Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/1950

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES LOCAL 1298 WELFARE FUND

681 FULTON AVENUE
HEMPSTEAD, NY 11550

2b Employer Identification Number (EIN) 11-1628171

2c Plan Sponsor's telephone number 516-489-3644

2d Business code (see instructions) 237310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/27/2025	ANNALISA DEFALCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/27/2025	GEORGE F. TRUICKO, JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1430
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1175
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1173
b	Retired or separated participants receiving benefits	**6b**	252
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1425
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	191

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 4C 4D 4E 4F 4L 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

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 07/01/2023 and ending 06/30/2024

A Name of plan
LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES LOCAL 1298 WELFARE FUND

D Employer Identification Number (EIN)
11-1628171

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
AMALGAMATED 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
13-5501223	60216	SL1075	1129	10/01/2022	09/30/2023

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
44417	0

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

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

SEGAL (NEW YORK)
333 WEST 34TH STREET
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
44417		COMMISSIONS PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	888336
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES LOCAL 1298 WELFARE FUND

D Employer Identification Number (EIN)
11-1628171

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
EMPOWER ANNUITY INSURANCE CONTRACT

(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
06-1050034	93629	525797-E3		07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	7173467
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	6987577
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	201778		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	201778
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	7189355
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)	15888		
	▶ CONTRACT EXPENSE CHARGE, MV CHANGE				
	(5) Total deductions			7e(5)	15888
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	7173467

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES LOCAL 1298 WELFARE FUND

D Employer Identification Number (EIN)
11-1628171

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEUBERGER BERMAN INVEST ADVISRS LLC
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

02-0654486

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

BRADLEY & PARKER, INC.
320 SOUTH SERVICE ROAD
MELVILLE, NY 11747

11-2638824

(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

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

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

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

MAGNACARE ADMINISTRATIVE SERVICES

ONE PENN PLAZA, SUITE 1410
NEW YORK, NY 10119

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	CLAIMS PROCESSING	1083850	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ANNALISA DEFALCO

681 FULTON AVENUE
HEMPSTEAD, NY 11550

11-1628171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	175963	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAMANTHA LAYTON

681 FULTON AVENUE
HEMPSTEAD, NY 11550

11-1628171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	151980	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BARNES, IACCARINO & SHEPHERD LLP
3 SURREY LANE
HEMPSTEAD, NY 11550

26-3858697

(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	ATTORNEY	134588	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAMES CORNELL
681 FULTON AVENUE
HEMPSTEAD, NY 11550

11-1628171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	116739	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBIN SHERMAN
681 FULTON AVENUE
HEMPSTEAD, NY 11550

11-1628171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	109435	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE SEGAL COMPANY, INC.

333 WEST 34TH STREET
NEW YORK, NY 10001

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 50 70	ACTUARIAL	106544	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

REYNA MENDEZ

681 FULTON AVENUE
HEMPSTEAD, NY 11550

11-1628171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106406	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WORKFORCE ASSISTANCE PROGRAMS

177A EAST MAIN STREET
NEW ROCHELLE, NY 10801

82-3812273

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	EAP SERVICES	53900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

D.D. SERVICES, INC.

265 POST AVENUE, SUITE 340
WESTBURY, NY 11590

11-2705347

(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	CLAIMS PROCESSING	47845	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GETTRY MARCUS CPA P.C.

88 FROEHLICH FARM BLVD
WOODBURY, NY 11797

13-3418879

(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	ACCOUNTANT	42551	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REBECCA CORNELL

681 FULTON AVENUE
HEMPSTEAD, NY 11550

11-1628171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41515	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CITRIN COOPERMAN & COMPANY LLP

100 JERICHO QUADRANGLE, SUITE 342
JERICHO, NY 11753

22-2428965

(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	ACCOUNTANT	37264	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED EMPLOYEE BENEFITS ADMIN

333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

13-3432221

(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	CLAIMS PROCESSING	36900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TPA CORPORATION

PO BOX 433
CARMEL, NY 10512

13-3329882

(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 70	COMPUTER CONSULTANT	31954	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BOYD WATTERSON ASSET MGMT LLC

1301 E 9TH STREET, SUITE 2900
CLEVELAND, OH 44114

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	CUSTODIAN-MANAGER	28944	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANA FLYNN

681 FULTON AVENUE
HEMPSTEAD, NY 11550

11-1628171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27959	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CITRIN COOPERMAN ADVISORS LLC

7900 WESTPARK DR. SUITE A220
MCLEAN, VA 22102

87-2525370

(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	ACCOUNTANT	21730	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

M&T BANK TRUST & PENSION SERVICES

285 DELAWARE AVE, 3RD FLOOR
BUFFALO, NY 14202

16-0538020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	INVESTMENT CUSTODIAN	21639	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

REYNOLDS CONSULTING SERVICES

25 NEWBRIDGE ROAD SUITE 205
HICKSVILLE, NY 11801

20-1899564

(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 27 51 70	INVESTMENT CONSULTANT	20003	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ANNUITY INSURANCE COMPANY

8519 E. ORCHARD ROAD 8T3
GREENWOOD VILLAGE, CO 80111

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	CUSTODIAN-MANAGER	15888	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HESS TECHNOLOGY CONSULTING

3 BEDFORD ROAD
CARMEL, NY 10512

26-1664819

(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 70	COMPUTER CONSULTANT	15124	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEARTSCAN SERVICES, INC.

155 EXECUTIVE DRIVE
MANHASSET HILLS, NY 11040

27-3785734

(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 49 50	DIAGNOSTIC SERVICE	11750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

201 WASHINGTON STREET, 15TH FLOOR
BOSTON, MA 02108

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	CUSTODIAN-MANAGER	7337	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES LOCAL 1298 WELFARE FUND

D Employer Identification Number (EIN)
11-1628171

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON CF SL STOK INDEX FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6257045-001	C	8416289

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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:

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES LOCAL 1298 WELFARE FUND

D Employer Identification Number (EIN)
11-1628171

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2770544	2835262
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3219239	3456170
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1010774	801130
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13316000	14010912
(2) U.S. Government securities	1c(2)	4898124	4743462
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1563171	1796076
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2501300	2324976
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6757088	8416289
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3073715	3294212
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6987577	7173467
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	17176	22480
f	Total assets (add all amounts in lines 1a through 1e)	1f	46114708	48874436
	Liabilities			
g	Benefit claims payable	1g	13323074	13926745
h	Operating payables	1h	193578	294705
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	562148	215787
k	Total liabilities (add all amounts in lines 1g through1j)	1k	14078800	14437237
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	32035908	34437199

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	36152976	
	(B) Participants	2a(1)(B)	856069	
	(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)		37009045
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8440	
	(B) U.S. Government securities	2b(1)(B)	134568	
	(C) Corporate debt instruments	2b(1)(C)	62651	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	201778	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		407437
	(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)	981997	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		981997
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1838778	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1855854	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-17076
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-228252	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-228252

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1660586
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		47059
c Other income	2c		10400
d Total income. Add all **income** amounts in column (b) and enter total	2d		39871196
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11199104	
(2) To insurance carriers for the provision of benefits	2e(2)	23343494	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34542598
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1058860	
(2) Contract administrator fees	2i(2)	1168595	
(3) Recordkeeping fees	2i(3)	33621	
(4) IQPA audit fees	2i(4)	67925	
(5) Investment advisory and investment management fees	2i(5)	20003	
(6) Bank or trust company trustee/custodial fees	2i(6)	54538	
(7) Actuarial fees	2i(7)	106544	
(8) Legal fees	2i(8)	134588	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	282633	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2927307
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		37469905
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2401291
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP **(2)** EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

LABORERS LOCAL UNION NO. 1298
OF NASSAU AND SUFFOLK COUNTIES

WELFARE FUND

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

JUNE 30, 2024 AND 2023

Laborers Local Union No. 1298
of Nassau And Suffolk Counties
Welfare Fund

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June 30, 2024 and 2023

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CITRINCOOPERMAN®

Citrin Cooperman & Company, LLP
Certified Public Accountants

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Independent Auditor's Report

To the Board of Trustees of the
Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Welfare Fund

Opinion

We have audited the accompanying financial statements of the Laborers Local Union No. 1298 of Nassau and Suffolk Counties Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 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.

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

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.

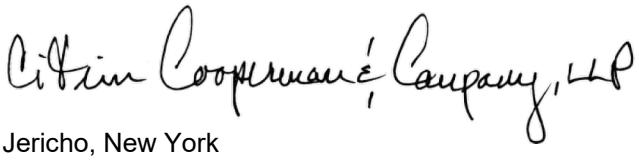
Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule 2 as of June 30, 2024, and Schedule 3 for the year ended June 30, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by ERISA. The information contained in Schedule 1, for the years ended June 30, 2024 and 2023, is presented for the purpose 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

In forming our opinion on the June 30, 2024 and 2023 supplemental information, we evaluated whether the supplemental information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the supplemental information 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.



Jericho, New York
April 10, 2025

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
Statements of Net Assets Available for Benefits
as of June 30, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments measured at fair value		
U.S. Government securities	$ 2,728,862	$ 2,702,744
Money market funds	14,010,912	13,316,000
Mutual fund	3,294,212	3,073,715
Corporate and foreign bonds	1,796,076	1,563,171
Mortgage backed securities	2,014,600	2,195,380
	23,844,662	22,851,010
Investments measured at NAV		
Common collective trust	8,416,289	6,757,088
Limited partnership	2,324,976	2,501,300
	10,741,265	9,258,388
Total investments - at fair value and NAV	34,585,927	32,109,398
Investments measured at contract value		
Guaranteed deposit account	7,173,467	6,987,577
Total investments	41,759,394	39,096,975
Receivables		
Employer contributions	3,456,170	3,219,239
Investment income	137,378	91,284
Total receivables	3,593,548	3,310,523
Cash and cash equivalents	2,835,262	2,770,544
Other assets		
Due from affiliates - net	7,297	-
Insurance deposit	106,000	106,000
Property and equipment - net of accumulated depreciation	22,480	17,176
Operating lease right-of-use-asset	211,382	345,129
Stop loss receivable	339,073	468,361
Total other assets	686,232	936,666
Total assets	48,874,436	46,114,708
Liabilities		
Due to affiliates - net	-	186,967
Accounts payable and accrued expenses	294,705	193,578
Reciprocity payable	4,405	30,052
Operating lease obligations	211,382	345,129
Total liabilities	510,492	755,726
Net assets available for benefits	$ 48,363,944	$ 45,358,982

See independent auditor's report and accompanying notes to financial statements.

