPORATE BOND	6/1/34	5.350	30,000	30,470	30,665
	MARS INC	CORPORATE BOND	3/1/32	5.000	35,000	35,014	35,465
	MCDONALDS	CORPORATE BOND	3/1/30	2.125	40,000	41,806	36,299
	NEWMONT	CORPORATE BOND	3/15/34	5.350	50,000	49,679	51,292
	NORFOLK SOUTHN	CORPORATE BOND	3/15/32	3.000	55,000	47,903	49,885
	ORACLE	CORPORATE BOND	11/9/32	6.250	25,000	26,461	27,054
	PHILIP MORRIS INTL	CORPORATE BOND	8/15/29	3.375	45,000	46,467	43,406
	QUALCOMM	CORPORATE BOND	5/20/30	2.150	40,000	35,180	36,393
	REXFORD INDUSTRIAL	CORPORATE BOND	9/1/31	2.150	50,000	41,349	42,858
	ROCHE HOLDINGS	CORPORATE BOND	11/13/13	5.593	30,000	32,308	31,813
	ROYAL BANK CANADA	CORPORATE BOND	8/3/27	4.240	35,000	35,118	35,057
	ROYAL BANK CANADA	CORPORATE BOND	5/4/32	3.875	50,000	46,710	47,821
	SIMON PPTY GROUP	CORPORATE BOND	2/1/28	1.750	20,000	19,959	18,844
	SIMON PPTY GROUP	CORPORATE BOND	9/13/29	2.450	10,000	8,785	9,292
	T MOBILE USA	CORPORATE BOND	3/15/28	4.950	35,000	35,070	35,591
	TEXAS INSTRUMENTS	CORPORATE BOND	5/4/30	1.750	30,000	26,043	26,751
	TORONTO DOMINION BK	CORPORATE BOND	3/10/32	3.200	50,000	44,320	45,451
	UNITED RENTALS	CORPORATE BOND	12/15/29	6.000	35,000	35,593	35,846
	VALE OVERSEAS	CORPORATE BOND	7/8/30	3.750	35,000	32,782	32,948
	VULCAN MATLS	CORPORATE BOND	12/1/34	5.350	35,000	34,737	35,629
	WELLS FARGO	CORPORATE BOND	7/25/33	4.897	35,000	34,343	35,006
	WELLTOWER	CORPORATE BOND	6/15/32	3.850	35,000	32,476	33,183
	3M COMPANY	CORPORATE BOND	4/15/30	3.050	25,000	22,497	23,480
					-	-	-
	TOTAL CORPORATE BONDS					1,805,005	1,836,722
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			251,253	251,253	251,253
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			92,467	92,467	92,467

North Central Illinois Laborers' Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 30-0088171
Plan Number: 501

As of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current value
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			4,325	4,325	4,325
	TOTAL MONEY MARKET FUNDS					348,045	348,045
	PIMCO ALL ASSET CL A	MUTUAL FUND			67,748	818,666	762,848
	VANGUARD TOTAL INTL STOCK	MUTUAL FUND			45,500	1,207,232	1,688,038
	VANGUARD TOTAL STOCK MARKET INDEX	MUTUAL FUND			53,629	2,682,168	7,938,741
	BAIRD SHORT TERM BOND FUND	MUTUAL FUND			152,386	1,431,878	1,453,764
	MESIROW HIGH YIELD	MUTUAL FUND			156,878	1,300,650	1,303,652
	VANGUARD TOTAL STOCK MARKET INDEX	MUTUAL FUND			22,261	1,868,213	3,295,232
	BAIRD AGGREGATE BD INSTITUTIONAL CLASS	MUTUAL FUND			1,668,127	16,266,433	16,431,050
	TOTAL MUTUAL FUNDS					25,575,240	32,873,325
	AMERICAN CORE REALTY FUND, LLC	COMMON TRUST			25	2,170,895	2,942,860
	ULLICO SEPARATE ACCOUNT W-1	POOLED SEP ACCT			1,501,720	2,176,193	2,810,660
	COMMERCE GENERAL CKG ACCT	INT-BEARING CASH			-	1,184,503	1,184,503
	COMMERCE CLAIMS CKG ACCT	INT-BEARING CASH			-	1,921,355	1,921,355
	COMMERCE CLEARING ACCT	INT-BEARING CASH			-	2,754,070	2,754,070
	COMMERCE PREFUNDING CKG ACCT	INT-BEARING CASH			-	299,731	299,731
	TOTAL INTEREST BEARING CASH					6,159,659	6,159,659
						42,497,983	51,246,328

*Denotes a party-in-interest.

North Central Illinois Laborers' Health and Welfare Fund

Financial Statements and Supplemental Schedules

Including Independent Auditor's Report

As of June 30, 2025 and 2024

and for the Years Then Ended

Table of Contents

ROMOLO
& ASSOCIATES, LLC
CERTIFIED PUBLIC ACCOUNTANTS

1700 W. LUTHY DRIVE, PEORIA IL 61615
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Independent Auditor's Report

To the Trustees and Participants of North Central Illinois Laborers' Health and Welfare Fund

Opinion

We have audited the financial statements of North Central Illinois Laborers' Health and Welfare Fund (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 as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statements of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years then ended and the benefit obligations as of June 30, 2025 and 2024, and the changes in benefit obligations for the years then ended, of North Central Illinois Laborers' Health and Welfare Fund in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about North Central Illinois Laborers' Health and Welfare Fund's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements 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 North Central Illinois Laborers' Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about North Central Illinois Laborers' Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended June 30, 2025, 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 (DOL) 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Romolo & Associates, LLC
Certified Public Accountants

