

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description) \_\_\_\_\_

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

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

<p><b>1a</b> Name of plan <u>LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF THE LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</u></p> <p><u>32-43 49TH STREET</u> <u>LONG ISLAND CITY, NY 11103</u></p>	<p><b>1c</b> Effective date of plan <u>11/24/1948</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>13-5548780</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>718-726-2525</u></p> <p><b>2d</b> Business code (see instructions) <u>484110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/01/2025	DEMOS P. DEMOPOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/10/2025	SCOTT LITTLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	522
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	517
	<b>6a(2)</b>	501
	<b>6b</b>	2
	<b>6c</b>	
	<b>6d</b>	503
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	62

**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 4U

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<p><b>A</b> Name of plan <b>LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-5548780</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**HARTFORD LIFE AND ACCIDENT**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	410509T	119	01/01/2023	12/31/2023

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

<p>(a) Total amount of commissions paid <b>604</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**THE SEGAL CO (EASTERN STATES), INC. 333 WEST 34TH STREET NEW YORK, NY 10001-2402**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
604			3

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	58020
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>13-5548780</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**HARTFORD LIFE AND ACCIDENT**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-0838648</b>	<b>70815</b>	<b>606089D</b>	<b>393</b>	<b>01/01/2023</b>	<b>12/31/2023</b>

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

<b>(a)</b> Total amount of commissions paid <b>8515</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**THE SEGAL CO (EASTERN STATES), INC.**

**333 WEST 34TH ST  
NEW YORK, NY 10001-2402**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>8515</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

**b** 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)**

**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)**

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier.....	<b>10a</b>	313030
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<p><b>A</b> Name of plan <b>LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-5548780</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**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	SL10462	529	04/01/2023	03/31/2024

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

<p>(a) Total amount of commissions paid <b>34466</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**THE SEGAL CO (EASTERN STATES), INC. 333 WEST 34TH ST  
NEW YORK, NY 10001-2402**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27869			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**CONTEMPORARY STRATEGIC SOLUTIONS 19 WILLOW LANE  
SPRING LAKE HEIGHTS, NJ 07762**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6597			3

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

**b** 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)**

**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)**

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	329842
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-5548780</b>	

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

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

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

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

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

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

**BOYD WATTERSON ASSET MANAGEMENT LLC**

**34-1922005**

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

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

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

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

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

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

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

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**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)

MAGNACARE ADMINISTRATIVE SVCS, LLC

11-3410766

(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 50	NONE	295490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL CO (EASTERN STATES), INC.

13-1835864

(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 22 50	NONE	245896	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPIRE BLUE CROSS BLUE SHIELD

23-7391136

(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 50	NONE	200578	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BOYLE, SEAN

13-5548780

(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	NONE	129962	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(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	115540	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TURKOVIC, BRANCA

13-5548780

(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	NONE	102303	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DELMAR, MICHELLE

13-5548780

(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	NONE	94040	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRIEDMAN & ANSPACH

13-3403675

(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	93660	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CASANOVA, TERESA

13-5548780

(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	NONE	83076	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ORTIZ, NANCY

13-5548780

(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	NONE	75570	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GARCIA, LORENA

13-5548780

(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	NONE	59753	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVID W. NEW P.C.

22-2553368

(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	57608	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARENGO, DANIELLE

13-5548780

(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	NONE	56055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BATISTA, JULISSA

13-5548780

(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	NONE	52088	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BARKSDALE INVESTMENT MANAGEMENT

62-1217255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	47996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MOLINA, JOCELINA

13-5548780

(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	NONE	47750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAMCHANDANI, RADHIKA

13-5548780

(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	NONE	47727	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LORE, LINDA

13-5548780

(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	NONE	37195	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MELAMUD, IRINA

2383 EAST 14TH STREET - UNIT 1A  
BROOKLYN, NY 11229

(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	36724	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PREMIER TECHNOLOGY SOLUTIONS, INC.

13-3933805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	23984	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MR. MICROCHIP SOFTWARE CENTER, INC.

59-3084068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	18073	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ADMINISTRATIVE SERVICES ONLY, INC.

11-2995970

(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 50	NONE	17969	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEDREVIEW, INC.

13-3240352

(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 50	NONE	12096	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRAYSTONE CONSULTING

26-4310632

(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 51	NONE	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EXPRESS SCRIPTS, INC.

43-1420563

(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 50 99	NONE	7937	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES, INC

46-0619194

(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?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INV	22 53	5170
(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.	
ULLICO CASUALTY GROUP  13-2988846	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INV	22 53	1826
(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.	
TRAVELERS  06-0566090	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

<b>A</b> Name of plan <u>LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>13-5548780</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>S&amp;P 500 (R) INDEX SL QP CTF</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN	<u>04-3205013-001</u>	<b>d</b> Entity code	<u>C</u>
		<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6110728</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>S&amp;P 500 (R) INDEX NL QP CTF</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN	<u>04-6625099-001</u>	<b>d</b> Entity code	<u>C</u>
		<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2419249</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
		<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
		<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
		<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
		<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN)	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE LOCAL 807 LABOR-MANAGEMENT HEALTH FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-5548780</b>	

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 1515193	450367
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 1109000	1126000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 1091084	522220
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 1228677	724801
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 33143565	35224281
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b> 2431311	3178140
<b>(B)</b> All other .....	<b>1c(3)(B)</b> 11060872	10959482
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b> 4993757	4237260
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b> 232693	159924
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 6716296	8529977
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 10833543	12273942
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b> 43508	21874

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e	949749	260730
f Total assets (add all amounts in lines 1a through 1e) .....	1f	75349248	77668998
<b>Liabilities</b>			
g Benefit claims payable .....	1g	1761400	857600
h Operating payables .....	1h	92921	100046
i Acquisition indebtedness .....	1i	1454392	1052812
j Other liabilities .....	1j	1379726	586799
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	4688439	2597257
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	70660809	75071741

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	10734405	
(B) Participants .....	2a(1)(B)	114354	
(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)		10848759
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	885	
(B) U.S. Government securities .....	2b(1)(B)	1113280	
(C) Corporate debt instruments .....	2b(1)(C)	514977	
(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)		1629142
(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)	220326	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		220326
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	7583387	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	7792836	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		-209449
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	1704951	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		1817456
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1720013
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		17731198

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	11102215	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	702566	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		11804781
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>	660453	
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	59100	
(4) IQPA audit fees.....	<b>2i(4)</b>	55290	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	61544	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	245896	
(8) Legal fees .....	<b>2i(8)</b>	151268	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	681	
(11) Other expenses .....	<b>2i(11)</b>	281253	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1515485
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		13320266

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4410932
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		3333515
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



# Schultheis & Panettieri LLP

Accountants and Consultants

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## Independent Auditor's Report

Board of Trustees  
Local 807 Labor-Management Health Fund

### Opinion

We have audited the accompanying financial statements of the Local 807 Labor-Management Health 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 and plan benefit obligations as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended August 31, 2024 and 2023, and the related notes to the financial statements.