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
Statements of Changes in Net Assets Available for Benefits
For the Years Ended June 30, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Interest and dividend income	$ 1,511,848	$ 1,045,009
Realized loss - net	(17,053)	(27,265)
Unrealized gains - net	1,367,356	821,980
Total investment income	2,862,151	1,839,724
Less: investment expenses	74,541	82,983
Net investment income	2,787,610	1,756,741
Employers' contributions	24,977,452	24,351,818
Employers' vacation contributions	11,175,524	10,692,831
Other contributions	856,069	770,315
Total additions	39,796,655	37,571,705
Deductions from net assets attributed to:		
Benefits paid to or on behalf of participants:		
Health care benefits	21,808,820	17,781,028
Vacation benefits	10,907,984	9,989,753
Supplemental unemployment benefits	291,120	246,400
Total benefits paid	33,007,924	28,017,181
Premiums paid to insurance carriers for excess loss coverage	931,003	847,579
Claims processing fees	1,168,595	905,324
Administrative expenses	1,684,171	1,605,940
Total deductions	36,791,693	31,376,024
Net increase	3,004,962	6,195,681
Net assets available for benefits - beginning of year	45,358,982	39,163,301
Net assets available for benefits - end of year	$ 48,363,944	$ 45,358,982

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
Statements of Plan Benefit Obligations
as of June 30, 2024 and 2023

	2024	2023
Amounts currently payable:		
Claims payable and claims incurred but not reported	$ 2,500,600	$ 2,105,100
Vacation benefits payable	11,426,145	11,217,974
Total benefit obligations currently payable	13,926,745	13,323,074
Postemployment benefit obligations, net of amounts currently payable:		
Estimated liability for future medical claim payments based on participants' accumulated eligibility arising from accumulated hours	15,490,512	16,791,726
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants	11,516,909	9,594,285
Other participants fully eligible for benefits	7,614,298	8,942,337
Participants not yet fully eligible for benefits	12,272,317	13,259,625
Total postretirement benefit obligations	31,403,524	31,796,247
Plan's total benefit obligations	$ 60,820,781	$ 61,911,047

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
Statements of Changes in Plan Benefit Obligations
For the Years Ended June 30, 2024 and 2023

	2024	2023
Amounts currently payable:		
Balance at beginning of year	$ 13,323,074	$ 12,986,853
Claims and other benefits reported and approved for payment	33,611,595	28,353,402
Claims and other benefits paid	(33,007,924)	(28,017,181)
Balance at end of year	13,926,745	13,323,074
Postemployment benefit obligations net of amounts currently payable:		
Balance at beginning of year	16,791,726	17,457,070
Change in accumulated eligibility obligation	(1,301,214)	(665,344)
Balance at end of year	15,490,512	16,791,726
Postretirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	31,796,247	32,356,482
Benefits accumulated and other changes	867,977	1,006,820
Actuarial experience loss	904,248	-
Changes in actuarial assumptions	(2,164,948)	(1,567,055)
Balance at end of year	31,403,524	31,796,247
Plan's total benefit obligations at end of year	$ 60,820,781	$ 61,911,047

Note 1 - Description of Plan

The following brief description of the Laborers Local Union No. 1298 of Nassau and Suffolk Counties Welfare Fund (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a multiemployer welfare plan covering substantially all members of the Laborers International Union of North America Local 1298 (the "Union"). The Plan and related trusts were established on July 1, 1950 as a result of a collective bargaining agreement between the Union and contributing employers, as well as various employer associations in the construction industry in Nassau and Suffolk Counties of New York (collectively, the "CBA"). The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the participating employers and the Union. The CBA's current term is effective through May 31, 2026.

Contributions
The Plan is funded by contributions from employers pursuant to the CBA with the Union. Accordingly, employers are required to contribute, effective June 1, 2024, 2023 and 2022, $13.44, $12.94, and $12.43 per hour for Welfare contributions and $6.00, $5.60, and $5.30 per hour for Vacation contributions, respectively.

Members, qualifying spouses, dependents and retirees may contribute specified amounts as determined periodically by the Plan's actuary, to extend coverage for medical benefits. The Plan's participating employers and retirees share the cost of the postretirement benefit. Pensioners under the age of 65 with at least 25 pension credits (A- pensioner), who elect to be covered, will have a premium of $200 deducted from their monthly pension check. Pensioners under 65 with at least 30 pension credits (A+ pensioner), who elect to be covered, will have a premium of $700 deducted from their monthly pension check. Once a pensioner reaches the age of 65, an A- pensioner will have $150 per month deducted from their monthly pension check while an A+ pensioner will have $250 per month deducted from their monthly pension check. These contributions are reflected as other contributions on the statement of changes in net assets available for benefits.

Benefits
The Plan provides medical, unemployment and death benefits on a self-insured basis (to the Plan) for eligible members, dependents and retirees. Medical benefits include, but are not limited to, hospital, surgical, x-ray and lab, prescription drug, major medical, disability, optical, chiropractic and dental. The Plan also provides vacation benefits to eligible members.

Eligibility
To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. Additionally, pursuant to a participation agreement, office employees of the Plan are eligible to participate in the Plan. The Plan provides benefits to eligible members and specified dependents. A member becomes eligible for benefits on the first day of the month following the date such member accumulates 1,000 straight-time hours in two consecutive "insurance halves," which is defined as the period from January 1st through June 30th and July 1st through December 31st.

Note 1 - Description of Plan (continued)

Eligibility
Once a member meets the initial eligibility requirement, the member must continue to meet certain minimum hour requirements, measured by "insurance halves" to continue to be eligible under the Plan.

Other
The Plan's board of trustees, as Sponsor, has the right under the Plan to modify the benefits provided to active members. The Plan may be terminated only by joint agreement between the participating employers and the Union, subject to the provisions set forth in ERISA.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are presented on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates
The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred but not reported, eligibility credits, claims payable, and disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of income and expenses during the reporting periods. Actual results may differ from those estimates.

Payment of Benefits
Claims are recorded when paid are reflected as benefits paid in the accompanying statements of changes in net assets available for benefits.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees, with the advice of its Investment Consultant, determines the Plan's valuation policies by using information provided by its professional investment advisers, custodians, and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's realized gains and losses on investments sold during the year and on unrealized gains and losses on investments held at the end of the year. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employers' Contributions Receivable
Employer contributions receivable are amounts due as of the dates of the financial statements to the Plan from employers covered under a collective bargaining agreement ("CBA").

Note 2 - Summary of Significant Accounting Policies (continued)

Employers' Contributions Receivable (continued)
The nature of the covered employers is such that contributions can vary significantly from work period to work period and that contributions may not be owed for some work periods. The Plan primarily determines contributions receivable upon receipt of remittance reports, which is typically submitted with the related payment within 60 days of month end. It also evaluates remittances for missing periods or for large changes in amounts to determine whether additional receivables should be recorded.

The Plan assesses collectability by reviewing uncollected employer contributions receivable on a collective basis where similar risk characteristics exist. In determining the amount of the allowance for credit losses, the Plan considers historical collectability and makes judgments about the creditworthiness of the pool of contributing employers based on collectability evaluations. Current market conditions and reasonable and supportable forecasts of future economic conditions adjust the historical losses to determine the appropriate allowance for doubtful accounts. Uncollectible accounts are written off when all collection efforts have been exhausted.

Under the prior accounting rules, the Plan evaluated the following factors when determining collectability of specific employer receivables: creditworthiness, past transaction history with the employer, and current economic industry trends.

The employer contributions receivable reflected on these financial statements include amounts owed from delinquent employers to the extent such amounts are known, can be reasonably determined and are collectible. Delinquent employers are defined as any employer who has failed to remit contributions when due either in total or in incorrect amounts when such amounts were due pursuant to the CBAs. Delinquent employer contributions, if any, are determined based upon examination of employer payroll records, which the Plan causes to have done regularly. Typically, employers will negotiate delinquencies and many times, the amounts determined to be delinquent are settled or collected at different amounts than determined by such examinations. As a result of uncertainties in timing and amount of receipts from delinquent employers, the Plan records an allowance against any delinquent employer contributions receivable unless they have been collected subsequent to year-end through the date of management's review.

Employer contribution receivable balances are substantially satisfied within a year. The Plan has determined that the necessary allowance for credit losses was $0 at June 30, 2024 and 2023.

Stop Loss
The Plan has entered into a stop-loss insurance arrangements in an effort to limit its exposure for self-insured benefits. The stop-loss insurance covers most individual participant claims over a specific dollar amount (without aggregate limitations) on a claims incurred basis with a six month trailing payment term.

Premiums for the stop-loss insurance are included in Premiums Paid to Insurance Carriers for Excess Loss Coverage in the accompanying statement of changes in net assets available for benefits. Stop-loss refunds are netted against Health Care Benefits (paid) in the accompanying statement of changes in net assets available for benefits. The total amount of recoveries was $955,744 and $546,973, respectively, for the years ended June 30, 2024 and 2023. As of June 30, 2024 and 2023, there was $339,073 and $468,361, respectively, due to the Plan for stop loss recoveries.

Note 2 - Summary of Significant Accounting Policies (continued)

Stop loss receivables are estimated based on claims incurred within the Plan year. Any claims must be evaluated by the stop loss insurance company and may be paid at different amounts than estimated. As a result of uncertainties in timing and the amount of receipts of stop loss refunds, the Plan records an allowance for credit losses on the unpaid amounts. In the current year, the Plan has subsequently received payment of all estimated stop loss refund receivables and therefore has not recorded an allowance for credit losses as of June 30, 2024.

Prescription Rebates
The Plan has entered into agreements with third party administrators to manage prescription benefits and receives prescription rebates as part of the agreements. Prescription rebates are netted against Health Care Benefits (paid) in the accompanying statement of changes in net assets available for benefits. The total amount of recoveries was $211,197 and $53,498, respectively, for the years ended June 30, 2024 and 2023. As of June 30, 2024 and 2023, there were no amounts due to the Plan under the rebate agreements.

Administrative Expenses
Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related Plans (Note 8). In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans.