Peoria, Illinois

April 7, 2026

North Central Illinois Laborers' Health and Welfare Fund

Statements of Net Assets Available for Benefits

As of June 30, 2025 and 2024

	2025	2024
Assets		
Cash and cash equivalents	$ 92	$ 80
Investments at fair value		
Money market funds	348,045	309,809
Mutual funds	32,873,325	29,563,380
U.S. Government securities	4,275,057	4,638,549
Corporate bonds	1,836,722	1,670,019
Investments valued at NAV	5,753,520	7,001,575
Interest bearing cash	6,159,659	4,771,758
Total Investments at fair value	51,246,328	47,955,090
Receivables		
Self pay Receivable	1,459	-
Contributions Receivable	3,657,559	3,604,634
Other receivables	436,451	425,923
Accrued Interest	79,080	87,721
Stop Loss Receivable	405,709	328,113
Total Receivables	4,580,258	4,446,391
Prepaid Expenses	35,290	14,897
Property and equipment, net	605,792	417,559
Total assets	56,467,760	52,834,017
Liabilities		
Payables		
Real Estate Payable	10,354	9,882
Due to related parties	1,083,149	110,709
Accounts payable and accrued expenses	111,205	117,753
Amounts due to claims processors on behalf of the Plan	870,075	636,557
Income taxes payable by the Plan	1,654	2,808
Accrued Vacation and Sick Time	12,476	11,826
Total payables	2,088,913	889,535
Unearned Revenue	230,700	166,816
Total liabilities	2,319,613	1,056,351
Net assets available for benefits	$ 54,148,147	$ 51,777,666

See accompanying notes to the financial statements.

North Central Illinois Laborers' Health and Welfare Fund

Statements of Changes in Net Assets Available for Benefits

For the Years Ended June 30, 2025 and 2024

	2025	2024
Additions		
Investment income (loss), net		
Net appreciation (depreciation) in fair value of investments	$ 2,169,418	$ -
Interest and dividends	1,535,698	3,415,249
Total investment income (loss), net	3,705,116	3,415,249
Contributions		
Participant contributions	313,138	450,380
Employer contributions	28,593,085	27,026,910
Total contributions	28,906,223	27,477,290
Other revenue	140,858	135,297
Total additions	32,752,197	31,027,836
Deductions		
Claims Paid	26,913,670	28,055,226
Operating Expenses	2,029,469	1,929,412
Premiums & Admin Fees	1,438,577	1,117,799
Total deductions	30,381,716	31,102,437
Net increase (decrease)	2,370,481	(74,601)
Net assets available for benefits		
Beginning of year	51,777,666	51,852,267
End of year	$ 54,148,147	$ 51,777,666

See accompanying notes to the financial statements.

North Central Illinois Laborers' Health and Welfare Fund

Statements of Benefit Obligations

As of June 30, 2025 and 2024

		2025		2024
Amounts currently payable				
Claims payable and claims incurred but not reported	$	2,565,500	$	3,812,200
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts				
Accumulated Eligibility Credits		14,947,571		13,360,200
Postretirement benefit obligations, net of amounts currently payable				
Current retirees		2,697,761		2,346,547
Other participants fully eligible for benefits		2,208,867		2,045,405
Participants not yet fully eligible for benefits		5,912,361		6,210,415
Total postretirement benefit obligations, net		10,818,989		10,602,367
Total benefit obligations	$	28,332,060	$	27,774,767

See accompanying notes to the financial statements.

North Central Illinois Laborers' Health and Welfare Fund

Statements of Changes in Benefit Obligations

For the Years Ended June 30, 2025 and 2024

	2025	2024
Amounts currently payable		
Balance at beginning of year	$ 3,812,200	$ 4,750,600
Claims incurred	25,666,970	27,116,826
Claims Paid	(26,913,670)	(28,055,226)
Balance at end of year	2,565,500	3,812,200
Other Obligations for Current Benefit Coverage, at Estimated Amounts		
Balance at beginning of year	13,360,200	12,314,993
Net Change During the Year: Accumulated Eligibility Credits	1,587,371	1,045,207
Balance at end of year	14,947,571	13,360,200
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	10,602,367	11,382,414
Benefits earned	(813,330)	(926,595)
Interest	546,902	526,644
Plan amendment	-	-
Changes in actuarial assumptions	-	(380,096)
Other actuarial gains and losses	483,050	-
Balance at end of year	10,818,989	10,602,367
Total benefit obligations at end of year	$ 28,332,060	$ 27,774,767

See accompanying notes to the financial statements.

1. Description of Plan

The following description of the North Central Illinois Laborers' Health and Welfare Fund (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan that was established effective May 31, 2002, as a result of a collective bargaining agreement (CBA) between Associated General Contractos of Illinois, Central Illinois Builders Association, Greater Peoria Contractors Association, Illinois Valley Contractors Association and Northern Illinois Building Contractors Association and Great Plains Laborers' District Council ;the Plan was restated effective July 1, 2025. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. The Plan does allow for self-pay contributions in certain circumstances.

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 participating employers and the Great Plains Laborers' District Council.

Eligibility

Collectively-bargained participants become eligible for coverage when:

- Work is performed under the jurisdiction of any local union participating in this Plan; and
- Sufficient contributions are made on behalf of the participant by contributing employers.

Initial Eligibility

Participants first become eligible when they complete 500 hours of work for which contributions are made on their behalf to the Plan within a six consecutive month period. Eligibility for benefits begins on the first day of the second calendar month following the 500th contribution hour. If a participant is eligible for benefits under Eligibility B or C, coverage begins on the first day of the month following the date the participant begins working for an employer that contributes to the Plan on his or her behalf. Eligibility B and C participants are not eligible for an extension of eligibility of the month following the date the participant begins working for an employer that contributes after coverage terminates, except through COBRA.

Continued Eligibility

Once an Eligibility A participant becomes eligible, he or she will continue to be eligible for each succeeding three-month period based on the "look-back" rules during the designated twelve-month periods. Eligibility B and C participants will continue to be eligible as long as contributions are received in the prior month. Readers should refer to the Summary Plan Description for more information regarding continued eligibility.