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

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

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

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

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

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

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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 19 through 28 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 29 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*S. Schulteis & P. Pometti, LLP*

Hauppauge, New York  
February 24, 2025

<b>Form 5500</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>Complete all entries in accordance with the instructions to the Form 5500.</b>	<small>OMB Nos 1210-0110 1210-0089</small>  <h2 style="text-align: center;">2023</h2>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>				
For calendar plan year 2023 or fiscal plan year beginning		09/01/2023	and ending	08/31/2024
<b>A</b> This return/report is for	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions )		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
<b>C</b> If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>			
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>			

<b>Part II Basic Plan Information—enter all requested information</b>			
<b>1a</b> Name of plan LOCAL 807 LABOR-MANAGEMENT HEALTH FUND	<b>1b</b> Three-digit plan number (PN) ▶	501	
	<b>1c</b> Effective date of plan	11/24/1948	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE LOCAL 807 LABOR-MANAGEMENT HEALTH FUND	<b>2b</b> Employer identification Number (EIN)	13-5548780	
	<b>2c</b> Plan Sponsor's telephone number (718) 726-2525		
32-43 49TH STREET  LONG ISLAND CITY NY 11103	<b>2d</b> Business code (see instructions)	484110	

**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	<input checked="" type="checkbox"/> <i>Demos P. Demopoulos</i> <small>Signature of plan administrator</small>	3/2/25 <small>Date</small>	<input checked="" type="checkbox"/> DEMOS P. DEMOPOULOS <small>Enter name of individual signing as plan administrator</small>
SIGN HERE	<input checked="" type="checkbox"/> <i>Scott Little</i> <small>Signature of employer/plan sponsor</small>	3-11-25 <small>Date</small>	<input checked="" type="checkbox"/> SCOTT L. LITTLE <small>Enter name of individual signing as employer or plan sponsor</small>
SIGN HERE	 <small>Signature of DFE</small>	 <small>Date</small>	 <small>Enter name of individual signing as DFE</small>

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	522
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	517
	<b>6a(2)</b>	501
	<b>6b</b>	2
	<b>6c</b>	
	<b>6d</b>	503
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	62

**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 4U

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

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

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

---

**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**  
**FINANCIAL STATEMENTS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

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## Independent Auditor's Report

Board of Trustees  
Local 807 Labor-Management Health Fund

### Opinion

We have audited the accompanying financial statements of the Local 807 Labor-Management Health 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 and plan benefit obligations as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended August 31, 2024 and 2023, and the related notes to the financial statements.

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

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

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

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

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

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

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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 19 through 28 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 29 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*S. Schulteis & P. Pometti, LLP*

Hauppauge, New York  
February 24, 2025

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AUGUST 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
<b>Investments at fair value</b>		
Interest bearing cash	\$ 313,202	\$ 962,431
U.S. government securities	35,224,281	33,143,565
Corporate debt instruments	14,137,622	13,492,183
Partnership/joint venture interests	3,333,515	3,594,967
Common/collective trust funds	8,529,977	6,716,296
Registered investment companies	<u>12,273,942</u>	<u>10,833,543</u>
<b>Total investments</b>	73,812,539	68,742,985
<b>Receivables</b>		
Employers' contributions	1,126,000	1,109,000
Accrued interest/dividends	354,118	295,781
Related organizations	120,586	251,385
Group insurance providers	-	482,000
<b>Cash</b>	450,367	1,515,193
<b>Other Assets</b>	<u>157,701</u>	<u>112,097</u>
 <b>Total assets</b>	 <u>76,021,311</u>	 <u>72,508,441</u>
 <b>Liabilities</b>		
<b>Accounts payable</b>	<u>91,970</u>	<u>86,232</u>
 <b>Total liabilities</b>	 <u>91,970</u>	 <u>86,232</u>
 <b>Net assets available for benefits</b>	 <u><u>\$ 75,929,341</u></u>	 <u><u>\$ 72,422,209</u></u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b><i>Additions to net assets attributed to:</i></b>		
<b>Investment income</b>		
Net appreciation (depreciation) in fair value of investments	\$ 5,032,971	\$ (350,713)
Interest/dividends	1,849,468	1,809,235
Rent - net of related expenses	-	73,620
<b>Total investment income</b>	<b>6,882,439</b>	<b>1,532,142</b>
Less investment expenses	(61,544)	(55,720)
<b>Net investment income</b>	<b>6,820,895</b>	<b>1,476,422</b>
<b>Contributions</b>		
Participants'	114,354	152,305
Employers'	<b>10,734,405</b>	<b>10,553,157</b>
<b>Total additions</b>	<b>17,669,654</b>	<b>12,181,884</b>
<b><i>Deductions from net assets attributed to:</i></b>		
<b>Benefits paid to or for participants</b>		
Health care	11,829,215	8,501,629
Group health insurance premiums	706,366	711,521
Death	<b>173,000</b>	<b>156,000</b>
<b>Total benefits paid</b>	<b>12,708,581</b>	<b>9,369,150</b>
<b>Administrative expenses</b>	<b>1,453,941</b>	<b>1,239,795</b>
<b>Total deductions</b>	<b>14,162,522</b>	<b>10,608,945</b>
<b>Net increase</b>	<b>3,507,132</b>	<b>1,572,939</b>
<b>Net assets available for benefits</b>		
Beginning of year	<b>72,422,209</b>	<b>70,849,270</b>
End of year	<b>\$ 75,929,341</b>	<b>\$ 72,422,209</b>

LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

AUGUST 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Claims payable, claims incurred but not reported, and premiums due to insurers	\$ <u>857,600</u>	\$ <u>1,761,400</u>
<b>Postemployment benefit obligations</b>		
Accumulated eligibility credits	<u>3,166,000</u>	<u>3,262,000</u>
<b>Postretirement benefit obligations, net of amounts currently payable</b>		
Retired participants	2,051,000	2,106,000
Other participants fully eligible for benefits	191,000	194,000
Participants not yet fully eligible for benefits	<u>49,000</u>	<u>52,000</u>
	<u>2,291,000</u>	<u>2,352,000</u>
<b>Plan's total benefit obligations</b>	<u>\$ 6,314,600</u>	<u>\$ 7,375,400</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**  
**STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 1,761,400	\$ 1,205,500
Claims reported and approved for payment	11,804,781	9,925,050
Total benefits paid	<u>(12,708,581)</u>	<u>(9,369,150)</u>
<b>Balance at end of year</b>	<u>857,600</u>	<u>1,761,400</u>
 <b>Postemployment benefit obligations</b>		
Balance at beginning of year	3,262,000	3,141,000
Net change during year:		
Accumulated eligibility credits	<u>(96,000)</u>	<u>121,000</u>
<b>Balance at end of year</b>	<u>3,166,000</u>	<u>3,262,000</u>
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Balance at beginning of year	2,352,000	2,616,000
Increase (decrease) in postretirement benefits attributed to:		
Benefits paid	(226,000)	(231,000)
Interest	112,000	106,000
Benefits earned and other changes	4,000	6,000
Changes in actuarial assumptions	49,000	(162,000)
Actuarial experience gain/loss	<u>-</u>	<u>17,000</u>
<b>Balance at end of year</b>	<u>2,291,000</u>	<u>2,352,000</u>
 <b>Plan's total benefit obligations at end of year</b>	 <u>\$ 6,314,600</u>	 <u>\$ 7,375,400</u>

## LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED AUGUST 31, 2024 AND 2023

#### **Note 1 - Description of Plan and Significant Accounting Policies**

The following description of the Local 807 Labor-Management Health Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

##### ***General***

The Plan first became effective November 24, 1948 and is a welfare benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the Truck Drivers Local No. 807 International Brotherhood of Teamsters (the "Union") and various employers and employer associations in the transportation industry in the New York Metropolitan Area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

##### ***Purpose***

The purpose of the Plan is to provide health and other benefits to eligible participants.

##### ***Benefits***

Benefits are paid by means of a trust and group insurance contracts. The benefits include, but are not limited to medical, hospital, prescription drug, dental, optical, disability, major medical and death benefits. Actual benefits, including conditions and limitations thereto, are governed by the provisions of the Plan document.

The group health insurance issuer considers this plan to be a "grandfathered health plan" under the Patient Protection and Affordable Care Act. A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted including but not limited to providing for unlimited lifetime maximum benefits.

Effective January 1, 2024, the Plan enhanced its benefits including, but not limited to, elimination and reduction of certain co-payments, covering 100% of hospital coinsurance and increasing dental annual maximum from \$2,500 to \$3,000 per year.

## LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED AUGUST 31, 2024 AND 2023

#### Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

##### *Participants consist of the following classes*

###### Active participants and dependents

Active employees become eligible for benefits on the first day of the quarter following completion of at least 250 hours of work in covered employment in the immediately preceding eligibility quarter.

The insurance quarters start on December 1, March 1, June 1, and September 1 of each year.