Cash Equivalents
The Plan classifies all highly liquid deposits with original maturities of three months or less when purchased as cash equivalents.

Financial Instruments
The Plan's financial instruments, other than investments, include receivables from employers, amounts due from vendors, other unions and affiliates and investment income receivable. Receivables are recorded at net realizable value, which approximates their fair value based on the short term nature of the receivables and the low collectability risk. Payables are recorded at the total amount the Plan expects to pay to settle such liabilities, which approximates their fair value due to their short-term nature.

Property and Equipment
Property and equipment are recorded at cost and are depreciated on a straight-line basis over the estimated useful lives of the assets which range from three to five years. Expenditures for significant improvements and betterments are capitalized, while expenditures for routine repairs and maintenance are expensed. When property and equipment are sold or otherwise disposed, the cost and related accumulated depreciation and amortization are removed from the accounts, and the gain or loss, if any, is reflected in administrative expenses.

Reciprocity Payable
Reciprocity payable represents the Plan's obligation to employee benefit plans sponsored by other local unions for contributions earned by individuals who are not members of the Union but worked in the Union's jurisdiction.

Note 2 - Summary of Significant Accounting Policies (continued)

Tax Status
The Trust established under the Plan to hold Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code ("IRC"), and, accordingly, the Trust's net investment income is exempt from income tax. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service on May 19, 1993, and the Plan sponsor believes that the Trust, as amended since, continues to qualify and to operate in accordance with applicable provisions of the IRC.

Uncertain Tax Positions
The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in process.

Operating Leases
The Plan determines whether an arrangement is or contains a lease at contract inception. For leases with a lease term greater than one year, the Plan recognizes a lease asset for its right to use the underlying leased asset ("ROU") and a lease liability (current and long-term) for the corresponding lease obligations, calculated at present value. In determining the present value of lease payments, the Plan uses a risk-free rate for a period comparable with that of the lease terms. Operating lease ROU assets and liabilities are adjusted to result in a single straight-line lease expense over the life of the lease. The Plan considers the lease term to be the noncancelable period that it has the right to use the underlying asset, including all periods covered by an option to (1) extend the lease if the Plan is reasonably certain to exercise the option, (2) terminate the lease if the Plan is reasonably certain not to exercise that option, and (3) extend, or not to terminate, the lease in which exercise of the option is controlled by the lessor. Variable lease costs are recorded when incurred.

Reclassifications of a General Nature
Certain amounts in the prior year presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on the previously reported change in net assets available for benefits or total net assets available for benefits.

Accounting Standards Update
In June 2016, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2016-13, *Financial Instruments—Credit Losses* (Topic 326) ("ASC 326"), along with subsequently issued related ASUs, which requires financial assets (or groups of financial assets) measured at amortized cost basis to be presented at the net amount expected to be collected, among other provisions. ASC 326 eliminates the probable initial threshold for recognition of credit losses for financial assets recorded at amortized cost, which could result in earlier recognition of credit losses. It utilizes a lifetime expected credit loss measurement model for the recognition of credit losses at the time the financial asset is originated or acquired. The Plan reviewed its statement of net assets available for benefits to determine which assets fall under the scope of ASC 326 and concluded that stop loss receivables, investment income receivable and employer contributions receivable are in-scope, but are typically paid within a year. There are no expected credit losses to be adjusted for each period. The Plan adopted ASC 326 using the modified retrospective method on July 1, 2023, and it did not have a material impact on the financial statements.

Note 2 - Summary of Significant Accounting Policies (continued)

Subsequent Events
The Plan has evaluated events and transactions that occurred through April 10, 2025 which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

Note 3 - Investments

Except for its guaranteed deposit contract, limited partnerships, and other common collective trusts, the Plan's investments are held in bank-administered trust funds. All of the Plan's investments are managed by professional investment advisors.

Guaranteed Deposit Account
The Plan invests in a traditional, guaranteed deposit contract issued by Empower Annuity insurance Company of America ("Empower"). Contributions to a guaranteed deposit contract are maintained in an unallocated fund and are part of the issuer's general assets. Principal and accumulated interest is guaranteed by the issuer.

The guaranteed deposit contract is fully benefit-responsive and in accordance with ASU No. 2015-12 it is presented on the face of the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less administrative expenses.

Interest is credited on contract balances using a "new money rate/old money rate" approach. Under this methodology, an old money rate is applied to the contract balance at the end of the preceding year, and a new money rate is applied to the net change in the contract balance during the current year.

Factors utilized in the determination of interest crediting rates include the timing and amount of the Plan's cash flow as well as the expected and actual investment experience of securities held in a commingled reference portfolio within the issuer's general account. The minimum crediting rate under the contract is 1.50%. The average earnings yield on the Plan's guaranteed deposit account was 2.90% and 2.38% for the years ended June 30, 2024 and 2023, respectively. The average earnings yield is calculated by dividing the earnings credited to the plan on the last day of the plan year by the end of plan year fair value and then annualizing the result.

A plan sponsor initiated termination of the contract is an event that could limit the ability of the Plan to transact at contract value if it has to be paid within 90 days. In this instance contract value would be paid over time, or at the plan sponsor's discretion, paid immediately after applying a market value adjustment. There are no events that would allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

Note 3 - Investments (continued)

Common Collective Trust
The Plan invests in the CF Daily Valued Stock Index Fund (the "Fund") issued by the Bank of New York Mellon. This Fund is valued at net asset value. The strategy of the Fund is to invest in securities to provide a rate of return that tracks the performance of the S&P 500 Index. The Plan can redeem or liquidate its investment at any time at NAV. The Fund may, at its discretion, restrict investees from redeeming for a period of no more than 30 days, but there are no limitations on the amount that may be redeemed or any significant adjustments to net asset value upon redemption.

Limited Partnership
Boyd Watterson GSA Fund, L.P. and Subsidiary was formed to operate as a perpetual life, open-end, commingled collective investment fund which invests primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies. The Plan may request to redeem all or a portion of units by delivering written notice to the Fund stating the number of units to be redeemed. A partial redemption will only be permitted in increments of $250,000 and will not be permitted for amounts less than $250,000. The Plan can withdraw its interests in the Fund at the end of any calendar quarter upon 60 days' notice (see Note 5).

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB Accounting Standards Codification are as follows:

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

Level 2 — Inputs to the valuation methodology include:

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

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

Note 4 - Fair Value Measurements (continued)

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2024 or 2023.

- *Mutual funds:* Valued at the closing price reported in the active market in which the individual securities are traded.

- *Money market funds*: The money market funds are open-end mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish its daily net asset value and to transact at that price. Quoted prices can be found for identical or similar assets in markets that are not active.

- *U.S. Government securities, Corporate and foreign bonds and Mortgage backed securities*: 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.

- *Common collective trust:* Valued at the net asset value ("NAV") of the units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the investments held less its liability. This practical expedient is not used when it is determined that the investment will be sold for an amount different than the reported NAV.

- *Limited partnership:* The Plan invests in one limited partnership (the "Fund"). These investments are valued at NAV. as calculated quarterly by the fund managers. The Fund's underlying investments, other assets and liabilities are valued at fair value. The Funds invest primarily in real estate, but have other holdings such as an investment in an operating company and various joint ventures and some receivables.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

Note 4 - Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
U.S. Government securities	$ -	$ 2,728,862	$ -	$ 2,728,862
Money market funds	-	14,010,912	-	14,010,912
Mutual fund	3,294,212	-	-	3,294,212
Corporate and foreign bonds	-	1,796,076	-	1,796,076
Mortgage backed securities	-	2,014,600	-	2,014,600
Total Investments at Fair Value	$ 3,294,212	$ 20,550,450	$ -	23,844,662
Investments measured at NAV[1]				
Common collective trust				8,416,289
Limited partnership				2,324,976
Total Investments at Fair Value				$ 34,585,927

	Assets at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
U.S. Government securities	$ -	$ 2,702,744	$ -	$ 2,702,744
Money market funds	-	13,316,000	-	13,316,000
Mutual fund	3,073,715	-	-	3,073,715
Corporate and foreign bonds	-	1,563,171	-	1,563,171
Mortgage backed securities	-	2,195,380	-	2,195,380
Total Investments at Fair Value	$ 3,073,715	$ 19,777,295	$ -	22,851,010
Investments measured at NAV[1]				
Common collective trust				6,757,088
Limited partnership				2,501,300
Total Investments at Fair Value				$ 32,109,398

(1) Investments that are measured at fair value using NAV (or its equivalent) practical expedient are not classified in the fair value hierarchy. The fair value amounts presented in the "Investments Reported at NAV" column are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 5 - Net Asset Value Per Share

The tables that follow set forth a summary of the Plan's investments with a reported NAV per share at June 30, 2024 and 2023.

	Fair Value Using Net Asset Value Per Share at June 30, 2024				
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trust	$ 8,416,289	$ -	Daily	None	30 Days
Limited partnership	2,324,976	-	Monthly	None	60 Days
	$ 10,741,265	$ -			

	Fair Value Using Net Asset Value Per Share at June 30, 2023				
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trust	$ 6,757,088	$ -	Daily	None	30 Days
Limited partnership	2,501,300	-	Monthly	None	60 Days
	$ 9,258,388	$ -			

Note 6 - Property and Equipment

A summary of property and equipment and related depreciation is as follows as of June 30:

	2024	2023
Office and computer equipment	$ 369,468	$ 354,964
Leasehold improvements	45,324	45,324
	414,792	400,288
Less: accumulated depreciation	(392,312)	(383,112)
	$ 22,480	$ 17,176

Depreciation expense charged against operations for the years ended June 30, 2024 and 2023 was $9,200 and $8,078 respectively.

Note 7 – Operating Lease Obligations

The Plan is obligated under a lease to R. & H. L. Building Corporation ("R. & H. L") (a subsidiary of the Union) for office space at 681 Fulton Avenue, Hempstead, New York. The lease is effective from January 1, 2022 through December 31, 2025. R. & H. L. was established to act as a nominee for the Union to hold title to real estate at the above location. The Union is a related party to the Plan, because of common trustees, management, officers and oversight.