1. Description of Plan (continued)

Eligibility Reserve Bank

Participants earn a dollar amount in an eligibility reserve bank when their contribution hours exceed 1,875 in a calendar year. The balance in the eligibility reserve bank may be used for self-payments or to offset self-payments under the active coverage plan.

Contributions

Participating employers contribute $8.90 for each hour worked pursuant to the current collective bargaining agreement between employers and the union for contracts effective in 2025. Participants and retirees may contribute specified amounts, determined periodically by the Plan's board, to extend coverage when contributions for hours worked are less than the required amount to maintain eligibility. The board of trustees sets the self-payment amount for retirees to continue eligibility. Effective June 1, 2015, all retirees were transferred out of the Plan.

Benefits

The Plan provides health benefits (comprehensive medical, prescription drug, dental, hearing, and vision) to eligible employees and covered dependents. The Plan also provides a death benefit, accidental death, dismemberment, and loss of time benefit for eligible active participants. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Plan paid the following benefits to its participants and their beneficiaries during the plan years ended June 30, 2025 and 2024:

	2025	2024
Health and Welfare	$ 23,884,577	$ 24,891,881
Prescriptions	2,422,100	2,325,585
Loss of Time	144,825	168,250
PPO/Precertification Fees	499,860	609,557
Consult-A-Doctor Program	5,279	5,235
Retiree Subsidies	1,090,674	1,092,195
Member Assistance Programs	33,918	33,724
Stop Loss Reimbursements	(1,167,563)	(1,071,201)
Total Claims Paid	26,913,670	28,055,226

1. Description of Plan (continued)

Insured Benefits

The Plan fully insures the life insurance benefits and accidental death and dismemberment benefits. The Plan purchases annual insurance contracts for these benefits

Self-Insured Benefits

All other plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processor under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. 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.

Effective February 1, 2015, the Plan has a health reimbursement arrangement (HRA) that is funded solely through Plan contributions. The HRA allows eligible retirees to get a subsidy, tax free, for health insurance premiums at a fixed amount. These subsidies are paid to an administrator to offset the cost of coverage and cannot be used for any other purpose and are included in benefits paid on the Statements of Changes in Net Assets Available for Benefits.

Stop-Loss Coverage

The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount). Effective July 1, 2016, the Plan's individual stop loss deductible is $300,000.

2. Summary of Accounting Policies

Basis of Accounting

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

2. Summary of Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred but reported (IBNR), eligibility credits, and disclosure of contingent assets and liabilities. 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. The Plan's investment consultant determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying Statements of Net Assets Available for Benefits. Short-term disability payments are processed by the third-party claims processor through a payroll system and are recorded as claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. The Plan shares certain administrative expenses with other related parties. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan (see related party note). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

2. Summary of Accounting Policies (continued)

Stop-Loss Coverage

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds totaling $1,167,563 and $1,071,201 have been netted against claims paid in the accompanying consolidated statement of changes in net assets available for benefits. The Plan also received a premium refund/dividend of $49,340 and $37,966 for the years ended June 30, 2025 and 2024. This is a dividend of 3.5% of the total premium paid for the plan year. This has been netted against the premiums paid.

Refunds and Rebates

Refunds due from the Plan's PBM are recorded when earned and the calculation is reasonably known. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling $770,334 and $659,728 have been netted with claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended June 30, 2025 and 2024, respectively.

Medicare Subsidy

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (the Act) applies to postretirement health care plans and provides prescription drug benefits. The Act provides for a Plan to receive a subsidy under Medicare (Medicare Part D) if it provides a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, for multiemployer plans, any Medicare subsidy is received directly by the plan trust and not the individual employers participating in the Plan. The Plan has not determined whether the benefits provided by the Plan are actuarially equivalent to Medicare Part D.1 under the Act. The Plan's accumulated postretirement benefit obligation and the changes in the benefit obligation do not reflect any amount associated with the Medicare subsidy.

Claims Incurred but not Reported

Plan obligations at June 30, 2025 and 2024, for health claims incurred by active participants but not reported at that date is estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at estimated present value. Health claims incurred by retired participants but not yet reported at year-end are included in the postretirement benefit obligation and is based on claims data provided by the Plan's claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

2. Summary of Accounting Policies (continued)

Other Plan Benefits

Plan obligations at June 30, 2025 and 2024, for accumulated eligibility of participants is estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at estimated present value. The Plan has determined the amount of the accumulated eligibility by multiplying the anticipated cost per month, times the number of participants and months of eligibility accumulated at June 30, 2025 and 2024.

Employers' Contributions and Related Receivables

The Plan's policy is to recognize contributions based on the latest executed CBA on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on factors related to specific employers' or groups of participants' ability to pay, and current and future economic trends and conditions. As of June 30, 2025 and 2024, the allowance was $481,187 and $661,906, respectively. The change in allowance for credit losses is recorded in employer contributions in the statements of changes in net assets available for benefits.

Property and Equipment

Property and equipment, which is predominately used in operations, is stated at cost, less accumulated depreciation. Depreciable assets are depreciated principally by the straight-line method over the following estimated useful lives:

Description	Years
Buildings and improvements	15
Computers and equipment	3-10
Furniture and fixtures	5-10

2. Summary of Accounting Policies (continued)

Expenditures for maintenance and repairs are expensed as incurred, whereas additions and improvements that extend the life of the asset are capitalized. Depreciation expense is recorded in building operating expenses. When fixed assets are sold or traded the cost and related depreciation are removed from the accounts. Any resulting gain or loss on traded assets is deducted from or added to the cost of the new asset to arrive at the book value of the new asset acquired, not to exceed the fair market value of the new asset. Any resulting gain or loss on the sale or disposal of fixed assets, or loss on the trade-in of fixed assets, is reflected in the Statements of Changes in Net Assets Available for Benefits.

