

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: LABORERS' LOCAL 157 HEALTH BENEFITS FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 08/06/1958
2a Plan sponsor's name (employer, if for a single-employer plan): LABORERS' LOCAL 157 HEALTH BENEFITS FUND
2b Employer Identification Number (EIN): 14-1437195
2c Plan Sponsor's telephone number: 518-374-8872
2d Business code (see instructions): 813930

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

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 157 HEALTH BENEFITS FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS' LOCAL 157 HEALTH BENEFITS FUND		D Employer Identification Number (EIN) 14-1437195	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G-1092 & C-2251	307	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	40819
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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 157 HEALTH BENEFITS FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS' LOCAL 157 HEALTH BENEFITS FUND	D Employer Identification Number (EIN) 14-1437195

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
HCC 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
35-1817054	92711	HCL15076	300	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 13045
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HILB GROUP OF NEW ENGLAND **2000 CHAPEL VIEW BLVD,**
CRANSTON, RI 02920

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	13045		5

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(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.
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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. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	166160
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan LABORERS' LOCAL 157 HEALTH BENEFITS FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS' LOCAL 157 HEALTH BENEFITS FUND	D Employer Identification Number (EIN) 14-1437195	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CENTRAL PARK ADVISORS, LLC **125 W. 55TH STREET**
NEW YORK, NY 10019

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

POMONA INVESTMENT FUND

47-2775966

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

IRONWOOD CAPITAL MANAGEMENT

91-1797297

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

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

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

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

CAPITAL DISTRICT PHYSICIAN'S HEALTH

14-1641028

(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	NONE	171163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL BRADY

14-1437195

(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 30	EMPLOYEE	73759	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN USA

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	51150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NIKKI FRANCE

14-1437195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 72 49 71 19 99 15 64 55	NONE	42484	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

IRIS SWEENEY

14-1437195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38834	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EXPRESS SCRIPTS, INC.

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	35366	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TEAL BECKER & CHIARAMONTE, CPAS PC

14-1624930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	34200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLITMAN & KING LLP

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	25207	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOSEPH MCCARTHY

16-1120588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	21249	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KARPUS INVESTMENT MANAGEMENT

16-1290558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	12903	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL

11-1980218

(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	NONE	6330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>LABORERS' LOCAL 157 HEALTH BENEFITS FUND</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LABORERS' LOCAL 157 HEALTH BENEFITS FUND</u>	D Employer Identification Number (EIN) <u>14-1437195</u>	

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:	<u>PROLOAN BOND FUND, LLC</u>	
b Name of sponsor of entity listed in (a):	<u>PROLOAN BOND FUND, LLC</u>	
c EIN-PN <u>26-3436991-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>735335</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan LABORERS' LOCAL 157 HEALTH BENEFITS FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS' LOCAL 157 HEALTH BENEFITS FUND	D Employer Identification Number (EIN) 14-1437195	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1305921	1522747
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	777870	793054
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	134577	164477
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	297713	173527
(2) U.S. Government securities	1c(2)	6326	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1803647	2684313
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3750531	3072694
(5) Partnership/joint venture interests	1c(5)	1714426	2334373
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	735335	1500334
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5406624	5996381
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	11039	7347
f Total assets (add all amounts in lines 1a through 1e)	1f	15944009	18249247
Liabilities			
g Benefit claims payable	1g	3445800	3461000
h Operating payables	1h	62334	69147
i Acquisition indebtedness	1i		
j Other liabilities	1j	111692	51075
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3619826	3581222
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12324183	14668025

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)	5304508	
(B) Participants	2a(1)(B)	20445	
(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)		5324953
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26494	
(B) U.S. Government securities	2b(1)(B)	26	
(C) Corporate debt instruments	2b(1)(C)	104999	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		131519
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	41770	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	241033	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		282803
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1180896	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1175961	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4935
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	514528	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		37438
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		176843
c Other income.....	2c		3600
d Total income. Add all income amounts in column (b) and enter total.....	2d		6476619