Note 7 - Operating Lease Obligations (continued)

The following is a summary of the lease-related assets and liabilities recorded as of June 30, 2024 and 2023:

	2024	2023
Assets		
Operating lease right-of-use assets	$ 211,382	$ 345,129
Liabilities		
Operating lease obligations	$ 211,382	$ 345,129

The following is a summary of certain information related to the lease costs for operating leases for the years ended June 30, 2024 and 2023:

Lease cost:	2024	2023
Operating lease cost	$ 145,125	$ 145,125
Lease cost reimbursed by related parties	(75,104)	(76,916)
Total lease cost	$ 70,021	$ 68,209

Operating lease cash flows:		
Cash paid for amounts included in the measurement of lease liabilities	2024	2023
Operating lease cash	$ 145,125	$ 145,125
Lease cost reimbursed by related parties	(75,104)	(76,916)
Total operating lease cash flows	$ 70,021	$ 68,209

Weighted-average remaining lease term	1.42 years	2.42 years
Weighted-average discount rate	4.18%	4.18%

The future undiscounted minimum lease payments, as reconciled to the discounted minimum lease obligations indicated on the Plan's net assets available for benefits, under operating lease obligations as of June 30, 2024 were as follows:

Years Ending June 30,	
2025	$ 145,125
2026	72,562
Total future minimum lease payments	217,687
Less: amount representing interest	(6,305)
Present value of future lease payments	$ 211,382

Note 8 - Related Party Transactions

The Plan, along with four other benefit plans sponsored by the Laborers Local Union No. 1298 Union of Nassau and Suffolk Counties (Pension, Legal, Annuity, and Apprenticeship and Training Funds), are all parties to the CBA and are otherwise related parties due to common governance, management and oversight. Employer contributions for all five plans are deposited into the Welfare Fund's bank account and are then distributed to each plan based on employer remittance reports.

The Plan shares office space (see Note 7), personnel, and most administrative expenses with the other Union-sponsored plans. A majority of these costs are paid out of the Welfare Fund and are allocated amongst the funds using the following ratios, which are based on an expense allocation study:

	Allocation Rates Effective July 1, 2023	Allocation Rates Effective July 1, 2021
Welfare	48.25%	48.07%
Pension	26.25%	25.05%
Annuity	15.50%	15.75%
Legal	5.75%	5.43%
Apprenticeship and Training	4.25%	5.70%
Total	**100.00%**	**100.00%**

The Plan's share of shared office space, personnel, and administrative costs was $865,762 and $879,831 for the years ended June 30, 2024 and 2023, respectively. Expenses allocated to other plans totaled $979,560 and $996,897 for the years ended June 30, 2024 and 2023, respectively. The other funds remitted payments to the Plan aggregating $869,439 and $967,919 for the years ended June 30, 2024 and 2023, respectively. As well, the Plan remitted payments to the other funds totaling $0 and $47,029 for the years ended June 30, 2024 and 2023, respectively.

As of June 30, 2024 and 2023, there were $96,210 and $180,353 owed, respectively, to other related funds for dues and other miscellaneous contributions collected.

The above transactions are considered exempt party-in-interest transactions under ERISA.

As a result of activity described above, the amounts due to (from) affiliated funds are as follows at June 30:

	2024	2023
Due (from) to Pension Fund	$ (58,107)	$ 1,915
Due (from) to Legal Fund	(27,166)	4,151
Due from Annuity Fund	(32,191)	(1,559)
Due to Apprenticeship Fund	13,957	2,107
Due to Other Related Funds	96,210	180,353
Due to Affiliates - Net	$ (7,297)	$ 186,967

Note 9 - Employee Benefits

Due to the personnel sharing described in Note 8, the Plan pays a portion of those shared individual's contributions to the Union's Pension, Welfare and Annuity benefit plans. The Plan's portion of these contributions were $313,165 and $308,313 for the years ended June 30, 2024 and 2023, respectively, and are included in administrative expenses in the statements of changes in net assets available for benefits.

Note 10 - Plan Benefit Obligations

Postretirement Benefits
The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered through June 30, 2024, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from the Company and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered through the valuation date.

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

The following were the significant assumptions used in the valuations as of June 30:

	2024	2023
Discount Rate	5.50%	5.00%
Retirement Age	61	61
Mortality Table:		
Healthy	Headcount-Weighted RP-2006 Blue Collar Healthy Employee and Annuitant Mortality Tables with generational projection using Scale MP-2019	Headcount-Weighted RP-2006 Blue Collar Healthy Employee and Annuitant Mortality Tables with generational projection using Scale MP-2019
Disabled	90% of the Headcount-Weighted RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2019	90% of the Headcount-Weighted RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2019

Note 10 - Plan Benefit Obligations (continued)

Postretirement Benefits (continued)

Annual rate of increase in the average per capita cost of healthcare benefits:

Medical and Hospital	5.75% graded in 2025 to 4.5% over 5 years	6.0% graded in 2024 to 4.5% over 6 years
Prescription Drug	5.75% graded in 2025 to 4.5% over 5 years	6.0% graded in 2024 to 4.5% over 6 years
Vision and Hearing	3.0%	3.0%
Administrative Expense Increase Rate	3.0%	3.0%

With respect to the June 30, 2024 valuation, a decrease in obligations due to raising the discount rate resulted in a decrease in the postretirement benefit obligation of $2,164,948.

The health care cost-trend rate assumption has a significant effect on the amounts reported in the financial statements. If the assumed rates increased by one percentage point each year, that would increase the obligation as of June 30, 2024 by $4,384,055.

The accumulated postretirement benefit obligation has been decreased by $439,149 and $752,046 as of June 30, 2024 and 2023, respectively, to account for the effect of projected retiree contributions to the Plan in future periods.

The foregoing assumptions are based on the presumptions 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.

Claims Incurred But Not Reported
Plan obligations at June 30, 2024 and 2023 for claims incurred but not reported, are estimated by the Plan's independent actuary in accordance with accepted actuarial principles based on claims data. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Amounts Currently Payable
Plan obligations at June 30, 2024 and 2023, for health claims incurred by active participants but not reported at that date and for accumulated eligibility of participants at June 30, 2024 and 2023 are estimated by the Plan’s actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of the Plan’s benefit obligations at present value. Health claims incurred by retired participants, but not reported at year end, are included in the postretirement benefit obligation.

Plan obligations at June 30, 2024 and 2023, for vacation benefits are estimated by Plan management based on actual vacation benefits paid subsequent to year end.

Note 11 - 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 those changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

The Plan maintains cash balances at banks in the New York metropolitan area. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation ("FDIC"), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of June 30, 2024 and 2023, the Plan had approximately $3,827,031 and $2,944,072 in excess of the FDIC limits. The Plan has not experienced any losses on their accounts.

There are various direct and indirect risks that could impact the Plan, such as potential future global economic slowdown, increase in interest rates, inflationary pressures, future geopolitical situations, supply chain disruptions and more. It is also impossible to predict the effect these will have on longer-term industrial output, potential changes in supply demand, and its impacts on the Plan's liquidity, credit, members, employers, vendors, and counterparties. To help minimize the uncertainty of these items, management will continue to monitor the various risks and adjust accordingly as deemed necessary.

Note 12 - Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	$ 48,363,944	$ 45,358,982
Less: benefit obligations currently payable	(13,926,745)	(13,323,074)
Net assets available for benefits per Form 5500	$ 34,437,199	$ 32,035,908

Note 12 - Reconciliation of Financial Statements to Form 5500 (continued)

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

	2024	2023
Benefits paid per the financial statements	$ 33,007,924	$ 28,017,181
Add: total benefit obligations payable at end of year	13,926,745	13,323,074
Add: premiums on stop loss insurance not recorded in benefits paid	931,003	847,579
Less: total benefit obligations payable at beginning of year	(13,323,074)	(12,986,853)
Benefits paid per Form 5500	$ 34,542,598	$ 29,200,981

Note 13 - Plan Termination

The Agreement and Declaration of Trust, as amended, provides that in the event the Trust is terminated, such termination would follow the applicable sections of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code, as amended, to include the payment of necessary administrative expenses, payment of all accrued benefits and such other purposes as, in the opinion of the Trustees, will best effectuate the purposes of said Agreement and Declaration of Trust.

Note 14 - Participation In Multiemployer Plans

Due to the personnel sharing described in Note 8, the Plan pays a portion of those shared individual's contributions to the multiemployer defined benefit pension plan that covers its employees. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

1. Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

2. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

3. If the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay an amount based on the underfunded status of the plan, referred to as a withdrawal liability. The Plan has no intention of ending its participation in the multiemployer plan.

The Plan's participation in the multiemployer plan for the years ended June 30, 2024 and 2023 is outlined in the table on the following page. The "Entity Tax Identification Number" column provides the Employer Identification Number ("EIN"). The zone status is based on information that the Plan received from the defined benefit plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are from 65 to 80 percent funded, and plans in the green zone are at least 80 percent funded.

Note 14 - Participation In Multiemployer Plans (continued)

The “Multiemployer Plans, Funding Improvement Plan and Rehabilitation Plan” indicates plans for which a financial improvement plan (“FIP”) or a rehabilitation plan (“RP”) is either pending or has been implemented. Contributions reported in the table below represent the Plan’s proportionate share of the contributions made to this multiemployer plan.

Multiemployer Plan	Entity Tax Identification Number	Certified Zone Status		FIP / RP	Contributions		Surcharge Imposed	Current CBA Expiration Date
		July 1, 2024	July 1, 2023		June 30, 2024	June 30, 2023		
Laborers' Local 1298 Pension Plan	11-1970385	Green	Green	N/A	$ 125,532	$ 126,100	N/A	May 31, 2026

The Plan also contributes on behalf of its employees, to the Laborers Local 1298 Welfare Fund. This Plan provides health, unemployment and other benefits to participants and retirees. The Plan’s contribution to the Welfare Fund for these costs was $117,671 and $113,702 for the years ended June 30, 2024 and 2023, respectively.

The Plan was not listed in the previous Plan's Form 5500 as providing more than 5% of the total contributions for the Plan years ended June 30, 2024 and 2023.

Note 15 - Party in Interest Transactions

The Plan has a number of service providers. Such providers are parties in interest under ERISA. However, all transactions with such providers are exempt party-in-interest transactions under ERISA.