Long-Lived Asset Impairment

The Plan evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate that the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset are less than the carrying amount of the asset, the asset cost is adjusted to fair value, and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. The fair values are determined based on real estate tax bills received. There was no asset impairment during the years ended June 30, 2025 and 2024.

Subsequent Events

Subsequent events were evaluated through April 7, 2026, the date the financial statements were available to be issued.

3. Postretirement and Postemployment Benefit Obligations

A postretirement benefit obligation has been recognized for future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participant service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. Currently, retirees are not required to contribute to the Plan . The obligations represent the amounts that are expected to be funded by contributions from the participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

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

The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1 percentage point in each year, it would increase the obligation as of June 30, 2025 and 2024, by $0 and $0 respectively.

The following were other significant assumptions used to determine the postretirement and postemployment benefit obligations as of June 30, 2025 and 2024.

- Weighted-average discount rate: 5.25% — 2025; 5.25% — 2024.
- Average retirement age rates: Various rates ranging from 5% at ages 53-57 to 100% at age 65.
- Mortality and disability: Healthy: 120% of Pri-2012 Blue Collar Healthy Mortality Table, projected using Scale MP-2021 Disabled: Pri-2012 Disabled Retiree Mortality Table, projected using Scale MP-2021.

The postretirement benefit obligation is reported net of the value of retiree contributions. The gross liabilities, values of retiree contributions, and net liabilities are:

		2025		2024
Plan Benefits Before Reduction for Retiree Contributions	$	10,818,989	$	10,602,367
Less: Projected Retiree Contributions		-		-
Net Postretirement Benefit Obligation	$	10,818,989	$	10,602,367

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation technique include:

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

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

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at June 30, 2025 and 2024.

Interest-bearing cash: These investments are stated at cost, which approximates fair value.

Money market funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S 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.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

4. Fair Value Measurements (continued)

Corporate bonds: 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. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Investments measured at net asset value: Consisting of common-collective trusts and pooled separate accounts, valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

Assets at Fair Value as of June 30, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 6,159,659	$ -	$ -	$ 6,159,659
Money market funds	348,045	-	-	348,045
Mutual funds	32,873,325	-	-	32,873,325
U.S. government securities	-	4,275,057	-	4,275,057
Corporate bonds	-	1,836,722	-	1,836,722
Total assets in the fair value hierarchy	39,381,029	6,111,779	-	45,492,808
Investments measured at net asset value (a)	-	-	-	5,753,520
Total investments at fair value	$ 39,381,029	$ 6,111,779	$ -	$ 51,246,328

Assets at Fair Value as of June 30, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 4,771,758	$ -	$ -	$ 4,771,758
Money market funds	309,809	-	-	309,809
Mutual funds	29,563,380	-	-	29,563,380
U.S. government securities	-	4,638,549	-	4,638,549
Corporate bonds	-	1,670,019	-	1,670,019
Total assets in the fair value hierarchy	34,644,947	6,308,568	-	40,953,515

4. Fair Value Measurements (continued)

Assets at Fair Value as of June 30, 2024	Level 1	Level 2	Level 3	Total
Investments measured at net asset value (a)	-	-	-	7,001,575
Total investments at fair value	$ 34,644,947	$ 6,308,568	$ -	$ 47,955,090

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of June 30, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

June 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
ULLICO W-1 Account	$ 2,810,660	$ -	Quarterly	See [a]
American Core Realty Fund	2,942,860	-	See [b]	See [b]
Total	$ 5,753,520	$ -		

June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
ULLICO W-1 Account	$ 4,009,195	$ -	Quarterly	See [a]
American Core Realty Fund	2,992,380	-	See [b]	See [b]
Total	$ 7,001,575	$ -		

4. Fair Value Measurements (continued)

Separate Account W1 of the Union Labor Life Insurance Company [a]

Contract holders may withdraw an amount equal to all or a portion of their investment in the account by making a written request for a redemption of their units to Union Labor Life. If a contract holder makes a redemption request in which it requests a redemption of less than 80% of its investment in the account, Union Labor Life will make a payment to such contract holder equal to the full amount of the redemption request through the redemption of the contract holder's units on the first business day following the third valuation date from the date of receipt of the redemption request. The unit value of the contract holder's units will be calculated as of the third valuation date. Union Labor Life may, in its discretion, make payments in the amount of the redemption request on the first or second valuation date following receipt of the redemption request.

If a contract holder makes a redemption request to withdraw greater than 80% of the contract holder's units in the account, Union Labor Life will make a partial payment to the contract holder in an amount equal to 80% of the value of the redeemed units calculated as of the second valuation date following receipt of the redemption request and such payment will be made on the first business day following the third valuation date. Union Labor Life will make a final payment equal to the value of the remainder of the redeemed units within three weeks after the third valuation date. Union Labor Life will credit the remaining amount of the contract holder's investment to be withdrawn (as finally determined as of the second valuation date) with short-term interest, accruing from the first business day after the third valuation date until payment is actually made.

American Core Realty Fund, LLC (b)

The Fund has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans, and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations, and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial, and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

Requests for redemptions of units in the Fund may be made at any time, with a letter of authorization signed by a representative of the Plan. Redemption requests shall be deemed timely as of the next valuation date after receipt of a notice of redemption. The valuation date is typically the last business day of each calendar quarter and such other intermediate dates as American shall determine. Although American is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. American is not required to liquidate or encumber assets or defer investments in order to satisfy a redemption request.

5. Related-Party and Party In Interest Transactions

The Plan pays fees for arrangements with service providers and affiliated entities, including for management of certain Plan investments by the custodian. These transactions qualify as party in interest transactions. The Plan is affiliated with the Great Plains Laborers' District Council and Great Plains Laborers-Employers' Cooperation and Education Trust by virtue of common officers or trustees, all of which are tax exempt.