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3238943	
(2) To insurance carriers for the provision of benefits.....	2e(2)	233941	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3472884
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)	173981	
(2) Contract administrator fees.....	2i(2)	232806	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	55449	
(5) Investment advisory and investment management fees.....	2i(5)	71383	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	51150	
(8) Legal fees.....	2i(8)	25207	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	10758	
(11) Other expenses.....	2i(11)	39159	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		659893
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4132777

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2343842
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **TEAL, BECKER & CHIARAMONTE, CPAS**

(2) EIN: **14-1624930**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

***LABORERS' LOCAL #157
HEALTH BENEFITS FUND
FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023***



Teal, Becker & Chiaramonte™
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

A Higher Standard of Excellence

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1-3
Statements Of Net Assets Available For Benefits And Benefit Obligations	4
Statements Of Changes In Net Assets Available For Benefits And Benefit Obligations	5
Notes To Financial Statements	6-15
<u>SUPPLEMENTARY INFORMATION</u>	<u>Schedule Number</u>
Schedules Of Benefits And Related Expenses, And Administrative Expenses	I
Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)	II
Schedule H, Line 4j - Schedule Of Reportable Transactions	III



To The Board Of Trustees
Laborers' Local #157 Health Benefits Fund
Schenectady, New York

Independent Auditors' Report

Opinion

We have audited the financial statements of Laborers' Local #157 Health Benefits 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 benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Laborers' Local #157 Health Benefits Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and 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 (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Laborers' Local #157 Health Benefits Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' Local #157 Health Benefits Fund's ability to continue as a going concern for one year after the date that the financial statements are issued.

Responsibilities of Management for the Financial Statements (Continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Laborers' Local #157 Health Benefits Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' Local #157 Health Benefits Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplementary Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year) as of June 30, 2024 and Schedule H, Line 4j - Schedule Of Reportable Transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Other Supplementary Information

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

Teal Becker & Charamonte, CPAs PC

Albany, New York
April 11, 2025

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Statements Of Net Assets Available For Benefits And Benefit Obligations

June 30

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value (Note 3):		
Mutual and exchange-traded funds	\$ 5,996,381	\$ 5,406,624
Common stocks	3,072,694	3,750,531
Corporate bonds	2,684,313	1,803,647
Alternatives (Note 4)	2,334,373	1,714,426
Investment entity (Note 4)	1,500,334	735,335
Cash equivalents	173,527	297,713
Government security	-	6,326
Total investments at fair value	<u>15,761,622</u>	<u>13,714,602</u>
Other assets:		
Receivables:		
Employers' contributions	793,054	777,870
Medical recoveries and rebates	90,124	72,430
Due from affiliated funds (Note 5)	46,893	42,791
Investment income	27,460	19,356
Other assets	<u>7,347</u>	<u>11,039</u>
Total other assets	964,878	923,486
Cash	<u>1,522,747</u>	<u>1,305,921</u>
Total assets	<u>18,249,247</u>	<u>15,944,009</u>
Liabilities:		
Accounts and reciprocities payable	<u>120,222</u>	<u>174,026</u>
Total liabilities	<u>120,222</u>	<u>174,026</u>
Net assets available for benefits	<u>18,129,025</u>	<u>15,769,983</u>
Benefit obligations (Note 6):		
Reserve for accrued eligibility	3,247,900	2,769,100
Claims payable	154,573	555,114
Reserve for claims incurred but not yet reported	<u>58,527</u>	<u>121,586</u>
Total benefit obligations	<u>3,461,000</u>	<u>3,445,800</u>
Excess Of Net Assets Available For Benefits Over Benefit Obligations	<u>\$ 14,668,025</u>	<u>\$ 12,324,183</u>

The accompanying notes are an integral part of these financial statements

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Statements Of Changes In Net Assets Available For Benefits And Benefit Obligations