Supplemental Information

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
Schedules of Administrative Expenses
For the Years Ended June 30, 2024 and 2023

	2024	2023
Adminstrative expenses		
Salaries	$ 745,695	$ 739,819
Employee benefits	313,165	308,313
Payroll taxes	49,761	47,161
Lease expense	70,021	68,209
Telephone	6,455	6,671
Insurance	3,802	8,154
Computer expense	47,098	35,346
Office expense	46,465	35,752
Printing	11,668	29,305
Postage	28,315	36,710
Auto expenses	1,399	2,746
Meetings and conferences	492	1,213
Depreciation	9,200	8,078
Collection fees	71,503	52,337
Federal excise tax (PCORI fee)	7,957	7,991
Accounting fees	67,925	62,700
Payroll compliance fees	33,621	31,830
Actuary fees	106,544	62,990
Legal fees	63,085	60,615
Total administrative expenses	$ 1,684,171	$ 1,605,940

See independent auditor's report.

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
EIN: 11-1628171
Plan Number 501
Schedule H, Line 4(i) – Schedule of Assets Held (At Year End)
As of June 30, 2024

(a) Party in interest to the plan	(b) Shares, Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	U.S. TREASURY NOTES 2.250% 11/15/24			
	60,000.0000 CUSIP: 912828G38	U.S. Government Securities	$ 60,016	$ 59,306
	U.S. TREASURY NOTES 2.750% 6/30/25			
	25,000.0000 CUSIP: 912828XZ8	U.S. Government Securities	25,293	24,428
	U.S. TREASURY NOTES 0.750% 5/31/26			
	100,000.0000 CUSIP: 91282CCF6	U.S. Government Securities	93,513	92,738
	U.S. TREASURY NOTES 4.625% 10/15/26			
	210,000.0000 CUSIP: 91282CJC6	U.S. Government Securities	209,484	209,811
	U.S. TREASURY NOTES 1.875% 2/28/27			
	45,000.0000 CUSIP: 91282CEC1	U.S. Government Securities	44,879	41,980
	U.S. TREASURY NOTES 2.250% 8/15/27			
	50,000.0000 CUSIP: 9128282R0	U.S. Government Securities	49,672	46,717
	U.S. TREASURY NOTES 3.125% 8/31/27			
	85,000.0000 CUSIP: 91282CFH9	U.S. Government Securities	83,478	81,547
	U.S. TREASURY NOTES 0.375% 9/30/27			
	125,000.0000 CUSIP: 91282CAL5	U.S. Government Securities	113,228	109,590
	U.S. TREASURY NOTES 4.125% 9/30/27			
	200,000.0000 CUSIP: 91282CFM8	U.S. Government Securities	199,766	197,734
	U.S. TREASURY NOTES 2.750% 2/15/28			
	170,000.0000 CUSIP: 9128283W8	U.S. Government Securities	169,089	160,285
	U.S. TREASURY NOTES 1.125% 2/29/28			
	150,000.0000 CUSIP: 91282CBP5	U.S. Government Securities	148,706	133,260
	U.S. TREASURY NOTES 4.000% 2/29/28			
	125,000.0000 CUSIP: 91282CGP0	U.S. Government Securities	126,645	123,096
	U.S. TREASURY NOTES 2.875% 5/15/28			
	25,000.0000 CUSIP: 9128284N7	U.S. Government Securities	24,802	23,618
	U.S. TREASURY NOTES 1.125% 8/31/28			
	105,000.0000 CUSIP: 91282CCV1	U.S. Government Securities	105,232	91,994
	U.S. TREASURY NOTES 3.125% 11/15/28			
	60,000.0000 CUSIP: 9128285M8	U.S. Government Securities	60,175	56,974
	U.S. TREASURY NOTES 1.500% 11/30/28			
	50,000.0000 CUSIP: 91282CDL2	U.S. Government Securities	45,135	44,246
	U.S. TREASURY NOTES 3.125% 8/31/29			
	100,000.0000 CUSIP: 91282CFJ5	U.S. Government Securities	95,505	94,313
	U.S. TREASURY NOTES 3.875% 9/30/29			
	325,000.0000 CUSIP: 91282CFL0	U.S. Government Securities	321,034	317,574
	U.S. TREASURY NOTES 1.750% 11/15/29			
	15,000.0000 CUSIP: 912828YS3	U.S. Government Securities	14,952	13,175
	U.S. TREASURY NOTES 1.500% 2/15/30			
	30,000.0000 CUSIP: 912828Z94	U.S. Government Securities	30,108	25,748
	U.S. TREASURY NOTES 3.625% 3/31/30			
	75,000.0000 CUSIP: 91282CGS4	U.S. Government Securities	75,894	72,211
	U.S. TREASURY NOTES 0.625% 5/15/30			
	100,000.0000 CUSIP: 912828ZQ6	U.S. Government Securities	87,592	80,832
	U.S. TREASURY NOTES 0.875% 11/15/30			
	300,000.0000 CUSIP: 91282CAV3	U.S. Government Securities	248,712	242,661
	U.S. TREASURY NOTES 1.625% 5/15/31			
	115,000.0000 CUSIP: 91282CCB5	U.S. Government Securities	117,171	96,520
	U.S. TREASURY NOTES 1.250% 8/15/31			
	60,000.0000 CUSIP: 91282CCS8	U.S. Government Securities	60,027	48,694
	U.S. TREASURY NOTES 1.875% 2/15/32			
	40,000.0000 CUSIP: 91282CDY4	U.S. Government Securities	37,617	33,578
	U.S. TREASURY NOTES 2.750% 8/15/32			
	80,000.0000 CUSIP: 91282CFF3	U.S. Government Securities	73,435	71,190
	U.S. TREASURY NOTES 4.375% 5/15/34			
	135,000.0000 CUSIP: 91282CKQ3	U.S. Government Securities	134,236	135,042
	Total U.S. Government Securities		**2,855,396**	**2,728,862**
	WILMINGTON US GOVT MONEY MKT CL SLCT			
*	165,630.1700 Ticker: WGEXX; CUSIP: 97181C704	Money Market Funds	165,630	165,630
	WILMINGTON US TREASURY MMKT CL SLCT			
	Ticker: WTEXX; CUSIP: 97181C514			
*	3,053,231.3500	Money Market Funds	3,053,231	3,053,231

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
EIN: 11-1628171
Plan Number 501
Schedule H, Line 4(i) – Schedule of Assets Held (At Year End)
As of June 30, 2024

(a) Party in interest to the plan	(b) Shares, Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	WILMINGTON US TREASURY MMKT CL SLCT Ticker: WTEXX; CUSIP: 97181C514			
*	9,948,631.3000	Money Market Funds	9,948,631	9,948,631
	WILMINGTON US TREASURY MMKT CL SLCT Ticker: WTEXX; CUSIP: 97181C514			
*	843,419.7900	Money Market Funds	843,420	843,420
	Total Money Market Funds		**14,010,912**	**14,010,912**
	STRATEGIC INCOME FD CL R6			
	339,259.7800 Ticker: NRSIX, CUSIP: 64128K561	Mutual Fund	3,686,023	3,294,212
	Total Mutual Fund		**3,686,023**	**3,294,212**
	KINDER MORGAN ENER 4.250% 9/01/24			
	40,000.0000 CUSIP: 494550BV7	Corporate and Foreign Bonds	40,000	39,881
	MARATHON PETRO 3.625% 9/15/24			
	10,000.0000 CUSIP: 56585AAG7	Corporate and Foreign Bonds	9,964	9,952
	ENBRIDGE INC 2.500% 1/15/25			
	65,000.0000 CUSIP: 29250NAY1	Corporate and Foreign Bonds	64,879	63,850
	GLOBAL PAYMENTS INC 2.650% 2/15/25			
	40,000.0000 CUSIP: 37940XAA0	Corporate and Foreign Bonds	40,039	39,221
	CAMPBELL SOUP CO 3.300% 3/19/25			
	35,000.0000 CUSIP: 134429BA6	Corporate and Foreign Bonds	35,086	34,347
	GENERAL DYNAMICS CO 3.250% 4/01/25			
	30,000.0000 CUSIP: 369550BK3	Corporate and Foreign Bonds	29,867	29,508
	KEYCORP MTN V-D 6.63427% 5/23/25			
	20,000.0000 CUSIP: 49326EEL3	Corporate and Foreign Bonds	20,000	19,926
	KEY BANK			
	35,000.0000 CUSIP: 49327M3E2	Corporate and Foreign Bonds	34,990	34,323
	BANK MONT MTN CONV 5.920% 9/25/25			
	75,000.0000 CUSIP: 06368LWT9	Corporate and Foreign Bonds	75,000	75,341
	VERIZON COMM INC 0.850% 11/20/25			
	50,000.0000 CUSIP: 92343VFS8	Corporate and Foreign Bonds	49,995	47,001
	JPMORGAN CHASE V-D 2.595% 2/24/26			
	100,000.0000 CUSIP: 46647PCV6	Corporate and Foreign Bonds	100,000	98,010
	HP ENTERPRISE CO 6.102% 4/01/26			
	50,000.0000 CUSIP: 42824CBM0	Corporate and Foreign Bonds	49,999	50,001
	WELLS FARGO CO V-D 2.188% 4/30/26			
	40,000.0000 CUSIP: 95000U2N2	Corporate and Foreign Bonds	40,000	38,842
	TOYOTA MTR CR MTN 5.200% 5/15/26			
	35,000.0000 CUSIP: 89236TMD4	Corporate and Foreign Bonds	34,977	35,057
	ROPER TECHNOLOGIES 3.800% 12/15/26			
	65,000.0000 CUSIP: 776743AD8	Corporate and Foreign Bonds	65,887	62,830
	DUKE ENERGY FLORIDA 3.200% 1/15/27			
	35,000.0000 CUSIP: 26444HAC5	Corporate and Foreign Bonds	36,752	33,412
	CITIGROUP INC V-D 1.122% 1/28/27			
	50,000.0000 CUSIP: 17327CAM5	Corporate and Foreign Bonds	50,000	46,633
	CHARLES SCHWAB CORP 3.200% 3/02/27			
	50,000.0000 CUSIP: 808513AQ8	Corporate and Foreign Bonds	49,920	47,585
	SYSCO CORP 3.250% 7/15/27			
	55,000.0000 CUSIP: 871829BF3	Corporate and Foreign Bonds	57,390	52,081
	CHURCH & DWIGHT CO 3.150% 8/01/27			
	55,000.0000 CUSIP: 171340AN2	Corporate and Foreign Bonds	54,943	52,207
	MPLX LP 4.000% 3/15/28			
	45,000.0000 CUSIP: 55336VAR1	Corporate and Foreign Bonds	44,798	43,058
	CVS HEALTH CORP 4.300% 3/25/28			
	12,000.0000 CUSIP: 126650CX6	Corporate and Foreign Bonds	11,831	11,587
	ASTRAZENECA FINANCE 1.750% 5/28/28			
	25,000.0000 CUSIP: 04636NAE3	Corporate and Foreign Bonds	24,958	22,176
	VERIZON COMM INC 4.329% 9/21/28			
	50,000.0000 CUSIP: 92343VER1	Corporate and Foreign Bonds	52,657	48,618