The Plan provides administrative services to the Great Plains Laborers' Vacation Fund by charging a service fee of 1% of contributions, capped at $20,000 each year.

The Plan is a member of a condo association that includes the District Council and another unrelated entity for shared building expenses. The Plan will also reimburse the District Council for miscellaneous expenses incurred for the Plan and paid by the District Council.

The Vacation Fund reimburses the Plan for its share of postage expenses. During the fiscal years ended June 30, 2025 and 2024, the Vacation Fund reimbursed the Plan $12,741 and $12,093 respectively, for these expenses. These expenses are recorded as administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

The Plan also collects employers' contributions for these and other various funds and distributes those amounts semi-monthly. As of June 30, 2025 and 2024, the Plan had collected but not yet transmitted $1,083,149 and $110,709 of those amounts. The Plan also received a collection fee from these other funds in the amount of $140,794 and $135,163, respectively, for providing these services.

6. Plan Termination

Although the Trustees have not expressed intent to discontinue the Plan, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event of Plan termination, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the board of trustees or be used for purposes other than for the exclusive benefit of the Plan's participants.

7. Tax Status

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and accordingly, the Trust's net investment income is exempt from income taxes. The Trust obtained a favorable tax determination letter from the IRS on August 5, 2004, and the board of trustees believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are $0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all tax years are open for examination by federal and state taxing authorities related to UBIT.

8. Operating expenses

The Plan recorded the following expenses for the years ended June 30, 2025 and 2024:

Administrative Expenses	2025	2024
Office salaries	$ 277,491	$ 295,639
Employee fringe benefits	266,842	271,800
Consulting and actuarial	90,362	103,200
Insurance	21,495	21,809
Audit and accounting	27,600	27,500
Legal	78,736	66,878
PBA Contract administration fees	553,991	532,227
Dental administration fees	42,454	41,657
Blue Cross administration fee	182,071	178,606
Prescription Drug administration fee	1,405	1,078
Sapphire vendor fees	41,178	33,801
PCORI Fee	11,528	10,947
Health and Safety reimbursement	136,232	120,733
Telephone and utilities	17,553	15,990
Dues and subscriptions	12,965	10,839
Office supplies and expenses	61,650	48,412

8. Operating expenses (continued)

Administrative Expenses	2025	2024
Investment Consulting	40,000	35,000
Depreciation	2,100	4,919
Travel and meeting expense	2,882	3,300
Conferences and seminars	3,195	17,752
Midwest Coalition	1,867	3,792
Computer support	128,828	58,663
Bank Charges	10,833	8,558
Real estate taxes	10,591	9,754
Repairs and maintenance	5,620	6,558
Total Administrative Expenses	$ 2,029,469	$ 1,929,412

9. Reciprocity Agreements

The Plan has entered into reciprocity agreements with various funds. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees' participating funds.

For the year ended June 30, 2025 and 2024, the Plan remitted $3,493,687 and $3,355,148, respectively. The Plan received $3,712,145 and $3,507,052, respectively, in accordance with these agreements with the participating funds. Reciprocal payments received are included in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. No allowance for credit losses as of June 30, 2025 or 2024, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year end are included in the respective employer contributions receivable and accounts payable in the statement of net assets available for benefits.

10. Property and Equipment

Property and equipment used in operations consist of the following for the years ended June 30, 2025 and 2024:

Description	2025	2024
Buildings and improvements	$ 386,483	$ 386,483
Machinery and equipment	835,596	645,720
Furniture and fixtures	31,279	30,822
Total	1,253,358	1,063,025
Less: Accumulated depreciation	(647,566)	(645,466)

10. Property and Equipment (continued)

Description	2025	2024
Total Property and equipment, net	$ 605,792	$ 417,559

Depreciation expense was $2,100 and $4,919 for the years ended June 30, 2025 and 2024, respectively, which is included in administrative expenses in the Statements of Changes in Net Assets Available for Benefits.

11. Leases

The Plan entered into a five year operating lease agreement for its copier. This lease is not a capital arrangement, therefore the new copier was not recorded as a capital asset. The Plan also has an operating lease agreement for its digital mailing system. This is also a five year lease agreement.

The Plan has elected the short-term lease exemption for all leases with a term of 12 months or less for both existing and ongoing operating leases to not recognize the asset and liability for these leases. Lease payments for short-term leases are recognized on straight-line basis.

The Plan elected the practical expedient to not separate lease and non-lease components for real estate and office equipment leases.

The following is a schedule, by years, of future minimum rental payments required under the above-mentioned operating leases that have initial or remaining non-cancelable lease terms in excess of one year as of June 30, 2025:

For the year ending June 30,	Copier Lease	Mailing System Lease
2026	$ 3,083	$ 2,547
2027	3,083	-
2028	3,083	-
2029	1,542	-
Total Future Minimum Lease Payments	$ 10,791	$ 2,547

12. Participation in Multiemployer Benefit Plans

Defined Benefit Pension Plan

The Plan's employees are covered by two multiemployer defined pension plans. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

12. Participation in Multiemployer Benefit Plans (continued)

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in this plan, the Plan may be required to pay those plans an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.

The Plan's participation in in a multiemployer defined benefit pension plan for the years ended June 30, 2025 and 2024, is outlined in the following table. The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number. The zone status is based on information that is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65% funded; plans in the yellow zone are less than 80% funded; and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2025 and 2024, contributions.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status 2025	Pension Protection Act Zone Status 2024	FIP/RP Status Pending or Implemented	Employer Contributions 2025	Employer Contributions 2024	Surcharge Imposed
Central Laborers' Pension Fund	37-6052379/001	Neither Endangered Nor Critical Status	Neither Endangered Nor Critical Status	FIP	$ 87,096	$ 90,681	Yes
LIUNA Staff & Affiliates Pension Fund	52-0743575/001	Neither Endangered Nor Critical Status	Neither Endangered Nor Critical Status	N/A	73,263	75,637	No
					$ 160,359	$ 166,318	

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to the Pension Funds listed above for the years ended June 30, 2025 and 2024, as indicated in the Pension Funds' most recently available annual report.