For The Years Ended June 30

	<u>2024</u>	<u>2023</u>
<u>Net changes in net assets available for benefits:</u>		
Additions to net assets:		
Investment income:		
Net appreciation in fair value of investments	\$ 733,744	\$ 704,429
Interest and dividends	414,322	337,873
Total investment income	1,148,066	1,042,302
Less: investment fees	(71,383)	(49,897)
Net investment income	1,076,683	992,405
Contributions:		
Employers' contributions	5,684,299	4,672,629
Less: transfers under reciprocal agreements	(379,791)	(199,064)
Net employers' contributions	5,304,508	4,473,565
Self pay contributions and cobra subsidy	20,445	45,975
Total contributions	5,324,953	4,519,540
Miscellaneous income	3,600	3,600
Total additions to net assets	6,405,236	5,515,545
Deductions from net assets:		
Benefits and related expenses	3,690,490	3,070,711
Administrative expenses	355,704	342,995
Total deductions from net assets	4,046,194	3,413,706
Net additions to net assets available for benefits	2,359,042	2,101,839
<u>Net changes in benefit obligations (Note 6):</u>		
Increase during the year attributable to:		
Adjustment for reserve for accrued eligibility	478,800	375,300
Adjustment for reserve for claims incurred but not reported and claims payable	(463,600)	477,500
Net increase in benefit obligations	15,200	852,800
Net increase in net assets available for benefits over benefit obligations	2,343,842	1,249,039
Excess of net assets available for benefits over benefit obligations - beginning	12,324,183	11,075,144
Excess Of Net Assets Available For Benefits Over Benefit Obligations - Ending	<u>\$ 14,668,025</u>	<u>\$ 12,324,183</u>

The accompanying notes are an integral part of these financial statements

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 1: Plan Description/Funding Policy

Background information - The Laborers' Local #157 Health Benefits Fund (the Plan) was formed in January 1958 for the purpose of providing health and welfare benefits to its members who are actively employed in the jurisdiction of the Local #157 Laborers' International Union of North America.

Plan description - The Plan provides benefits to eligible members and specified dependents if such members have accumulated credit amounts (expressed in hours) sufficient to be covered under the Plan. The Plan has a direct payment plan of self-insurance which provides for vision care and hearing aid benefits.

The Plan provides eligible members and specified dependents with coverage via third-party service providers for hospital expenses, diagnostic x-rays and laboratory fees, surgical and medical fees, major medical expenses, dental expenses, prescriptions, personalized medicine program, life insurance, accidental death and dismemberment, loss of time if disabled, and supplemental disability benefits. The Plan entered into an arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

A Plan Agreement providing a more detailed explanation of benefits and other provisions is available to all plan participants.

Among other things, 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 payments as, in the opinion of the Trustees, will best effectuate the purposes of said Agreement and Declaration of Trust.

Funding policy - The Plan is funded by contributions from employers pursuant to collective bargaining agreements. Contributions to the Plan are currently made under separate agreements with the Labor Relations Division of the Associated General Contractors of New York State, LLC (previously Associated General Contractors of America, New York State Chapter, Inc.) (Heavy & Highway Agreement), the Eastern Contractors Association, Inc. (Building Agreement), and the Construction Industry Council of Westchester and Hudson Valley, Inc. (Shaft and Tunnel Agreement). These agreements cover work performed by contractors utilizing union labor in Schenectady and Schoharie Counties, and various townships in Montgomery, Fulton, and Saratoga Counties.

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 1: Plan Description/Funding Policy (Continued)

Contributions from employers are based upon hours worked during the year by covered employees. All contributions are paid directly by employers to the Plan. Contribution rates per hour in effect for the years ended June 30, 2024 and 2023 were as follows:

	<u>Building Agreement</u>	<u>Other Agreements</u>
July 1, 2022 - June 30, 2023	\$7.05	\$8.10
July 1, 2023 - June 30, 2024	\$7.10	\$8.15

Plan termination - In the event the Plan Terminates, the net assets of the Plan will be subject to the provisions set forth in ERISA and its related regulations, generally to provide benefits to participants.