Active employees who are unable to accrue the required 250 hours in any given eligibility quarter due to irregular or seasonal covered employment may still be eligible for benefits if they have accumulated at least 1,000 hours of covered employment during the current and three immediately preceding eligibility quarters. Active employees in this situation must contact the Fund office for a determination of eligibility. This lookback period is limited to one eligibility period.

###### Retired participants and dependents

Subject to certain limitations, all pensioners under the age of 65 can continue their coverage under the Plan (excluding life insurance, accidental death and dismemberment and disability benefits) on a direct payment basis.

Benefits under this Plan will terminate when the pensioner or his spouse attains age 65 or becomes eligible for Medicare under the Social Security Disability Act.

###### Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months. The payment required to continue this coverage is the cost for health care benefits, as determined by the Plan.

##### ***Plan termination***

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, trust assets will be used to pay all expenses under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law.

##### ***Basis of accounting***

The financial statements are presented on the accrual basis of accounting.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

***Investment valuation and income recognition***

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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.

***Administrative expense allocation***

The administrative office is occupied by the Health Fund, Pension Fund and the 807 Profit Sharing Plan (the "Fringe Benefit Funds"). Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended August 31, 2024 and 2023 were \$936,739 and \$761,639, respectively.

***Use of estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

***Retrospective change***

As of August 31, 2024, it was determined that the lease is not significant to the Plan's financial statements. As such, the August 31, 2023 right-of-use asset and liability and related disclosures have been eliminated from the financial statements. This retrospective application did not impact the Plan's net asset available for benefits.

# LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED AUGUST 31, 2024 AND 2023

### Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

#### *Postretirement benefits obligations*

Although the Plan has calculated and reported a postretirement benefit obligation, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to retired participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue any benefits. The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing trust assets. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The present value of the expected postretirement benefit obligation 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.

Postretirement benefits relate only to the \$2,500 lump sum death benefit for funeral expenses.

The following were other significant assumptions used in the valuation as of August 31, 2024 and 2023:

Average discount rate	2024: 4.75% 2023: 5.00%
Retirement age	Varying rates of retirement, ages 55 to 70
Mortality - healthy	RP-2014 Blue Collar Annuitant Mortality Tables (adjusted back to 2006) with generational Scale MP-2019 from 2006
Mortality- disabled	RP-2014 Disabled Annuitant Mortality Table (adjusted back to 2006) with generational Scale MP-2019 from 2006
Administrative load	6.00%

## LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED AUGUST 31, 2024 AND 2023

#### **Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

##### ***Postretirement benefits obligations (cont'd)***

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

##### ***Other plan benefits:***

Estimated health claims incurred but not reported is based on a history of claims paid during a plan year which pertain to prior plan years.

Plan obligations for accumulated eligibility of participants, and for future disability payments to members considered permanently disabled are estimated annually at August 31 based on historical claims cost data and projected claims for participants' future claims resulting from disabilities incurred prior to August 31. Such estimated amounts are reported in the accompanying statement of the Plans benefit obligations at present value.

#### **Note 2 - Cash**

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

#### **Note 3 - 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

## LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED AUGUST 31, 2024 AND 2023

#### Note 3 - Fair value measurements (cont'd)

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The asset'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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Interest bearing cash: Valued at cost.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: 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.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: Partnership/joint venture interests and common/collective trust funds' values are estimated by management of the trusts.

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

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 3 - Fair value measurements (cont'd)**

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of August 31, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>Investments at fair value</b>				
Interest bearing cash	\$ 313,202	\$ 313,202	\$ -	\$ -
U.S. government securities	35,224,281	17,370,980	17,853,301	-
Corporate debt instruments	14,137,622	-	14,137,622	-
Registered investment companies	<u>12,273,942</u>	<u>12,273,942</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	61,949,047	<u>\$ 29,958,124</u>	<u>\$ 31,990,923</u>	<u>\$ -</u>
Investments measured at net asset value	<u>11,863,492</u>			
Investments at fair value	<u>\$ 73,812,539</u>			

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of August 31, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>Investments at fair value</b>				
Interest bearing cash	\$ 962,431	\$ 962,431	\$ -	\$ -
U.S. government securities	33,143,565	13,711,759	19,431,806	-
Corporate debt instruments	13,492,183	-	13,492,183	-
Registered investment companies	<u>10,833,543</u>	<u>10,833,543</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	58,431,722	<u>\$ 25,507,733</u>	<u>\$ 32,923,989</u>	<u>\$ -</u>
Investments measured at net asset value	<u>10,311,263</u>			
Investments at fair value	<u>\$ 68,742,985</u>			

## LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

### NOTES TO FINANCIAL STATEMENTS

#### YEARS ENDED AUGUST 31, 2024 AND 2023

##### **Note 4 - Risks and uncertainties**

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

The actuarial present value of benefit obligations are reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

##### **Note 5 - Party-in-interest transactions**

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

##### **Note 6 - Partnership/joint venture interests**

Boyd Watterson State Government Fund, L.P. and Subsidiary (the "BW Partnership"), a Delaware limited partnership, was formed to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The BW Partnership was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the state government agencies. Redemption requests must be made at least 60 days prior to a calendar quarter end and is subject to certain restrictions. As of August 31, 2024 and 2023, the estimated fair market value of the Plan's investment was \$3,333,515 and \$3,594,967, respectively.

##### **Note 7 - Common / collective trust investments**

The following common collective trust funds (collectively the "SSGA Funds") were formed by State Street Bank. State Street Bank is Trustee, Custodian, and Recordkeeper of the SSGA Funds and has exclusive management and control of the SSGA Funds. State Street Global Advisors ("SSGA"), a division of State Street Bank, is the SSGA Funds' investment manager.

The investment objective of the SSGA S&P 500 Index Securities lending and non-lending funds is to approximate as closely as practicable, before expenses, the performance of the S&P 500 Index over the long term. The lending fund also engages in securities lending activity. As of August 31, 2024 and 2023 the estimated fair market value of the Plan's investment in the lending fund was \$6,110,728 and \$4,811,395, respectively. In addition, as of August 31, 2024 and 2023, the estimated fair market value of the Plan's investment in the non-lending fund was \$2,419,249 and \$1,904,901 respectively.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 7 - Common / collective trust investments (cont'd)**

The per unit net asset values of the SSGA Funds are determined each business day. Issuances and redemptions may be made on such days consistent with the terms of the underlying investment funds. Withdrawal safeguards imposed in the past have been lifted but SSGA will monitor market conditions and evaluate the need for withdrawal safeguards as appropriate.

**Note 8 - Employers' contributions**

In accordance with collective bargaining agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are paid on an hourly basis.

**Note 9 - Administrative service only contract**

The Plan has an administrative services only contract with Empire Blue Cross Blue Shield to provide hospitalization benefits and with Magnacare to process the medical benefits.

**Note 10 - Group insurance premiums**

The Plan has a non-experience rated contract with Hartford Life Insurance Co. to provide disability and paid family leave benefits.

**Note 11 - Stop loss insurance**

The Plan has a stop-loss insurance policy which protects against medical claims exceeding \$450,000. Stop loss recoveries received are netted against benefits paid in the accompanying Statement of Changes in Net Assets Available for Benefits.

**Note 12 - Benefit obligations compared to net assets available for benefits**

	<u>2024</u>	<u>2023</u>
Net assets available for benefits	\$ 75,929,341	\$ 72,422,209
Plan's total benefit obligations	<u>6,314,600</u>	<u>7,375,400</u>
Net assets available for benefits over Plan's total benefit obligations	<u>\$ 69,614,741</u>	<u>\$ 65,046,809</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 13 - Reconciliation of financial statements to Form 5500**

For financial statement purposes, claims payable, claims incurred but not reported, and premiums due to insurers are presented on the Statement of Plan Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

The following is a reconciliation of the net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 75,929,341	\$ 72,422,209
Less: claims payable, claims incurred but not reported, and premiums due to insurers	<u>857,600</u>	<u>1,761,400</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 75,071,741</u>	<u>\$ 70,660,809</u>

The net increase (decrease) in net assets available for benefits is also affected by the difference in the reporting requirements related to benefit obligations. For financial statement purposes the change in benefit liabilities between two years is shown on the Statement of Changes in Plan Benefit Obligations. For Form 5500 purposes this change is included in benefits paid.