12. Participation in Multiemployer Benefit Plans (continued)

Defined Contribution Retirement Plan

In addition to the preceding Plans, office employees are covered by the Central Laborers Annuity Fund. Contributions to the Annuity Plan are made monthly under the terms of a participation agreement. Contributions to Fund for the years ended June 30, 2025 and 2024, totaled $20,600 and $21,381, respectively.

Health and Welfare Plan

The Plan's employees are also covered the North Central Illinois Laborers' Health and Welfare Fund that provides medical benefits to eligible employees and their dependents and retirees. Contributions to the Welfare Plan are made monthly under the terms of a participation agreement.. Contributions to the welfare plan for the years ended June 30, 2025 and 2024, totaled $85,883 and $84,101, respectively.

13. Risks and Uncertainties

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

Benefit Obligations
Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Concentration of Revenue
Revenues consist predominantly of employer contributions pursuant to a collective bargaining agreement and are directly tied to the amount of work available in the region. A significant decline in work available to participants would severely impact the revenues of the Plan.

Concentration of Credit Risk
The Plan holds cash in accounts at several institutions. The Federal Deposit Insurance Corporation (FDIC) insures account balances up to $250,000. The Plan held cash in accounts in excess of the FDIC limit as of June 30, 2025 and 2024, as follows:

13. Risks and Uncertainties (continued)

For the year ending June 30, 2025	Book	Bank
FDIC-Insured Deposits	$ 105,689	$ 200,000
Government Backed Sweep Account	6,053,970	6,114,258
Uninsured Deposits	92	
Total Cash and Interest-Bearing Cash	$ 6,159,751	$ 6,314,258

For the year ending June 30, 2024	Book	Bank
FDIC-Insured Deposits	$ 68,139	$ 200,000
Government Backed Sweep Account	4,703,619	5,180,752
Uninsured Deposits	80	-
Total Cash and Interest-Bearing Cash	$ 4,771,838	$ 5,380,752

14. 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, 2025 and 2024, to Form 5500:

		2025		2024
Net assets available for benefits per the financial statement	$	54,148,147	$	51,777,666
Benefit Obligations Currently Payable (Health Claims, Death, and Disability Benefits)		(2,565,500)		(3,812,200)
Valuation of Property at Fair Value		343,740		315,120
Net assets available for benefits per Form 5500	$	51,926,387	$	48,280,586

The following is a reconciliation of claims paid per the financial statements for the years ended June 30, 2025 and 2024, to Form 5500:

		2025		2024
Claims paid per the financial statements	$	26,913,670	$	28,055,226
Add: Amounts payable for the current year end		2,565,500		3,812,200
Less: Amounts payable for the prior year end		(3,812,200)		(4,750,600)
Claims paid per Form 5500	$	25,666,970	$	27,116,826

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

14. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of miscellaneous income per the financial statements for the years ended June 30, 2025 and 2024, to Form 5500:

		2025		2024
Miscellaneous Income Per the Financial Statements	$	140,858	$	135,297
Add: Increase in Fair Value of Fixed Assets at June 30, 2025		28,620		-
Less: Decrease in Fair Value of Fixed Assets at June 30, 2024		-		(270)
Miscellaneous Income per Form 5500	$	169,478	$	135,027

Fixed assets are recorded on the financial statements at book value. The Form 5500 requires the fixed assets to be valued at current value. The Plan believes current value to be approximate to the value on the real estate tax assessment and has increased the book value accordingly and recorded as miscellaneous income.

15. Prior Year Reclassifications

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets available for benefits.

16. Plan Amendments

Effective May 12, 2023, the Summary Plan Description was amended to include telehealth services.

The Plan was amended to remove exclusions on out-of-network rehabilitation services, habilitative services, skilled nursing facilities, and residential treatment effective January 1, 2025.

Readers should refer to the most recent Summary Plan Description and applicable Summary of Material Modifications for further information regarding changes to the Plan.

17. Retiree Pre-Funding

The Plan currently designates $0.10 per hour of the employer contribution rate to be used to provide a retiree supplement as fully described in the Summary Plan Description. This subsidy is paid out to a third-party administrator on behalf of qualified retirees based on subsidy credits earned (maximum of 30). Below, the Plan has identified the portion of the employer contributions related to the $0.10 per hour contribution rate, the investment income earned on the money market and investments and the subsidy amount transferred out to a VEBA for the retirees utilizing the subsidy for the plan years ended June 30, 2025 and 2024. No administrative expenses or liabilities have been allocated to the retiree funding.

17. Retiree Pre-Funding (continued)

	2025	2024
Beginning Balance	$ 14,798,356	$ 13,764,125
Employer Contributions	305,856	292,259
Investment Income (Loss)	1,715,440	1,835,742
Retiree Subsidies Transferred to VEBA - cash basis	(1,091,898)	(1,093,770)
Ending Balance	$ 15,727,754	$ 14,798,356

18. Other Receivables

Other receivables consisted of the following as of June 30, 2025 and 2024:

For the year ending June 30	2025	2024
Stop Loss Premium Rebate	$ 49,340	$ 37,966
Prescription Rebates	387,049	362,796
Postage from Vacation Fund	62	161
Claims and Rx Refunds	-	5,000
NIA Service Fee	-	20,000
Total Other Receivable	$ 436,451	$ 425,923

North Central Illinois Laborers' Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 30-0088171
Plan Number: 501