Note 2: Summary Of Significant Accounting Policies

Cash equivalents - Cash equivalents consist of cash and money market funds held by the Plan's brokers. The Plan has adopted the policy of treating these accounts as investments rather than cash equivalents.

Receivables - Substantially all of the receivables are considered collectible. Accordingly, no allowance for credit losses is required. If it is probable accounts are uncollectible, they are charged to operations and an allowance is established when that determination is made.

Investment valuation - Accounting principles generally accepted in the United States of America establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. The three levels of the fair value hierarchy in accordance with accounting principles generally accepted in the United States of America are described below:

Level 1: Unadjusted quoted prices in active markets for identical, unrestricted assets, or liabilities that the Plan has the ability to access at the measurement date;

Level 2: Quoted prices which are not active, quoted prices for similar assets or liabilities in active markets, or inputs other than quoted prices that are observable (either directly or indirectly) for substantially the full term of the asset or liability; and

Level 3: Significant unobservable prices or inputs (including the Plan's own assumptions in determining the fair value of investments) where there is little or no market activity for the asset or liability at the measurement date.

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 2: Summary Of Significant Accounting Policies (Continued)

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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Dividend income is recorded on the ex-dividend date, whereas interest income is recorded as earned on the accrual basis. Purchases and sales of securities are reflected on a trade-date basis and gains or losses on sales of securities are based on the actual cost of the specific security. Unrealized gains and losses are included in the changes in net assets in the accompanying statements of changes in net assets available for benefits and benefit obligations.

Stop loss - Premiums for stop loss insurance are included in benefits and related expenses in the accompanying statements of changes in net assets available for benefits and benefit obligations. Stop loss refunds for the years ended June 30, 2024 and 2023 totaled \$-0- for both years.

Leases - Leases that have a term of twelve months or less upon commencement date are considered short-term in nature. The Plan elected the ongoing practical expedient to not recognize operating lease right-of-use assets and operating lease liabilities related to short-term leases. Accordingly, short-term leases are not included on the statements of net assets available for benefits and are expensed on a straight-line basis over the lease term, which commences on the date the Plan has the right to control the property.

Tax status - The Plan is exempt from federal income taxes under Section 501(c)(9) of the Internal Revenue Code. Tax positions are evaluated and recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities.

The Plan obtained its latest determination letter in April 1979, in which the Internal Revenue Service stated that the Plan, as then designed was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. The application of these accounting principles involves the exercise of judgment and the use of assumptions as to future uncertainties and, as a result, actual results could differ from these estimates. The Plan periodically evaluates estimates and assumptions used in the preparation of the financial statements and makes changes on a prospective basis when adjustments are necessary. Significant estimates made by the Plan in the accompanying financial statements include certain assumptions related to the valuation of investments and to the benefit obligations liability. Actual results could differ from these estimates.

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 2: Summary Of Significant Accounting Policies (Continued)

Presentation - Certain reclassifications, when applicable, are made to the prior year financial statement presentation to correspond to the current year's format. Reclassifications, when made, have no effect on net assets available for benefits and benefit obligations or changes in net assets available for benefits and benefit obligations.

Note 3: Fair Value Measurements

The following is a description of the valuation methodologies used for assets at fair value at June 30, 2024 and 2023:

Mutual and exchange-traded funds, and common stocks: Valued at quoted market prices on active markets.

Corporate bonds and government security: Valued at the most recent bid price of the equivalent quoted yield for such security or those of comparable maturity, quality, and type.

Alternatives and investment entity: Valued at net asset value (NAV) of units held by the Plan at the reporting date when available. If the investment does not calculate NAV or a NAV is unavailable, the Plan uses its percentage ownership of the investment based on audited financial statements to value the investment. The NAV is used as a practical expedient to estimate fair value.