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 13 - Reconciliation of financial statements to Form 5500 (cont'd)**

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 6,820,895	\$ 61,544	\$ 6,882,439
Contributions	<u>10,848,759</u>	<u>-</u>	<u>10,848,759</u>
Total additions	<u>17,669,654</u>	<u>61,544</u>	<u>17,731,198</u>
Benefits paid to or for participants	12,708,581	(903,800)	11,804,781
Administrative expenses	<u>1,453,941</u>	<u>61,544</u>	<u>1,515,485</u>
Total deductions	<u>14,162,522</u>	<u>(842,256)</u>	<u>13,320,266</u>
Net increase	<u>\$ 3,507,132</u>	<u>\$ 903,800</u>	<u>\$ 4,410,932</u>

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 29.

**Note 14 - Tax status**

The trust funding the Plan has received an exemption letter from the IRS dated May 1, 1987, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF INTEREST BEARING CASH**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
*	MORGAN STANLEY BANK N.A.	VARIABLE	ON DEMAND	\$ 313,202	\$ 313,202
	BOYD WATTERSON STATE GOVERNMENT FUND LP - INTEREST BEARING CASH			<u>411,599</u>	<u>411,599</u>
				<u>\$ 724,801</u>	<u>\$ 724,801</u>

\* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2024

EIN 13-5548780, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FHMS KJ26 A2	2.68%	07/25/2025	\$ 376,129	\$ 378,983	\$ 364,697
UNITED STATES TREASURY NOTE	4.24%	01/31/2026	700,000	698,078	700,943
UNITED STATES TREASURY NOTE	4.00%	02/15/2026	800,000	792,375	798,734
UNITED STATES TREASURY NOTE	3.64%	05/15/2026	400,000	397,234	397,367
GOVERNMENT NATIONAL MTG ASSN POOL 783332	3.54%	06/15/2026	17,256	17,343	17,045
UNITED STATES TREASURY NOTE	4.11%	06/15/2026	500,000	496,953	501,123
UNITED STATES TREASURY NOTE	0.93%	09/30/2026	464,000	461,499	436,287
UNITED STATES TREASURY NOTE	4.55%	11/15/2026	250,000	250,998	253,799
UNITED STATES TREASURY NOTE	3.86%	11/30/2027	1,500,000	1,503,352	1,503,691
UNITED STATES TREASURY NOTE	3.86%	12/31/2027	550,000	555,418	551,805
GOVERNMENT NATIONAL MTG ASSN POOL MA0675	3.06%	01/20/2028	21,915	22,107	21,449
FEDERAL NATIONAL MTG ASSN POOL AR8266	2.07%	04/01/2028	9,806	9,757	9,461
UNITED STATES TREASURY NOTE	1.37%	06/30/2028	420,000	423,599	382,561
UNITED STATES TREASURY NOTE	3.96%	06/30/2028	1,950,000	1,932,854	1,966,605
UNITED STATES TREASURY NOTE	2.97%	08/15/2028	588,000	573,874	568,706
UNITED STATES TREASURY NOTE	4.48%	09/30/2028	200,000	198,773	206,445
UNITED STATES TREASURY NOTE	3.20%	11/15/2028	1,000,000	1,006,979	975,000
UNITED STATES TREASURY NOTE	4.27%	11/30/2028	250,000	251,460	256,006
UNITED STATES TREASURY NOTE	4.06%	03/31/2029	400,000	396,016	406,281
UNITED STATES TREASURY NOTE	4.15%	06/30/2029	500,000	495,586	511,035
FEDERAL NATIONAL MTG ASSN POOL AL5759	3.56%	07/01/2029	210,583	216,562	206,940
UNITED STATES TREASURY NOTE	3.54%	01/31/2030	475,000	462,717	468,580
UNITED STATES TREASURY NOTE	3.55%	04/30/2030	150,000	148,957	147,855
FED NATL MTG ASSN	1.03%	08/05/2030	455,000	452,573	383,697
UNITED STATES TREASURY NOTE	4.60%	10/31/2030	550,000	558,035	582,377
FEDL NATL MTG ASSOC 10 YR POOL MA4172	1.60%	11/01/2030	312,025	317,417	291,587
UNITED STATES TREASURY NOTE	1.04%	11/15/2030	250,000	248,477	210,205
UNITED STATES TREASURY NOTE	3.76%	12/31/2030	250,000	247,236	249,268
UNITED STATES TREASURY NOTE	4.14%	02/28/2031	800,000	798,906	820,313
UNITED STATES TREASURY NOTE	4.04%	07/31/2031	125,000	127,915	127,354
UNITED STATES TREASURY NOTE	1.62%	11/15/2031	500,000	478,731	423,281
UNITED STATES TREASURY NOTE	2.14%	02/15/2032	1,500,000	1,498,756	1,310,391
UNITED STATES TREASURY NOTE	2.97%	08/15/2032	250,000	229,742	231,230
UNITED STATES TREASURY NOTE	4.04%	11/15/2032	475,000	494,225	483,906
UNITED STATES TREASURY NOTE	3.59%	02/15/2033	150,000	150,863	145,957
FEDERAL NATIONAL MTG ASSN POOL AR7581	2.66%	03/01/2033	212,235	209,051	198,752
FHLMC 15 YR GOLD ZL0624	3.09%	06/01/2033	95,970	95,700	93,007
FEDERAL NATIONAL MORTGAGE ASSOC RELOCATION LOAN BM5530	3.11%	01/01/2034	62,546	62,941	60,213
UNITED STATES TREASURY NOTE	3.97%	02/15/2034	475,000	459,625	478,191
UNITED STATES TREASURY NOTE	4.22%	05/15/2034	1,145,000	1,168,552	1,187,043
FHLMC 15 YR GOLD SB0240	2.66%	01/01/2035	134,628	135,996	126,164
FEDERAL NATIONAL MTG ASSN POOL FM4044	2.19%	08/01/2035	187,566	193,213	170,896
FEDERAL NATIONAL MTG ASSN POOL BQ9287	2.19%	12/01/2035	364,137	376,119	331,769
FEDERAL NATIONAL MTG ASSN POOL CA8788	2.19%	01/01/2036	350,725	363,619	319,103
FEDERAL NATIONAL MTG ASSN POOL BT1296	2.19%	07/01/2036	165,891	171,255	150,932
FEDERAL NATIONAL MTG ASSN POOL BT2752	2.19%	08/01/2036	107,851	111,302	98,124
FEDERAL NATIONAL MTG ASSN POOL 256613	5.40%	02/01/2037	7,115	7,507	7,246
GOVERNMENT NATIONAL MTG ASSN POOL 722673	4.49%	10/15/2039	64,432	66,253	64,465
GOVERNMENT NATIONAL MTG ASSN POOL 004880	4.56%	12/20/2040	13,092	13,792	12,909
FEDERAL NATIONAL MTG ASSN POOL AE0828	3.69%	02/01/2041	2,761	2,559	2,614
FEDERAL NATIONAL MTG ASSN POOL AB3491	4.15%	09/01/2041	73,417	76,456	70,684
FEDERAL NATIONAL MTG ASSN POOL MA0872	4.64%	09/01/2041	40,391	42,256	39,114
GOVERNMENT NATIONAL MTG ASSN POOL 760306	4.11%	09/20/2041	18,960	19,619	18,447
FEDERAL NATIONAL MTG ASSN POOL MA0969	3.74%	01/01/2042	28,499	28,995	26,665

LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2024

EIN 13-5548780, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GOVERNMENT NATIONAL MTG ASSN POOL 774435	3.75%	07/20/2042	267,374	271,287	248,917
GOVERNMENT NATIONAL MTG ASSN POOL 774439	3.74%	07/20/2042	133,366	135,318	124,692
UNITED STATES TREASURY BOND	3.80%	08/15/2042	100,000	86,402	88,641
FHLMC 30 YR GOLD G08610	4.13%	10/01/2044	167,232	174,417	161,580
FHLMC 30 YR GOLD Q29077	4.14%	10/01/2044	237,838	248,042	229,415
GOVERNMENT NATIONAL MTG ASSN POOL MA2895	4.88%	06/20/2045	93,553	100,005	95,763
FHLMC 30 YR GOLD G08693	3.73%	02/01/2046	271,847	282,802	254,626
FEDERAL NATIONAL MTG ASSN POOL MA2896	3.74%	02/01/2047	4,367	4,039	4,078
FEDERAL NATIONAL MTG ASSN POOL MA3333	4.17%	04/01/2048	235,775	240,920	226,083
FEDERAL NATIONAL MTG ASSN POOL FM2178	3.75%	01/01/2050	132,417	137,259	123,433
FHLMC 15 YR GOLD QA6272	3.32%	01/01/2050	202,108	206,108	182,623
FEDERAL HOME LOAN MTG CORP GR(ARM) QB1226	2.89%	07/01/2050	214,587	223,415	185,425
FEDERAL NATIONAL MTG ASSN POOL BQ0538	2.91%	09/01/2050	391,215	411,158	335,878
FEDERAL NATIONAL MTG ASSN POOL FM4317	3.32%	09/01/2050	232,548	242,198	209,805
FEDERAL NATIONAL MTG ASSN POOL BQ3134	2.39%	10/01/2050	358,783	370,158	299,275
FEDERAL NATIONAL MTG ASSN POOL FM4502	2.40%	10/01/2050	264,937	273,309	220,690
FEDERAL NATIONAL MTG ASSN POOL FM6042	2.89%	01/01/2051	359,159	372,659	310,353
FHLMC 30 YR GOLD QB9065	2.90%	02/01/2051	209,929	217,337	180,776
FHLMC 30 YR GOLD QC3428	2.93%	06/01/2051	379,818	390,698	323,970
FHLMC 30 YR GOLD QC8887	3.34%	10/01/2051	179,298	187,516	160,654
FHLMC 30 YR GOLD QC8888	3.35%	10/01/2051	164,999	172,538	147,704
FEDERAL NATIONAL MTG ASSN POOL FS1948	4.21%	05/01/2052	684,089	652,197	649,727
FEDERAL NATIONAL MTG ASSN POOL MA4600	3.79%	05/01/2052	454,560	420,089	419,068
FEDERAL NATIONAL MTG ASSN POOL BV5622	3.37%	06/01/2052	986,548	939,375	876,568
FHLMC 30 YR GOLD QE4038	3.37%	06/01/2052	244,725	232,915	217,553
FHLMC 30 YR GOLD QE5863	3.79%	06/01/2052	73,123	67,577	67,391
FHLMC 30 YR GOLD QE5592	3.79%	07/01/2052	336,436	310,916	310,137
FHLMC 30 YR GOLD SD8225	3.37%	07/01/2052	2,215,463	2,106,307	1,967,109
FEDERAL NATIONAL MTG ASSN POOL FS3547	3.79%	08/01/2052	270,016	249,531	248,836
FEDERAL NATIONAL MTG ASSN POOL MA4700	4.21%	08/01/2052	241,594	229,967	229,386
FHLMC 30 YR GOLD QE9433	4.20%	08/01/2052	135,006	128,509	128,302
FEDERAL NATIONAL MTG ASSN POOL BV8048	3.79%	09/01/2052	949,869	877,795	875,362
FHLMC 30 YR GOLD SD8244	4.21%	09/01/2052	1,143,519	1,082,273	1,086,206
FEDERAL NATIONAL MTG ASSN POOL CB5118	4.20%	11/01/2052	116,849	111,226	111,054
FEDERAL NATIONAL MTG ASSN POOL BW5055	4.21%	12/01/2052	1,200,279	1,157,848	1,140,386
FEDERAL NATIONAL MTG ASSN POOL MA4867	4.61%	01/01/2053	1,532,566	1,485,512	1,493,516
FHLMC 30 YR GOLD QG6305	4.61%	07/01/2053	945,400	912,570	920,980
			<u>\$ 37,031,122</u>	<u>\$ 36,611,352</u>	<u>\$ 35,224,281</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CHUBB INA HOLDINGS LLC	3.18%	03/15/2025	\$ 150,000	\$ 150,009	\$ 148,493
UNILEVER CAPITAL CORP	3.13%	07/30/2025	500,000	494,190	494,123
FLORIDA POWER & LIGHT CO	3.17%	12/01/2025	200,000	204,897	196,931
PIONEER NATURAL RESOURCES CO	5.05%	03/29/2026	85,000	84,958	85,811
NSTAR ELECTRIC CO	3.29%	05/15/2027	312,000	311,763	302,785
NOVARTIS CAPITAL CORP	3.17%	05/17/2027	450,000	445,991	438,707
CARVANA AUTO RECB TR 2021-N1 A	7.20%	01/10/2028	30,686	30,682	29,561
UNITED AIRLINES 2014-2 CLASS APASS THROUGH TRUST	3.85%	03/03/2028	157,852	157,852	153,720
PUBLIC STORAGE	2.02%	05/01/2028	260,000	260,242	237,666
ELI LILLY & CO	3.47%	03/15/2029	400,000	370,988	388,610
NVIDIA CORP	3.03%	04/01/2030	150,000	136,104	140,631
PROLOGIS LP	2.03%	07/01/2030	150,000	148,608	129,116
SERVICENOW INC	1.64%	09/01/2030	325,000	323,785	276,232
CUMMINS INC	4.95%	02/20/2034	150,000	151,857	155,754
			<u>\$ 3,320,538</u>	<u>\$ 3,271,926</u>	<u>\$ 3,178,140</u>

LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

AUGUST 31, 2024

EIN 13-5548780, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
AMERIPRISE FINANCIAL INC	3.70%	10/15/2024	\$ 300,000	\$ 298,968	\$ 299,459
BOEING CO/THE	2.86%	10/30/2024	150,000	147,711	149,300
UNION PACIFIC CORP	3.27%	01/15/2025	300,000	299,007	297,747
WILLIAMS COS INC/THE	3.92%	01/15/2025	425,000	429,284	422,735
SABINE PASS LIQUEFACTION LLC	5.62%	03/01/2025	77,000	78,598	77,042
EDISON INTERNATIONAL	4.96%	04/15/2025	405,000	412,763	403,809
GENERAL MOTORS FINANCIAL CO INC	2.80%	06/20/2025	450,000	449,294	441,833
AIR LEASE CORP	3.42%	07/01/2025	220,000	217,745	216,849
RTX CORP	3.98%	08/16/2025	400,000	410,545	396,552
AFLAC INC	1.18%	03/15/2026	110,000	109,893	104,590
CITIGROUP INC	3.28%	10/21/2026	450,000	449,735	437,958
WELLS FARGO & CO	3.08%	10/23/2026	450,000	448,961	436,932
AON CORP	7.64%	01/01/2027	175,000	200,286	187,861
HEXCEL CORP	4.28%	02/15/2027	325,000	323,567	318,329
HUMANA INC	4.00%	03/15/2027	400,000	399,508	394,128
RPM INTERNATIONAL INC	3.83%	03/15/2027	605,000	622,471	591,512
DOLLAR GENERAL CORP	3.96%	04/15/2027	400,000	399,704	390,916
DOLLAR GENERAL CORP	4.22%	05/01/2028	425,000	456,644	415,034
ABBVIE INC	4.23%	11/14/2028	400,000	387,820	401,274
TRUIST FINANCIAL CORP FXD TO 012028 VAR THRAFTR 4.873%	4.86%	01/26/2029	300,000	296,571	300,705
AT&T INC	4.36%	03/01/2029	350,000	335,584	348,896
MOTOROLA SOLUTIONS INC	4.59%	05/23/2029	300,000	318,430	300,491
AVALONBAY COMMUNITIES INC	3.46%	06/01/2029	123,000	122,946	117,224
ONEOK INC	3.60%	09/01/2029	220,000	212,590	207,694
PAYPAL HOLDINGS INC	3.06%	10/01/2029	400,000	423,801	372,420
VERIZON COMMUNICATIONS INC	4.10%	12/03/2029	275,000	308,615	269,222
GOLDMAN SACHS GROUP INC/THE	3.94%	03/15/2030	300,000	276,960	289,239
T-MOBILE USA INC	4.02%	04/15/2030	260,000	240,708	250,078
TRACTOR SUPPLY CO	2.06%	11/01/2030	350,000	346,294	296,909
CITIGROUP INC FXD TO 032030 VAR THRAFTR 4.4120%	4.48%	03/31/2031	265,000	303,756	260,659
AMGEN INC	5.10%	03/02/2033	500,000	493,820	514,045
BANK OF AMERICA CORP FXD TO 072032 VAR THRAFTR 5.0150%	4.95%	07/22/2033	450,000	439,191	455,468
DUKE ENERGY CORP	5.43%	09/15/2033	400,000	411,844	423,154
SBA 100098	3.51%	03/25/2038	56,526	57,036	53,540
SBA100100	3.81%	06/25/2038	120,376	122,538	115,878
			<u>\$ 11,136,902</u>	<u>\$ 11,253,188</u>	<u>\$ 10,959,482</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF CORPORATE STOCK - COMMON**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
BOYD WATTERSON STATE GOVERNMENT FUND LP - CORPORTATE STOCK- COMMON	-	\$ <u>3,772,150</u>	\$ <u>4,237,260</u>
		\$ <u><u>3,772,150</u></u>	\$ <u><u>4,237,260</u></u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**  
**SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**  
**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
	ISSUER		COST	CURRENT VALUE
	BOYD WATTERSON STATE GOVERNMENT FUND LP - PARTNERSHIP		\$ <u>143,921</u>	\$ <u>159,924</u>
			\$ <u>143,921</u>	\$ <u>159,924</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**  
**SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
SSGA S&P 500 ( R ) INDEX NL QP CTF	7,787	\$ 355,691	\$ 2,419,249
SSGA S&P 500 ( R ) INDEX SL QP CTF	19,670	967,100	6,110,728
		<u>\$ 1,322,791</u>	<u>\$ 8,529,977</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**  
**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
INVESCO S&P 500 EQUAL WEIGHT ETF	49,094	\$ 6,535,435	\$ 8,634,247
LAZARD GLB LSTD INFR PTF INST	222,884	<u>3,224,548</u>	<u>3,639,695</u>
		<u>\$ 9,759,983</u>	<u>\$ 12,273,942</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF OTHER INVESTMENTS**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
<u>BOYD WATTERSON STATE GOVERNMENT FUND LP - OTHER</u>	<u>-</u>	<u>\$ 19,686</u>	<u>\$ 21,874</u>
	-	<u>\$ 19,686</u>	<u>\$ 21,874</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO FORM  
5500**

**AUGUST 31, 2024**

	<b>Per Financial Statements</b>	<b>Reclassification</b>	<b>Per Form 5500</b>
<b>Assets</b>			
<b>Investments</b>			
Interest bearing cash	\$ 313,202	\$ 411,599	\$ 724,801
U.S. government securities	35,224,281	-	35,224,281
Corporate debt instruments	14,137,622	-	14,137,622
Corporate stock	-	4,237,260	4,237,260
Partnership/joint venture interests	3,333,515	(3,173,591)	159,924
Common/collective trust funds	8,529,977	-	8,529,977
Registered investment companies	12,273,942	-	12,273,942
Other investments	-	21,874	21,874
<b>Receivables</b>	1,600,704	47,516	1,648,220
<b>Cash</b>	450,367	-	450,367
<b>Other assets</b>	157,701	103,029	260,730
 <b>Total assets</b>	 76,021,311	 1,647,687	 77,668,998
 <b>Liabilities</b>			
<b>Operating payables</b>	91,970	8,076	100,046
<b>Other liabilities</b>	-	1,639,611	1,639,611
 <b>Total liabilities</b>	 91,970	 1,647,687	 1,739,657
 <b>Net assets available for benefits</b>	 \$ 75,929,341	 \$ -	 75,929,341
 <b>Less benefit obligations currently payable</b>			 857,600
 <b>Net assets available to benefits Form 5500</b>			 \$ 75,071,741

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts. In addition, for financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan's Benefit Obligation. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULES OF HEALTH CARE BENEFITS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

	<u><b>2024</b></u>	<u><b>2023</b></u>
Hospitalization	\$ 5,976,373	\$ 4,505,645
Medical	2,725,339	1,598,162
Prescription drug	2,098,212	1,542,208
Dental	357,696	194,579
Optical	35,307	35,235
GME assessment	93,817	113,519
Fees and other benefits	<u>542,471</u>	<u>512,281</u>
Total health care benefits	<u>\$ 11,829,215</u>	<u>\$ 8,501,629</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Payroll	\$ 393,092	\$ 371,793
Payroll taxes	33,431	33,490
Employee benefits	233,930	233,715
Occupancy	111,169	125,473
Office	14,274	29,405
Printing	8,804	7,488
Postage	9,708	8,098
Legal	151,268	139,079
Accounting	55,290	53,680
Payroll audits	59,100	39,245
Actuarial consulting	245,896	95,725
Consulting	37,874	29,474
Computer	50,069	22,067
Insurance	42,357	50,410
Conferences and meetings	681	653
Depreciation	<u>6,998</u>	<u>-</u>
Total administrative expenses	<u>\$ 1,453,941</u>	<u>\$ 1,239,795</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF INTEREST BEARING CASH**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
*	MORGAN STANLEY BANK N.A.	VARIABLE	ON DEMAND	\$ 313,202	\$ 313,202
	BOYD WATTERSON STATE GOVERNMENT FUND LP - INTEREST BEARING CASH			<u>411,599</u>	<u>411,599</u>
				<u>\$ 724,801</u>	<u>\$ 724,801</u>

\* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2024

EIN 13-5548780, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FHMS KJ26 A2	2.68%	07/25/2025	\$ 376,129	\$ 378,983	\$ 364,697
UNITED STATES TREASURY NOTE	4.24%	01/31/2026	700,000	698,078	700,943
UNITED STATES TREASURY NOTE	4.00%	02/15/2026	800,000	792,375	798,734
UNITED STATES TREASURY NOTE	3.64%	05/15/2026	400,000	397,234	397,367
GOVERNMENT NATIONAL MTG ASSN POOL 783332	3.54%	06/15/2026	17,256	17,343	17,045
UNITED STATES TREASURY NOTE	4.11%	06/15/2026	500,000	496,953	501,123
UNITED STATES TREASURY NOTE	0.93%	09/30/2026	464,000	461,499	436,287
UNITED STATES TREASURY NOTE	4.55%	11/15/2026	250,000	250,998	253,799
UNITED STATES TREASURY NOTE	3.86%	11/30/2027	1,500,000	1,503,352	1,503,691
UNITED STATES TREASURY NOTE	3.86%	12/31/2027	550,000	555,418	551,805
GOVERNMENT NATIONAL MTG ASSN POOL MA0675	3.06%	01/20/2028	21,915	22,107	21,449
FEDERAL NATIONAL MTG ASSN POOL AR8266	2.07%	04/01/2028	9,806	9,757	9,461
UNITED STATES TREASURY NOTE	1.37%	06/30/2028	420,000	423,599	382,561
UNITED STATES TREASURY NOTE	3.96%	06/30/2028	1,950,000	1,932,854	1,966,605
UNITED STATES TREASURY NOTE	2.97%	08/15/2028	588,000	573,874	568,706
UNITED STATES TREASURY NOTE	4.48%	09/30/2028	200,000	198,773	206,445
UNITED STATES TREASURY NOTE	3.20%	11/15/2028	1,000,000	1,006,979	975,000
UNITED STATES TREASURY NOTE	4.27%	11/30/2028	250,000	251,460	256,006
UNITED STATES TREASURY NOTE	4.06%	03/31/2029	400,000	396,016	406,281
UNITED STATES TREASURY NOTE	4.15%	06/30/2029	500,000	495,586	511,035
FEDERAL NATIONAL MTG ASSN POOL AL5759	3.56%	07/01/2029	210,583	216,562	206,940
UNITED STATES TREASURY NOTE	3.54%	01/31/2030	475,000	462,717	468,580
UNITED STATES TREASURY NOTE	3.55%	04/30/2030	150,000	148,957	147,855
FED NATL MTG ASSN	1.03%	08/05/2030	455,000	452,573	383,697
UNITED STATES TREASURY NOTE	4.60%	10/31/2030	550,000	558,035	582,377
FEDL NATL MTG ASSOC 10 YR POOL MA4172	1.60%	11/01/2030	312,025	317,417	291,587
UNITED STATES TREASURY NOTE	1.04%	11/15/2030	250,000	248,477	210,205
UNITED STATES TREASURY NOTE	3.76%	12/31/2030	250,000	247,236	249,268
UNITED STATES TREASURY NOTE	4.14%	02/28/2031	800,000	798,906	820,313
UNITED STATES TREASURY NOTE	4.04%	07/31/2031	125,000	127,915	127,354
UNITED STATES TREASURY NOTE	1.62%	11/15/2031	500,000	478,731	423,281
UNITED STATES TREASURY NOTE	2.14%	02/15/2032	1,500,000	1,498,756	1,310,391
UNITED STATES TREASURY NOTE	2.97%	08/15/2032	250,000	229,742	231,230
UNITED STATES TREASURY NOTE	4.04%	11/15/2032	475,000	494,225	483,906
UNITED STATES TREASURY NOTE	3.59%	02/15/2033	150,000	150,863	145,957
FEDERAL NATIONAL MTG ASSN POOL AR7581	2.66%	03/01/2033	212,235	209,051	198,752
FHLMC 15 YR GOLD ZL0624	3.09%	06/01/2033	95,970	95,700	93,007
FEDERAL NATIONAL MORTGAGE ASSOC RELOCATION LOAN BM5530	3.11%	01/01/2034	62,546	62,941	60,213
UNITED STATES TREASURY NOTE	3.97%	02/15/2034	475,000	459,625	478,191
UNITED STATES TREASURY NOTE	4.22%	05/15/2034	1,145,000	1,168,552	1,187,043
FHLMC 15 YR GOLD SB0240	2.66%	01/01/2035	134,628	135,996	126,164
FEDERAL NATIONAL MTG ASSN POOL FM4044	2.19%	08/01/2035	187,566	193,213	170,896
FEDERAL NATIONAL MTG ASSN POOL BQ9287	2.19%	12/01/2035	364,137	376,119	331,769
FEDERAL NATIONAL MTG ASSN POOL CA8788	2.19%	01/01/2036	350,725	363,619	319,103
FEDERAL NATIONAL MTG ASSN POOL BT1296	2.19%	07/01/2036	165,891	171,255	150,932
FEDERAL NATIONAL MTG ASSN POOL BT2752	2.19%	08/01/2036	107,851	111,302	98,124
FEDERAL NATIONAL MTG ASSN POOL 256613	5.40%	02/01/2037	7,115	7,507	7,246
GOVERNMENT NATIONAL MTG ASSN POOL 722673	4.49%	10/15/2039	64,432	66,253	64,465
GOVERNMENT NATIONAL MTG ASSN POOL 004880	4.56%	12/20/2040	13,092	13,792	12,909
FEDERAL NATIONAL MTG ASSN POOL AE0828	3.69%	02/01/2041	2,761	2,559	2,614
FEDERAL NATIONAL MTG ASSN POOL AB3491	4.15%	09/01/2041	73,417	76,456	70,684
FEDERAL NATIONAL MTG ASSN POOL MA0872	4.64%	09/01/2041	40,391	42,256	39,114
GOVERNMENT NATIONAL MTG ASSN POOL 760306	4.11%	09/20/2041	18,960	19,619	18,447
FEDERAL NATIONAL MTG ASSN POOL MA0969	3.74%	01/01/2042	28,499	28,995	26,665