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
EIN: 11-1628171
Plan Number 501
Schedule H, Line 4(i) – Schedule of Assets Held (At Year End)
As of June 30, 2024

(a) Party in interest to the plan	(b) Shares, Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	THERMO FISHER SCIEN 1.750% 10/15/28			
	45,000.0000 CUSIP: 883556CK6	Corporate and Foreign Bonds	44,978	39,701
	T MOBILE USA INC 4.850% 1/15/29			
	35,000.0000 CUSIP: 87264ADE2	Corporate and Foreign Bonds	34,948	34,565
	HOME DEPOT INC 4.900% 4/15/29			
	50,000.0000 CUSIP: 437076CW0	Corporate and Foreign Bonds	49,775	50,086
	NORTHERN TRUST CORP 3.150% 5/03/29			
	55,000.0000 CUSIP: 665859AU8	Corporate and Foreign Bonds	53,094	50,810
	PNC FINANCIAL V-D 5.582% 6/12/29			
	25,000.0000 CUSIP: 693475BR5	Corporate and Foreign Bonds	25,000	25,274
	TRUIST FIN MTN V-D 5.435% 1/24/30			
	25,000.0000 CUSIP: 89788MAR3	Corporate and Foreign Bonds	25,000	24,935
	PIONEER NAT RESOURCE 1.900% 8/15/30			
	35,000.0000 CUSIP: 723787AQ0	Corporate and Foreign Bonds	34,722	29,325
	VENTAS REALTY LP 4.750% 11/15/30			
	55,000.0000 CUSIP: 92277GAV9	Corporate and Foreign Bonds	54,092	52,788
	MICRON TECHNOLOGY IN 5.300% 1/15/31			
	30,000.0000 CUSIP: 595112CD3	Corporate and Foreign Bonds	29,979	29,933
	BANK OF AMER MTN V-Q 2.496% 2/13/31			
	65,000.0000 CUSIP: 06051GHZ5	Corporate and Foreign Bonds	65,295	56,183
	ABBVIE INC 4.950% 3/15/31			
	20,000.0000 CUSIP: 00287YDT3	Corporate and Foreign Bonds	19,979	19,948
	FIFTH THIRD BANC V-D 5.631% 1/29/32			
	20,000.0000 CUSIP: 316773DL1	Corporate and Foreign Bonds	20,000	19,826
	SOUTHERN CO 5.200% 6/15/33			
	35,000.0000 CUSIP: 842587DR5	Corporate and Foreign Bonds	35,046	34,362
	DUKE ENERGY CORP 5.750% 9/15/33			
	20,000.0000 CUSIP: 26441CBZ7	Corporate and Foreign Bonds	19,985	20,310
	GILEAD SCIENCES 5.250% 10/15/33			
	25,000.0000 CUSIP: 375558BZ5	Corporate and Foreign Bonds	24,871	25,182
	BANK OF NY MELLO 5.834% 10/25/33			
	50,000.0000 CUSIP: 06406RBM8	Corporate and Foreign Bonds	53,152	51,765
	KINDER MORGAN 5.400% 2/01/34			
	45,000.0000 CUSIP: 494553AE0	Corporate and Foreign Bonds	45,358	44,308
	US BANCORP V-D 4.839% 2/01/34			
	50,000.0000 CUSIP: 91159HJL5	Corporate and Foreign Bonds	48,414	47,401
	BECTON DICKINSON 5.110% 2/08/34			
	30,000.0000 CUSIP: 075887CS6	Corporate and Foreign Bonds	30,000	29,556
	TEXAS INSTRUMENT 4.850% 2/08/34			
	50,000.0000 CUSIP: 882508CH5	Corporate and Foreign Bonds	49,976	49,550
	EXELON CORP 5.450% 3/15/34			
	25,000.0000 CUSIP: 30161NBN0	Corporate and Foreign Bonds	24,958	24,821
	Total Corporate and Foreign Bonds		**1,862,554**	**1,796,076**
	FHLMC 0.375% 7/21/25			
	300,000.0000 CUSIP: 3137EAEU9	Mortgage Backed Securities	299,049	285,825
	FHLMC GD PL #J2083 2.500% 10/01/27			
	18,539.3800 CUSIP: 31306X4T7	Mortgage Backed Securities	18,562	17,857
	FNMA 0.875% 8/05/30			
	125,000.0000 CUSIP: 3135G05Q2	Mortgage Backed Securities	124,060	101,268
	FNMA PL #888276 5.500% 11/01/36			
	18,097.6000 CUSIP: 31410F2H7	Mortgage Backed Securities	18,131	18,164
	FNMA PL #932135 5.000% 11/01/39			
	62,132.9100 CUSIP: 31412QSY6	Mortgage Backed Securities	62,277	61,440
	FHLMC GD PL #C0349 4.500% 8/01/40			
	15,833.8700 CUSIP: 31292K2X4	Mortgage Backed Securities	15,915	15,400
	FHLMC GD PL #A9395 4.000% 9/01/40			
	23,046.9400 CUSIP: 312942L86	Mortgage Backed Securities	23,230	21,777
	FHLMC GD PL #A9471 4.000% 11/01/40			
	40,062.8800 CUSIP: 312943GW7	Mortgage Backed Securities	40,389	37,856
	FHLMC GD PL #G0844 4.500% 4/01/41			
	32,605.6700 CUSIP: 3128MJP53	Mortgage Backed Securities	32,639	31,712

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
EIN: 11-1628171
Plan Number 501
Schedule H, Line 4(i) – Schedule of Assets Held (At Year End)
As of June 30, 2024

(a) Party in interest to the plan	(b) Shares, Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	FHLMC GD PL #C0423 3.500% 9/01/42			
	77,110.2000 CUSIP: 31292LV77	Mortgage Backed Securities	77,825	70,467
	FHLMC GD PL #C0442 3.000% 1/01/43			
	77,068.0700 CUSIP: 31292L4D4	Mortgage Backed Securities	77,524	68,130
	FHLMC PL #ZS4712 3.000% 4/01/47			
	57,174.0800 CUSIP: 3132A5GV1	Mortgage Backed Securities	58,851	49,818
	FNMA PL #BE3625 3.500% 5/01/47			
	33,454.3500 CUSIP: 3140FPA33	Mortgage Backed Securities	33,804	30,509
	FNMA PL #MA3106 3.000% 8/01/47			
	57,985.9000 CUSIP: 31418CNY6	Mortgage Backed Securities	58,181	50,510
	FNMA PL #BQ3721 2.000% 9/01/50			
	168,431.6100 CUSIP: 3140KPD34	Mortgage Backed Securities	170,246	133,602
	FNMA PL #CA7278 2.500% 10/01/50			
	88,344.1000 CUSIP: 3140QFCQ0	Mortgage Backed Securities	76,748	72,570
	FNMA PL #CB0200 3.000% 4/01/51			
	59,992.6600 CUSIP: 3140QKGJ1	Mortgage Backed Securities	53,899	51,206
	FHLMC PL #RA5256 2.000% 5/01/51			
	48,510.2900 CUSIP: 3133KLZV2	Mortgage Backed Securities	40,708	38,109
	FNMA PL #FM7154 2.500% 5/01/51			
	256,725.7000 CUSIP: 3140XA5Q1	Mortgage Backed Securities	264,799	214,569
	FHLMC PL #SD8154 1.500% 7/01/51			
	25,707.3500 CUSIP: 3132DWBX0	Mortgage Backed Securities	20,530	19,180
	FNMA PL #CB1878 3.000% 10/01/51			
	69,976.3400 CUSIP: 3140QMCQ5	Mortgage Backed Securities	67,763	60,045
	FHLMC PL #RA6332 2.000% 11/01/51			
	54,292.8300 CUSIP: 3133KNA94	Mortgage Backed Securities	49,638	43,057
	FNMA PL #FS2042 2.500% 1/01/52			
	107,722.3900 CUSIP: 3140XHHU4	Mortgage Backed Securities	101,323	88,499
	FHLMC PL #RA7191 3.500% 4/01/52			
	45,675.4200 CUSIP: 3133KN7C1	Mortgage Backed Securities	42,230	40,707
	FHLMC PL #QE2363 3.500% 5/01/52			
	125,631.8600 CUSIP: 3133BBTU3	Mortgage Backed Securities	123,635	111,267
	FNMA PL #BV7245 4.000% 5/01/52			
	90,465.2100 CUSIP: 3140MMBP2	Mortgage Backed Securities	90,892	82,911
	FNMA PL #FS4229 4.000% 11/01/52			
	39,006.8400 CUSIP: 3140XKVX5	Mortgage Backed Securities	37,027	35,766
	FHLMC PL #SD3238 5.500% 12/01/52			
	38,691.5100 CUSIP: 3132DQS31	Mortgage Backed Securities	38,720	38,245
	FHLMC PL #SD2617 5.000% 3/01/53			
	67,463.2300 CUSIP: 3132DP4A3	Mortgage Backed Securities	66,399	65,252
	FHLMC PL #RA8647 4.500% 5/01/53			
	62,366.9700 CUSIP: 3133KQTC0	Mortgage Backed Securities	60,515	58,882
	Total Mortgage Backed Securities		**2,245,509**	**2,014,600**
	2,216.6100 Boyd Watterson GSA Fund	Limited Partnership	2,296,204	2,324,976
	Total Limited Partnership		**2,296,204**	**2,324,976**
	3,714.2430 BNY Mellon CF SL Stock Index Fund	Common Collective Trusts	2,423,940	8,416,289
	Total Common Collective Trust		**2,423,940**	**8,416,289**
	7,119,727.6300 Empower Guaranteed Deposit	Guaranteed Investment Contract	7,173,467	7,173,467
	Total Guaranteed Deposit Account		**7,173,467**	**7,173,467**
	Total Investments		**$ 36,554,005**	**$ 41,759,394**

* Denotes a party in interest

Laborers Local Union No. 1298
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Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended June 30, 2024

Category 1 - Single Transaction Exceeds 5% of Value

	(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	* Wilmington Trust	US Treasury MMkt CL SLCT	$ 10,693,000	-	$ 10,693,000	$ 10,693,000	-
	* Wilmington Trust	US Treasury MMkt CL SLCT	$ 2,300,000	-	$ 2,300,000	$ 2,300,000	-

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

	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
(A)	* Wilmington Trust	US Treasury MMkt CL SLCT	$ 12,251,940	-	$ 12,251,940	$ 12,251,940	-
(B)	* Wilmington Trust	US Treasury MMkt CL SLCT	-	$ 11,693,000	$ 11,693,000	$ 11,693,000	-

The above that represent more than a single transaction consist of the following:

	Number of Transactions	Range of Transactions
(A)	48	$2,608 - $2,300,000
(B)	2	$1,000,000 - $10,693,000

* Indicates an identified party known to be a party-in-interest to the Plan.