Cash equivalents: Valued at a constant \$1 per share.

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

The Level 2 assets have been valued using the market approach. There were no changes in the valuation techniques during the current year.

In accordance with accounting principles generally accepted in the United States of America, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit the reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits and benefit obligations.

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 3: Fair Value Measurements (Continued)

Fair Value Measurements At Reporting Date Using:

	Quoted Prices In Active Markets For Identical Assets <u>(Level 1)</u>	Significant Other Observable Inputs <u>(Level 2)</u>	Significant Unobservable Inputs <u>(Level 3)</u>	Total Fair Value
<u>June 30, 2024</u>				
Mutual and exchange-traded funds	\$ 5,996,381	\$ -	\$ -	\$ 5,996,381
Common stocks	3,072,694	-	-	3,072,694
Corporate bonds	-	2,684,313	-	2,684,313
Cash equivalents	<u>173,527</u>	<u>-</u>	<u>-</u>	<u>173,527</u>
Total Investments In The Fair Value Hierarchy	<u>\$ 9,242,602</u>	<u>\$ 2,684,313</u>	<u>\$ -</u>	11,926,915
Investments measured at net asset value:				
Alternatives				2,334,373
Investment entity				<u>1,500,334</u>
Total Investments At Fair Value				<u>\$ 15,761,622</u>

	Quoted Prices In Active Markets For Identical Assets <u>(Level 1)</u>	Significant Other Observable Inputs <u>(Level 2)</u>	Significant Unobservable Inputs <u>(Level 3)</u>	Total Fair Value
<u>June 30, 2023</u>				
Mutual and exchange-traded funds	\$ 5,406,624	\$ -	\$ -	\$ 5,406,624
Common stocks	3,750,531	-	-	3,750,531
Corporate bonds	-	1,803,647	-	1,803,647
Cash equivalents	297,713	-	-	297,713
Government security	<u>-</u>	<u>6,326</u>	<u>-</u>	<u>6,326</u>
Total Investments In The Fair Value Hierarchy	<u>\$ 9,454,868</u>	<u>\$ 1,809,973</u>	<u>\$ -</u>	11,264,841
Investments measured at net asset value:				
Alternatives				1,714,426
Investment entity				<u>735,335</u>
Total Investments At Fair Value				<u>\$ 13,714,602</u>

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 4: Investments Measured At Net Asset Value

ProLoan Bond Fund, LLC

The Plan holds an investment interest in ProLoan Bond Fund, LLC (PBF), which is a Delaware limited liability company and represents 9.5% of the Plan's total investment holdings at June 30, 2024. PBF is designed to provide institutional investors with the opportunity to invest in a core-plus bond portfolio expected to provide current income with high overall credit quality while also promoting employment for union members in construction and related trades in the residential and commercial housing construction related industries through the ProLoan program. PBF is primarily invested in U.S. Government mortgage-backed securities, investment grade corporate bonds, U.S. Federal agency mortgage-backed securities, and U.S. Government obligations. The NAV of the Fund is determined as of the close of business at the end of each month. Redemptions are permitted monthly.