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GOVERNMENT NATIONAL MTG ASSN POOL 774435	3.75%	07/20/2042	267,374	271,287	248,917
GOVERNMENT NATIONAL MTG ASSN POOL 774439	3.74%	07/20/2042	133,366	135,318	124,692
UNITED STATES TREASURY BOND	3.80%	08/15/2042	100,000	86,402	88,641
FHLMC 30 YR GOLD G08610	4.13%	10/01/2044	167,232	174,417	161,580
FHLMC 30 YR GOLD Q29077	4.14%	10/01/2044	237,838	248,042	229,415
GOVERNMENT NATIONAL MTG ASSN POOL MA2895	4.88%	06/20/2045	93,553	100,005	95,763
FHLMC 30 YR GOLD G08693	3.73%	02/01/2046	271,847	282,802	254,626
FEDERAL NATIONAL MTG ASSN POOL MA2896	3.74%	02/01/2047	4,367	4,039	4,078
FEDERAL NATIONAL MTG ASSN POOL MA3333	4.17%	04/01/2048	235,775	240,920	226,083
FEDERAL NATIONAL MTG ASSN POOL FM2178	3.75%	01/01/2050	132,417	137,259	123,433
FHLMC 15 YR GOLD QA6272	3.32%	01/01/2050	202,108	206,108	182,623
FEDERAL HOME LOAN MTG CORP GR(ARM) QB1226	2.89%	07/01/2050	214,587	223,415	185,425
FEDERAL NATIONAL MTG ASSN POOL BQ0538	2.91%	09/01/2050	391,215	411,158	335,878
FEDERAL NATIONAL MTG ASSN POOL FM4317	3.32%	09/01/2050	232,548	242,198	209,805
FEDERAL NATIONAL MTG ASSN POOL BQ3134	2.39%	10/01/2050	358,783	370,158	299,275
FEDERAL NATIONAL MTG ASSN POOL FM4502	2.40%	10/01/2050	264,937	273,309	220,690
FEDERAL NATIONAL MTG ASSN POOL FM6042	2.89%	01/01/2051	359,159	372,659	310,353
FHLMC 30 YR GOLD QB9065	2.90%	02/01/2051	209,929	217,337	180,776
FHLMC 30 YR GOLD QC3428	2.93%	06/01/2051	379,818	390,698	323,970
FHLMC 30 YR GOLD QC8887	3.34%	10/01/2051	179,298	187,516	160,654
FHLMC 30 YR GOLD QC8888	3.35%	10/01/2051	164,999	172,538	147,704
FEDERAL NATIONAL MTG ASSN POOL FS1948	4.21%	05/01/2052	684,089	652,197	649,727
FEDERAL NATIONAL MTG ASSN POOL MA4600	3.79%	05/01/2052	454,560	420,089	419,068
FEDERAL NATIONAL MTG ASSN POOL BV5622	3.37%	06/01/2052	986,548	939,375	876,568
FHLMC 30 YR GOLD QE4038	3.37%	06/01/2052	244,725	232,915	217,553
FHLMC 30 YR GOLD QE5863	3.79%	06/01/2052	73,123	67,577	67,391
FHLMC 30 YR GOLD QE5592	3.79%	07/01/2052	336,436	310,916	310,137
FHLMC 30 YR GOLD SD8225	3.37%	07/01/2052	2,215,463	2,106,307	1,967,109
FEDERAL NATIONAL MTG ASSN POOL FS3547	3.79%	08/01/2052	270,016	249,531	248,836
FEDERAL NATIONAL MTG ASSN POOL MA4700	4.21%	08/01/2052	241,594	229,967	229,386
FHLMC 30 YR GOLD QE9433	4.20%	08/01/2052	135,006	128,509	128,302
FEDERAL NATIONAL MTG ASSN POOL BV8048	3.79%	09/01/2052	949,869	877,795	875,362
FHLMC 30 YR GOLD SD8244	4.21%	09/01/2052	1,143,519	1,082,273	1,086,206
FEDERAL NATIONAL MTG ASSN POOL CB5118	4.20%	11/01/2052	116,849	111,226	111,054
FEDERAL NATIONAL MTG ASSN POOL BW5055	4.21%	12/01/2052	1,200,279	1,157,848	1,140,386
FEDERAL NATIONAL MTG ASSN POOL MA4867	4.61%	01/01/2053	1,532,566	1,485,512	1,493,516
FHLMC 30 YR GOLD QG6305	4.61%	07/01/2053	945,400	912,570	920,980
			<u>\$ 37,031,122</u>	<u>\$ 36,611,352</u>	<u>\$ 35,224,281</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CHUBB INA HOLDINGS LLC	3.18%	03/15/2025	\$ 150,000	\$ 150,009	\$ 148,493
UNILEVER CAPITAL CORP	3.13%	07/30/2025	500,000	494,190	494,123
FLORIDA POWER & LIGHT CO	3.17%	12/01/2025	200,000	204,897	196,931
PIONEER NATURAL RESOURCES CO	5.05%	03/29/2026	85,000	84,958	85,811
NSTAR ELECTRIC CO	3.29%	05/15/2027	312,000	311,763	302,785
NOVARTIS CAPITAL CORP	3.17%	05/17/2027	450,000	445,991	438,707
CARVANA AUTO RECB TR 2021-N1 A	7.20%	01/10/2028	30,686	30,682	29,561
UNITED AIRLINES 2014-2 CLASS APASS THROUGH TRUST	3.85%	03/03/2028	157,852	157,852	153,720
PUBLIC STORAGE	2.02%	05/01/2028	260,000	260,242	237,666
ELI LILLY & CO	3.47%	03/15/2029	400,000	370,988	388,610
NVIDIA CORP	3.03%	04/01/2030	150,000	136,104	140,631
PROLOGIS LP	2.03%	07/01/2030	150,000	148,608	129,116
SERVICENOW INC	1.64%	09/01/2030	325,000	323,785	276,232
CUMMINS INC	4.95%	02/20/2034	150,000	151,857	155,754
			<u>\$ 3,320,538</u>	<u>\$ 3,271,926</u>	<u>\$ 3,178,140</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
AMERIPRISE FINANCIAL INC	3.70%	10/15/2024	\$ 300,000	\$ 298,968	\$ 299,459
BOEING CO/THE	2.86%	10/30/2024	150,000	147,711	149,300
UNION PACIFIC CORP	3.27%	01/15/2025	300,000	299,007	297,747
WILLIAMS COS INC/THE	3.92%	01/15/2025	425,000	429,284	422,735
SABINE PASS LIQUEFACTION LLC	5.62%	03/01/2025	77,000	78,598	77,042
EDISON INTERNATIONAL	4.96%	04/15/2025	405,000	412,763	403,809
GENERAL MOTORS FINANCIAL CO INC	2.80%	06/20/2025	450,000	449,294	441,833
AIR LEASE CORP	3.42%	07/01/2025	220,000	217,745	216,849
RTX CORP	3.98%	08/16/2025	400,000	410,545	396,552
AFLAC INC	1.18%	03/15/2026	110,000	109,893	104,590
CITIGROUP INC	3.28%	10/21/2026	450,000	449,735	437,958
WELLS FARGO & CO	3.08%	10/23/2026	450,000	448,961	436,932
AON CORP	7.64%	01/01/2027	175,000	200,286	187,861
HEXCEL CORP	4.28%	02/15/2027	325,000	323,567	318,329
HUMANA INC	4.00%	03/15/2027	400,000	399,508	394,128
RPM INTERNATIONAL INC	3.83%	03/15/2027	605,000	622,471	591,512
DOLLAR GENERAL CORP	3.96%	04/15/2027	400,000	399,704	390,916
DOLLAR GENERAL CORP	4.22%	05/01/2028	425,000	456,644	415,034
ABBVIE INC	4.23%	11/14/2028	400,000	387,820	401,274
TRUIST FINANCIAL CORP FXD TO 012028 VAR THRAFTR 4.873%	4.86%	01/26/2029	300,000	296,571	300,705
AT&T INC	4.36%	03/01/2029	350,000	335,584	348,896
MOTOROLA SOLUTIONS INC	4.59%	05/23/2029	300,000	318,430	300,491
AVALONBAY COMMUNITIES INC	3.46%	06/01/2029	123,000	122,946	117,224
ONEOK INC	3.60%	09/01/2029	220,000	212,590	207,694
PAYPAL HOLDINGS INC	3.06%	10/01/2029	400,000	423,801	372,420
VERIZON COMMUNICATIONS INC	4.10%	12/03/2029	275,000	308,615	269,222
GOLDMAN SACHS GROUP INC/THE	3.94%	03/15/2030	300,000	276,960	289,239
T-MOBILE USA INC	4.02%	04/15/2030	260,000	240,708	250,078
TRACTOR SUPPLY CO	2.06%	11/01/2030	350,000	346,294	296,909
CITIGROUP INC FXD TO 032030 VAR THRAFTR 4.4120%	4.48%	03/31/2031	265,000	303,756	260,659
AMGEN INC	5.10%	03/02/2033	500,000	493,820	514,045
BANK OF AMERICA CORP FXD TO 072032 VAR THRAFTR 5.0150%	4.95%	07/22/2033	450,000	439,191	455,468
DUKE ENERGY CORP	5.43%	09/15/2033	400,000	411,844	423,154
SBA 100098	3.51%	03/25/2038	56,526	57,036	53,540
SBA100100	3.81%	06/25/2038	<u>120,376</u>	<u>122,538</u>	<u>115,878</u>
			\$ <u>11,136,902</u>	\$ <u>11,253,188</u>	\$ <u>10,959,482</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF CORPORATE STOCK - COMMON**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
BOYD WATTERSON STATE GOVERNMENT FUND LP - CORPORTATE STOCK- COMMON	-	\$ <u>3,772,150</u>	\$ <u>4,237,260</u>
		\$ <u>3,772,150</u>	\$ <u>4,237,260</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**  
**SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**  
**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
	ISSUER		COST	CURRENT VALUE
	BOYD WATTERSON STATE GOVERNMENT FUND LP - PARTNERSHIP		\$ <u>143,921</u>	\$ <u>159,924</u>
			\$ <u>143,921</u>	\$ <u>159,924</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

LOCAL 807 LABOR-MANAGEMENT HEALTH FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

AUGUST 31, 2024

EIN 13-5548780, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
SSGA S&P 500 ( R ) INDEX NL QP CTF	7,787	\$ 355,691	\$ 2,419,249
SSGA S&P 500 ( R ) INDEX SL QP CTF	19,670	<u>967,100</u>	<u>6,110,728</u>
		\$ <u>1,322,791</u>	\$ <u>8,529,977</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**  
**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
INVESCO S&P 500 EQUAL WEIGHT ETF	49,094	\$ 6,535,435	\$ 8,634,247
LAZARD GLB LSTD INFR PTF INST	222,884	<u>3,224,548</u>	<u>3,639,695</u>
		<u>\$ 9,759,983</u>	<u>\$ 12,273,942</u>

**LOCAL 807 LABOR-MANAGEMENT HEALTH FUND**

**SCHEDULE OF OTHER INVESTMENTS**

**AUGUST 31, 2024**

**EIN 13-5548780, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
ISSUER		COST	CURRENT VALUE
<u>BOYD WATTERSON STATE GOVERNMENT FUND LP - OTHER</u>	<u>-</u>	<u>\$ 19,686</u>	<u>\$ 21,874</u>
	-	\$ 19,686	\$ 21,874

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.