As of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current value
	US TREASURY NOTE	US GOV'T SECURITY	8/31/25	5.000	60,000	$ 59,941	$ 60,043
	US TREASURY NOTE	US GOV'T SECURITY	2/28/26	0.500	420,000	414,334	409,928
	US TREASURY NOTE	US GOV'T SECURITY	2/15/30	1.500	520,000	513,920	470,558
	US TREASURY NOTE	US GOV'T SECURITY	11/15/33	4.500	350,000	359,139	359,517
	US TREASURY NOTE	US GOV'T SECURITY	6/30/29	3.250	290,000	278,207	284,699
	US TREASURY NOTE	US GOV'T SECURITY	5/15/35	4.250	120,000	119,606	120,187
	US TREASURY NOTE	US GOV'T SECURITY	7/31/27	0.375	500,000	423,633	466,640
	US TREASURY NOTE	US GOV'T SECURITY	7/31/26	0.625	225,000	200,408	217,064
	US TREASURY NOTE	US GOV'T SECURITY	4/30/29	2.875	75,000	74,625	72,712
	US TREASURY NOTE	US GOV'T SECURITY	3/31/30	3.625	400,000	407,782	397,140
	US TREASURY NOTE	US GOV'T SECURITY	5/15/34	4.375	240,000	240,431	243,742
	US TREASURY NOTE	US GOV'T SECURITY	11/30/30	4.375	430,000	441,237	441,120
	US TREASURY NOTE	US GOV'T SECURITY	3/15/26	4.625	540,000	541,742	541,906
	US TREASURY BILL	US GOV'T SECURITY	7/10/25		190,000	187,941	189,801
	TOTAL U.S. GOVERNMENT SECURITIES					4,262,946	4,275,057
	AMAZON.COM	CORPORATE BOND	6/3/30	1.500	30,000	25,700	26,536
	AMERICAN HOMES	CORPORATE BOND	2/1/34	5.500	40,000	40,131	40,669
	AMERICAN TOWER	CORPORATE BOND	3/15/32	4.050	40,000	37,168	38,254
	APA CORPORATION	CORPORATE BOND	1/15/30	4.250	50,000	46,643	47,865
	ASTRAZENECA	CORPORATE BOND	9/18/42	4.000	40,000	33,186	33,893
	BP CAP MKTS AMER	CORPORATE BOND	11/6/28	4.234	35,000	33,219	35,011
	BROADCOM	CORPORATE BOND	2/15/31	2.450	40,000	34,713	35,768
	CHENIERE ENERGY PTNR	CORPORATE BOND	3/1/31	4.000	35,000	32,669	33,305
	CHUBB INA HLDGS	CORPORATE BOND	3/15/34	5.000	35,000	34,315	35,659
	D R HORTON	CORPORATE BOND	10/15/34	5.000	25,000	24,555	24,716
	D R HORTON	CORPORATE BOND	10/15/26	1.300	10,000	8,791	9,614
	DEVON ENERGY	CORPORATE BOND	9/15/34	5.200	50,000	47,213	48,557
	DOLLAR GENERAL	CORPORATE BOND	11/1/32	5.000	35,000	34,018	35,116
	DTE ELEC CO	CORPORATE BOND	3/1/32	3.000	55,000	48,230	49,963
	EIDP INC	CORPORATE BOND	7/15/30	2.300	30,000	26,861	27,315
	ENERGY TRANSFER	CORPORATE BOND	2/15/28	5.550	30,000	30,650	30,865
	EQUINIX	CORPORATE BOND	4/15/32	3.900	45,000	41,952	42,620
	ESSENT GROUP LTD	CORPORATE BOND	7/1/29	6.250	30,000	30,862	31,070
	EXXON MOBIL	CORPORATE BOND	10/15/30	2.610	40,000	36,024	37,018
	FLEXTRONICS INTL	CORPORATE BOND	5/12/30	4.875	35,000	34,173	35,151
	HONEYWELL INTL	CORPORATE BOND	1/15/34	4.500	25,000	24,556	24,490

North Central Illinois Laborers' Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 30-0088171
Plan Number: 501

As of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current value
	HOST HOTELS & RESORTS	CORPORATE BOND	9/15/30	3.500	45,000	40,768	41,784
	JBS USA LUX	CORPORATE BOND	4/1/33	5.750	30,000	29,942	30,838
	JP MORGAN CHASE	CORPORATE BOND	7/25/28	4.851	75,000	72,533	75,782
	KILLROY RLTY	CORPORATE BOND	12/15/28	4.750	40,000	39,119	39,678
	KLA CORP	CORPORATE BOND	7/15/32	4.650	40,000	39,668	40,263
	KRAFT HEINZ FOODS	CORPORATE BOND	3/1/31	4.250	50,000	47,947	49,198
	LAM RESEARCH	CORPORATE BOND	6/15/30	1.900	40,000	34,329	35,695
	L3HARRIS TECHNOLOGIES	CORPORATE BOND	6/1/34	5.350	30,000	30,470	30,665
	MARS INC	CORPORATE BOND	3/1/32	5.000	35,000	35,014	35,465
	MCDONALDS	CORPORATE BOND	3/1/30	2.125	40,000	41,806	36,299
	NEWMONT	CORPORATE BOND	3/15/34	5.350	50,000	49,679	51,292
	NORFOLK SOUTHN	CORPORATE BOND	3/15/32	3.000	55,000	47,903	49,885
	ORACLE	CORPORATE BOND	11/9/32	6.250	25,000	26,461	27,054
	PHILIP MORRIS INTL	CORPORATE BOND	8/15/29	3.375	45,000	46,467	43,406
	QUALCOMM	CORPORATE BOND	5/20/30	2.150	40,000	35,180	36,393
	REXFORD INDUSTRIAL	CORPORATE BOND	9/1/31	2.150	50,000	41,349	42,858
	ROCHE HOLDINGS	CORPORATE BOND	11/13/13	5.593	30,000	32,308	31,813
	ROYAL BANK CANADA	CORPORATE BOND	8/3/27	4.240	35,000	35,118	35,057
	ROYAL BANK CANADA	CORPORATE BOND	5/4/32	3.875	50,000	46,710	47,821
	SIMON PPTY GROUP	CORPORATE BOND	2/1/28	1.750	20,000	19,959	18,844
	SIMON PPTY GROUP	CORPORATE BOND	9/13/29	2.450	10,000	8,785	9,292
	T MOBILE USA	CORPORATE BOND	3/15/28	4.950	35,000	35,070	35,591
	TEXAS INSTRUMENTS	CORPORATE BOND	5/4/30	1.750	30,000	26,043	26,751
	TORONTO DOMINION BK	CORPORATE BOND	3/10/32	3.200	50,000	44,320	45,451
	UNITED RENTALS	CORPORATE BOND	12/15/29	6.000	35,000	35,593	35,846
	VALE OVERSEAS	CORPORATE BOND	7/8/30	3.750	35,000	32,782	32,948
	VULCAN MATLS	CORPORATE BOND	12/1/34	5.350	35,000	34,737	35,629
	WELLS FARGO	CORPORATE BOND	7/25/33	4.897	35,000	34,343	35,006
	WELLTOWER	CORPORATE BOND	6/15/32	3.850	35,000	32,476	33,183
	3M COMPANY	CORPORATE BOND	4/15/30	3.050	25,000	22,497	23,480
					-	-	-
	TOTAL CORPORATE BONDS					1,805,005	1,836,722
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			251,253	251,253	251,253
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			92,467	92,467	92,467