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(a) Party in interest to the plan	(b) Shares, Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	U.S. TREASURY NOTES 2.250% 11/15/24			
	60,000.0000 CUSIP: 912828G38	U.S. Government Securities	$ 60,016	$ 59,306
	U.S. TREASURY NOTES 2.750% 6/30/25			
	25,000.0000 CUSIP: 912828XZ8	U.S. Government Securities	25,293	24,428
	U.S. TREASURY NOTES 0.750% 5/31/26			
	100,000.0000 CUSIP: 91282CCF6	U.S. Government Securities	93,513	92,738
	U.S. TREASURY NOTES 4.625% 10/15/26			
	210,000.0000 CUSIP: 91282CJC6	U.S. Government Securities	209,484	209,811
	U.S. TREASURY NOTES 1.875% 2/28/27			
	45,000.0000 CUSIP: 91282CEC1	U.S. Government Securities	44,879	41,980
	U.S. TREASURY NOTES 2.250% 8/15/27			
	50,000.0000 CUSIP: 9128282R0	U.S. Government Securities	49,672	46,717
	U.S. TREASURY NOTES 3.125% 8/31/27			
	85,000.0000 CUSIP: 91282CFH9	U.S. Government Securities	83,478	81,547
	U.S. TREASURY NOTES 0.375% 9/30/27			
	125,000.0000 CUSIP: 91282CAL5	U.S. Government Securities	113,228	109,590
	U.S. TREASURY NOTES 4.125% 9/30/27			
	200,000.0000 CUSIP: 91282CFM8	U.S. Government Securities	199,766	197,734
	U.S. TREASURY NOTES 2.750% 2/15/28			
	170,000.0000 CUSIP: 9128283W8	U.S. Government Securities	169,089	160,285
	U.S. TREASURY NOTES 1.125% 2/29/28			
	150,000.0000 CUSIP: 91282CBP5	U.S. Government Securities	148,706	133,260
	U.S. TREASURY NOTES 4.000% 2/29/28			
	125,000.0000 CUSIP: 91282CGP0	U.S. Government Securities	126,645	123,096
	U.S. TREASURY NOTES 2.875% 5/15/28			
	25,000.0000 CUSIP: 9128284N7	U.S. Government Securities	24,802	23,618
	U.S. TREASURY NOTES 1.125% 8/31/28			
	105,000.0000 CUSIP: 91282CCV1	U.S. Government Securities	105,232	91,994
	U.S. TREASURY NOTES 3.125% 11/15/28			
	60,000.0000 CUSIP: 9128285M8	U.S. Government Securities	60,175	56,974
	U.S. TREASURY NOTES 1.500% 11/30/28			
	50,000.0000 CUSIP: 91282CDL2	U.S. Government Securities	45,135	44,246
	U.S. TREASURY NOTES 3.125% 8/31/29			
	100,000.0000 CUSIP: 91282CFJ5	U.S. Government Securities	95,505	94,313
	U.S. TREASURY NOTES 3.875% 9/30/29			
	325,000.0000 CUSIP: 91282CFL0	U.S. Government Securities	321,034	317,574
	U.S. TREASURY NOTES 1.750% 11/15/29			
	15,000.0000 CUSIP: 912828YS3	U.S. Government Securities	14,952	13,175
	U.S. TREASURY NOTES 1.500% 2/15/30			
	30,000.0000 CUSIP: 912828Z94	U.S. Government Securities	30,108	25,748
	U.S. TREASURY NOTES 3.625% 3/31/30			
	75,000.0000 CUSIP: 91282CGS4	U.S. Government Securities	75,894	72,211
	U.S. TREASURY NOTES 0.625% 5/15/30			
	100,000.0000 CUSIP: 912828ZQ6	U.S. Government Securities	87,592	80,832
	U.S. TREASURY NOTES 0.875% 11/15/30			
	300,000.0000 CUSIP: 91282CAV3	U.S. Government Securities	248,712	242,661
	U.S. TREASURY NOTES 1.625% 5/15/31			
	115,000.0000 CUSIP: 91282CCB5	U.S. Government Securities	117,171	96,520
	U.S. TREASURY NOTES 1.250% 8/15/31			
	60,000.0000 CUSIP: 91282CCS8	U.S. Government Securities	60,027	48,694
	U.S. TREASURY NOTES 1.875% 2/15/32			
	40,000.0000 CUSIP: 91282CDY4	U.S. Government Securities	37,617	33,578
	U.S. TREASURY NOTES 2.750% 8/15/32			
	80,000.0000 CUSIP: 91282CFF3	U.S. Government Securities	73,435	71,190
	U.S. TREASURY NOTES 4.375% 5/15/34			
	135,000.0000 CUSIP: 91282CKQ3	U.S. Government Securities	134,236	135,042
	Total U.S. Government Securities		**2,855,396**	**2,728,862**
	WILMINGTON US GOVT MONEY MKT CL			
*	165,630.1700 SLCT	Money Market Funds	165,630	165,630
	WILMINGTON US TREASURY MMKT CL SLCT Ticker: WTEXX; CUSIP: 97181C514			
*	3,053,231.3500	Money Market Funds	3,053,231	3,053,231

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(a) Party in interest to the plan	(b) Shares, Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
*	9,948,631.3000 WILMINGTON US TREASURY MMKT CL SLCT Ticker: WTEXX; CUSIP: 97181C514	Money Market Funds	9,948,631	9,948,631
*	843,419.7900 WILMINGTON US TREASURY MMKT CL SLCT Ticker: WTEXX; CUSIP: 97181C514	Money Market Funds	843,420	843,420
	Total Money Market Funds		**14,010,912**	**14,010,912**
	339,259.7800 STRATEGIC INCOME FD CL R6 Ticker: NRSIX, CUSIP: 64128K561	Mutual Fund	3,686,023	3,294,212
	Total Mutual Fund		**3,686,023**	**3,294,212**
	40,000.0000 KINDER MORGAN ENER 4.250% 9/01/24 CUSIP: 494550BV7	Corporate and Foreign Bonds	40,000	39,881
	10,000.0000 MARATHON PETRO 3.625% 9/15/24 CUSIP: 56585AAG7	Corporate and Foreign Bonds	9,964	9,952
	65,000.0000 ENBRIDGE INC 2.500% 1/15/25 CUSIP: 29250NAY1	Corporate and Foreign Bonds	64,879	63,850
	40,000.0000 GLOBAL PAYMENTS INC 2.650% 2/15/25 CUSIP: 37940XAA0	Corporate and Foreign Bonds	40,039	39,221
	35,000.0000 CAMPBELL SOUP CO 3.300% 3/19/25 CUSIP: 134429BA6	Corporate and Foreign Bonds	35,086	34,347
	30,000.0000 GENERAL DYNAMICS CO 3.250% 4/01/25 CUSIP: 369550BK3	Corporate and Foreign Bonds	29,867	29,508
	20,000.0000 KEYCORP MTN V-D 6.63427% 5/23/25 CUSIP: 49326EEL3	Corporate and Foreign Bonds	20,000	19,926
	35,000.0000 KEY BANK CUSIP: 49327M3E2	Corporate and Foreign Bonds	34,990	34,323
	75,000.0000 BANK MONT MTN CONV 5.920% 9/25/25 CUSIP: 06368LWT9	Corporate and Foreign Bonds	75,000	75,341
	50,000.0000 VERIZON COMM INC 0.850% 11/20/25 CUSIP: 92343VFS8	Corporate and Foreign Bonds	49,995	47,001
	100,000.0000 JPMORGAN CHASE V-D 2.595% 2/24/26 CUSIP: 46647PCV6	Corporate and Foreign Bonds	100,000	98,010
	50,000.0000 HP ENTERPRISE CO 6.102% 4/01/26 CUSIP: 42824CBM0	Corporate and Foreign Bonds	49,999	50,001
	40,000.0000 WELLS FARGO CO V-D 2.188% 4/30/26 CUSIP: 95000U2N2	Corporate and Foreign Bonds	40,000	38,842
	35,000.0000 TOYOTA MTR CR MTN 5.200% 5/15/26 CUSIP: 89236TMD4	Corporate and Foreign Bonds	34,977	35,057
	65,000.0000 ROPER TECHNOLOGIES 3.800% 12/15/26 CUSIP: 776743AD8	Corporate and Foreign Bonds	65,887	62,830
	35,000.0000 DUKE ENERGY FLORIDA 3.200% 1/15/27 CUSIP: 26444HAC5	Corporate and Foreign Bonds	36,752	33,412
	50,000.0000 CITIGROUP INC V-D 1.122% 1/28/27 CUSIP: 17327CAM5	Corporate and Foreign Bonds	50,000	46,633
	50,000.0000 CHARLES SCHWAB CORP 3.200% 3/02/27 CUSIP: 808513AQ8	Corporate and Foreign Bonds	49,920	47,585
	55,000.0000 SYSCO CORP 3.250% 7/15/27 CUSIP: 871829BF3	Corporate and Foreign Bonds	57,390	52,081
	55,000.0000 CHURCH & DWIGHT CO 3.150% 8/01/27 CUSIP: 171340AN2	Corporate and Foreign Bonds	54,943	52,207
	45,000.0000 MPLX LP 4.000% 3/15/28 CUSIP: 55336VAR1	Corporate and Foreign Bonds	44,798	43,058
	12,000.0000 CVS HEALTH CORP 4.300% 3/25/28 CUSIP: 126650CX6	Corporate and Foreign Bonds	11,831	11,587
	25,000.0000 ASTRAZENECA FINANCE 1.750% 5/28/28 CUSIP: 04636NAE3	Corporate and Foreign Bonds	24,958	22,176
	50,000.0000 VERIZON COMM INC 4.329% 9/21/28 CUSIP: 92343VER1	Corporate and Foreign Bonds	52,657	48,618