North Central Illinois Laborers' Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 30-0088171
Plan Number: 501

As of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current value
	GS FINANCIAL SQUARE GOVT	MONEY MARKET			4,325	4,325	4,325
	TOTAL MONEY MARKET FUNDS					348,045	348,045
	PIMCO ALL ASSET CL A	MUTUAL FUND			67,748	818,666	762,848
	VANGUARD TOTAL INTL STOCK	MUTUAL FUND			45,500	1,207,232	1,688,038
	VANGUARD TOTAL STOCK MARKET INDEX	MUTUAL FUND			53,629	2,682,168	7,938,741
	BAIRD SHORT TERM BOND FUND	MUTUAL FUND			152,386	1,431,878	1,453,764
	MESIROW HIGH YIELD	MUTUAL FUND			156,878	1,300,650	1,303,652
	VANGUARD TOTAL STOCK MARKET INDEX	MUTUAL FUND			22,261	1,868,213	3,295,232
	BAIRD AGGREGATE BD INSTITUTIONAL CLASS	MUTUAL FUND			1,668,127	16,266,433	16,431,050
	TOTAL MUTUAL FUNDS					25,575,240	32,873,325
	AMERICAN CORE REALTY FUND, LLC	COMMON TRUST			25	2,170,895	2,942,860
	ULLICO SEPARATE ACCOUNT W-1	POOLED SEP ACCT			1,501,720	2,176,193	2,810,660
	COMMERCE GENERAL CKG ACCT	INT-BEARING CASH			-	1,184,503	1,184,503
	COMMERCE CLAIMS CKG ACCT	INT-BEARING CASH			-	1,921,355	1,921,355
	COMMERCE CLEARING ACCT	INT-BEARING CASH			-	2,754,070	2,754,070
	COMMERCE PREFUNDING CKG ACCT	INT-BEARING CASH			-	299,731	299,731
	TOTAL INTEREST BEARING CASH					6,159,659	6,159,659
						42,497,983	51,246,328

*Denotes a party-in-interest.

North Central Illinois Laborers' Health and Welfare Fund

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 30-0088171
Plan Number: 501

For the Year Ended June 30, 2025

(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses	(g) Cost	(h) Current value	(i) Net gain/(loss)
GOLDMAN SACHS FINANCIAL #465	MONEY MARKET	$ 9,379,508	$ -	$ -	$ -	$ 9,379,508	$ 9,379,508	$ -
GOLDMAN SACHS FINANCIAL #465	MONEY MARKET	-	9,341,273	-	-	9,341,273	9,341,273	-

*Denotes a party-in-interest

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.)

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 ▶ [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
NORTH CENTRAL ILLINOIS LABORERS HEALTH AND WELFARE

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/2002

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)
BOARD OF TRUSTEES NORTH CENTRAL ILLINOIS LABORERS H

4208 W PARTRIDGE WAY, UNIT #3

PEORIA IL 61615

2b Employer Identification Number (EIN) 30-0088171

2c Plan Sponsor's telephone number 309-692-0860

2d Business code (see instructions) 237310

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	Holly Bryant	04/13/2026	HOLLY BRYANT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		04/13/2026	Anthony Penn
	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

418401 11-25-24

14080411 765784 NCILHW5500 2024.05060 BOARD OF TRUSTEES NORTH C NCILHW51

3a Plan administrator's name and address ☒ 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**	1,822
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)**	1,822
a (2) Total number of active participants at the end of the plan year	**6a(2)**	1,832
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1,832
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**	715

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

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ 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

(1) ☐ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) ☐ **DCG** (Individual Plan Information) - Number Attached ____
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☒ **A** (Insurance Information) - Number Attached 6
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

North Central Illinois Laborers' Health and Welfare Fund

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 30-0088171
Plan Number: 501

For the Year Ended June 30, 2025

(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses	(g) Cost	(h) Current value	(i) Net gain/(loss)
GOLDMAN SACHS FINANCIAL #465	MONEY MARKET	$ 9,379,508	$ -	$ -	$ -	$ 9,379,508	$ 9,379,508	$ -
GOLDMAN SACHS FINANCIAL #465	MONEY MARKET	-	9,341,273	-	-	9,341,273	9,341,273	-

*Denotes a party-in-interest