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	THERMO FISHER SCIEN 1.750% 10/15/28			
	45,000.0000 CUSIP: 883556CK6	Corporate and Foreign Bonds	44,978	39,701
	T MOBILE USA INC 4.850% 1/15/29			
	35,000.0000 CUSIP: 87264ADE2	Corporate and Foreign Bonds	34,948	34,565
	HOME DEPOT INC 4.900% 4/15/29			
	50,000.0000 CUSIP: 437076CW0	Corporate and Foreign Bonds	49,775	50,086
	NORTHERN TRUST CORP 3.150% 5/03/29			
	55,000.0000 CUSIP: 665859AU8	Corporate and Foreign Bonds	53,094	50,810
	PNC FINANCIAL V-D 5.582% 6/12/29			
	25,000.0000 CUSIP: 693475BR5	Corporate and Foreign Bonds	25,000	25,274
	TRUIST FIN MTN V-D 5.435% 1/24/30			
	25,000.0000 CUSIP: 89788MAR3	Corporate and Foreign Bonds	25,000	24,935
	PIONEER NAT RESOURCE 1.900% 8/15/30			
	35,000.0000 CUSIP: 723787AQ0	Corporate and Foreign Bonds	34,722	29,325
	VENTAS REALTY LP 4.750% 11/15/30			
	55,000.0000 CUSIP: 92277GAV9	Corporate and Foreign Bonds	54,092	52,788
	MICRON TECHNOLOGY IN 5.300% 1/15/31			
	30,000.0000 CUSIP: 595112CD3	Corporate and Foreign Bonds	29,979	29,933
	BANK OF AMER MTN V-Q 2.496% 2/13/31			
	65,000.0000 CUSIP: 06051GHZ5	Corporate and Foreign Bonds	65,295	56,183
	ABBVIE INC 4.950% 3/15/31			
	20,000.0000 CUSIP: 00287YDT3	Corporate and Foreign Bonds	19,979	19,948
	FIFTH THIRD BANC V-D 5.631% 1/29/32			
	20,000.0000 CUSIP: 316773DL1	Corporate and Foreign Bonds	20,000	19,826
	SOUTHERN CO 5.200% 6/15/33			
	35,000.0000 CUSIP: 842587DR5	Corporate and Foreign Bonds	35,046	34,362
	DUKE ENERGY CORP 5.750% 9/15/33			
	20,000.0000 CUSIP: 26441CBZ7	Corporate and Foreign Bonds	19,985	20,310
	GILEAD SCIENCES 5.250% 10/15/33			
	25,000.0000 CUSIP: 375558BZ5	Corporate and Foreign Bonds	24,871	25,182
	BANK OF NY MELLO 5.834% 10/25/33			
	50,000.0000 CUSIP: 06406RBM8	Corporate and Foreign Bonds	53,152	51,765
	KINDER MORGAN 5.400% 2/01/34			
	45,000.0000 CUSIP: 494553AE0	Corporate and Foreign Bonds	45,358	44,308
	US BANCORP V-D 4.839% 2/01/34			
	50,000.0000 CUSIP: 91159HJL5	Corporate and Foreign Bonds	48,414	47,401
	BECTON DICKINSON 5.110% 2/08/34			
	30,000.0000 CUSIP: 075887CS6	Corporate and Foreign Bonds	30,000	29,556
	TEXAS INSTRUMENT 4.850% 2/08/34			
	50,000.0000 CUSIP: 882508CH5	Corporate and Foreign Bonds	49,976	49,550
	EXELON CORP 5.450% 3/15/34			
	25,000.0000 CUSIP: 30161NBN0	Corporate and Foreign Bonds	24,958	24,821
	Total Corporate and Foreign Bonds		**1,862,554**	**1,796,076**
	FHLMC 0.375% 7/21/25			
	300,000.0000 CUSIP: 3137EAEU9	Mortgage Backed Securities	299,049	285,825
	FHLMC GD PL #J2083 2.500% 10/01/27			
	18,539.3800 CUSIP: 31306X4T7	Mortgage Backed Securities	18,562	17,857
	FNMA 0.875% 8/05/30			
	125,000.0000 CUSIP: 3135G05Q2	Mortgage Backed Securities	124,060	101,268
	FNMA PL #888276 5.500% 11/01/36			
	18,097.6000 CUSIP: 31410F2H7	Mortgage Backed Securities	18,131	18,164
	FNMA PL #932135 5.000% 11/01/39			
	62,132.9100 CUSIP: 31412QSY6	Mortgage Backed Securities	62,277	61,440
	FHLMC GD PL #C0349 4.500% 8/01/40			
	15,833.8700 CUSIP: 31292K2X4	Mortgage Backed Securities	15,915	15,400
	FHLMC GD PL #A9395 4.000% 9/01/40			
	23,046.9400 CUSIP: 312942L86	Mortgage Backed Securities	23,230	21,777
	FHLMC GD PL #A9471 4.000% 11/01/40			
	40,062.8800 CUSIP: 312943GW7	Mortgage Backed Securities	40,389	37,856
	FHLMC GD PL #G0844 4.500% 4/01/41			
	32,605.6700 CUSIP: 3128MJP53	Mortgage Backed Securities	32,639	31,712

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	FHLMC GD PL #C0442 3.000% 1/01/43			
	77,068.0700 CUSIP: 31292L4D4	Mortgage Backed Securities	77,524	68,130
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	FNMA PL #BE3625 3.500% 5/01/47			
	33,454.3500 CUSIP: 3140FPA33	Mortgage Backed Securities	33,804	30,509
	FNMA PL #MA3106 3.000% 8/01/47			
	57,985.9000 CUSIP: 31418CNY6	Mortgage Backed Securities	58,181	50,510
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	168,431.6100 CUSIP: 3140KPD34	Mortgage Backed Securities	170,246	133,602
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	88,344.1000 CUSIP: 3140QFCQ0	Mortgage Backed Securities	76,748	72,570
	FNMA PL #CB0200 3.000% 4/01/51			
	59,992.6600 CUSIP: 3140QKGJ1	Mortgage Backed Securities	53,899	51,206
	FHLMC PL #RA5256 2.000% 5/01/51			
	48,510.2900 CUSIP: 3133KLZV2	Mortgage Backed Securities	40,708	38,109
	FNMA PL #FM7154 2.500% 5/01/51			
	256,725.7000 CUSIP: 3140XA5Q1	Mortgage Backed Securities	264,799	214,569
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	FNMA PL #CB1878 3.000% 10/01/51			
	69,976.3400 CUSIP: 3140QMCQ5	Mortgage Backed Securities	67,763	60,045
	FHLMC PL #RA6332 2.000% 11/01/51			
	54,292.8300 CUSIP: 3133KNA94	Mortgage Backed Securities	49,638	43,057
	FNMA PL #FS2042 2.500% 1/01/52			
	107,722.3900 CUSIP: 3140XHHU4	Mortgage Backed Securities	101,323	88,499
	FHLMC PL #RA7191 3.500% 4/01/52			
	45,675.4200 CUSIP: 3133KN7C1	Mortgage Backed Securities	42,230	40,707
	FHLMC PL #QE2363 3.500% 5/01/52			
	125,631.8600 CUSIP: 3133BBTU3	Mortgage Backed Securities	123,635	111,267
	FNMA PL #BV7245 4.000% 5/01/52			
	90,465.2100 CUSIP: 3140MMBP2	Mortgage Backed Securities	90,892	82,911
	FNMA PL #FS4229 4.000% 11/01/52			
	39,006.8400 CUSIP: 3140XKVX5	Mortgage Backed Securities	37,027	35,766
	FHLMC PL #SD3238 5.500% 12/01/52			
	38,691.5100 CUSIP: 3132DQS31	Mortgage Backed Securities	38,720	38,245
	FHLMC PL #SD2617 5.000% 3/01/53			
	67,463.2300 CUSIP: 3132DP4A3	Mortgage Backed Securities	66,399	65,252
	FHLMC PL #RA8647 4.500% 5/01/53			
	62,366.9700 CUSIP: 3133KQTC0	Mortgage Backed Securities	60,515	58,882
	Total Mortgage Backed Securities		**2,245,509**	**2,014,600**
	2,216.6100 Boyd Watterson GSA Fund	Limited Partnership	2,296,204	2,324,976
	Total Limited Partnership		**2,296,204**	**2,324,976**
	3,714.2430 BNY Mellon CF SL Stock Index Fund	Common Collective Trusts	2,423,940	8,416,289
	Total Common Collective Trust		**2,423,940**	**8,416,289**
	7,119,727.6300 Empower Guaranteed Deposit	Guaranteed Investment Contract	7,173,467	7,173,467
	Total Guaranteed Deposit Account		**7,173,467**	**7,173,467**
	Total Investments		**$ 36,554,005**	**$ 41,759,394**

* Denotes a party in interest

Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Welfare Fund
EIN: 11-1628171
Plan Number 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended June 30, 2024

Category 1 - Single Transaction Exceeds 5% of Value

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* Wilmington Trust	US Treasury MMkt CL SLCT	$ 10,693,000	-	$ 10,693,000	$ 10,693,000	-
* Wilmington Trust	US Treasury MMkt CL SLCT	$ 2,300,000	-	$ 2,300,000	$ 2,300,000	-

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

	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
(A)	* Wilmington Trust	US Treasury MMkt CL SLCT	$ 12,251,940	-	$ 12,251,940	$ 12,251,940	-
(B)	* Wilmington Trust	US Treasury MMkt CL SLCT	-	$ 11,693,000	$ 11,693,000	$ 11,693,000	-

The above that represent more than a single transaction consist of the following:

	Number of Transactions	Range of Transactions
(A)	48	$2,608 - $2,300,000
(B)	2	$1,000,000 - $10,693,000

* Indicates an identified party known to be a party-in-interest to the Plan.