Ironwood Institutional Multi-Strategy Fund, LLC

The Plan holds an investment interest in Ironwood Institutional Multi-Strategy Fund, LLC (IIMSF) which is a Delaware limited liability company and represents 3.7% of the Plan's total investment holdings at June 30, 2024. Ironwood is registered under the Investment Company Act of 1940, as a closed-end, non-diversified management investment company. Ironwood's investment objective is capital appreciation with limited variability of returns by allocating capital among a number of pooled investment vehicles within four sectors: relative value, market neutral and hedged equity, event-driven and distressed and credit securities. The NAV of IIMSF is determined as of the close of business at the end of any fiscal period, generally monthly, in accordance with the valuation principles set forth below or as determined pursuant to policies established by the Board. Investments held by IIMSF are carried at fair value which generally represent IIMSF's pro-rata interest in the net assets of each Investment Fund as reported by the administrators and investment managers of the underlying investment funds. The investment funds hold positions in readily marketable investments and derivatives that are valued at quoted market values and less liquid non-marketable investments and derivatives that are valued at estimated fair value. The Board, in its sole and absolute discretion, may authorize IIMSF to make a tender offer to repurchase Members' units (an "Offer"). In determining whether IIMSF should make an Offer to repurchase units from Members, the Board will consider, among other things, the recommendation of Ironwood Capital Management (the Adviser). The Adviser expects that it will recommend to the Board that IIMSF make an Offer to repurchase units from Members semi-annually on June 30 and December 31. While there can be no guarantee that it will continue this practice, to date, IIMSF has offered to repurchase 10 to 20% of its units at each of its June 30 and December 31 offers.

FS CREDIT REIT, INC

The Plan holds an investment interest in FS CREDIT REIT, INC. (FSCR), which is a Maryland corporation and represents 3.7% of the Plan's total investment holdings at June 30, 2024. FSCR was formed to originate, acquire and manage a portfolio of senior loans secured by commercial real estate primarily in the United States. The NAV of the Fund is determined as of the close of business at the end of each month. Redemptions are permitted monthly.

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 4: Net Assets Measured At Net Asset Value (Continued)

CPG Focused Access Fund, LLC

The Plan holds an investment interest in CPG Focused Access Fund, LLC (the Fund), which is a Delaware limited liability company and represents 4.0% of the Plan's total investment holdings at June 30, 2024. The Fund is registered under the Investment Company Act of 1940, as a closed-end, non-diversified management investment company. Operations of the Fund commenced on November 1, 2018, with Central Park Advisers, LLC (the Adviser) serving as the Fund's advisor. The Fund's investment objective is to seek attractive, long-term, risk-adjusted returns by allocating assets among a concentrated, select group of third-party alternative asset managers and the unregistered investment vehicles they operate that are represented on the Morgan Stanley Smith Barney LLC platform. Morgan Stanley Smith Barney LLC is not a sponsor, promoter, adviser or affiliate of the Fund. The Fund's Valuation Committee (the Committee) oversees the valuation process of the Fund's investments. The NAV of the Fund is determined by, or at the direction of, the Adviser as of the close of business at the end of any fiscal period. Investments held by the Fund are carried at fair value which generally represents the Fund's pro-rata interest in the net assets of each Investment Fund as reported by the administrators and/or investment managers of the underlying Investment Funds. The fair value relating to certain underlying investments of Investment Funds, for which there is no ready market, has been estimated by the respective Investment Funds' management and is based upon available information in the absence of readily ascertainable fair values and does not necessarily represent amounts that might ultimately be realized.

Pomona Investment Fund

The Plan holds an investment interest in Pomona Investment Fund (the PIF), which is a Delaware statutory trust and represents 3.4% of the Plan's total investment holdings at June 30, 2024. The PIF is registered under the Investment Company Act of 1940, as a closed-end, non-diversified management investment company. Operations of the Fund commenced on May 7, 2015. The PIF's investment objective is to seek long-term capital appreciation by investing principally in private equity investments which will predominantly consist of secondary and primary investments in private equity and other private asset funds and, to a lesser degree, direct investments in operating companies. Primary investments refer to investments in newly established private equity funds, typically sponsored by investment managers with an established investment track record. Secondary investments refer to investments in existing Investment Funds that are typically acquired in privately negotiated transactions. The NAV of the PIF is determined as of the close of business at the end of each quarter.

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 5: Related Party Transactions

The Laborers' Local #157 Health Benefits Fund shares office space, personnel, and administrative expenses with the affiliated Laborers' Local #157 Pension and Annuity Funds. The majority of these costs are paid out of the Health Benefits Fund and are allocated 48% to the Health Benefits Fund, 27% to the Pension Fund, and 25% to the Annuity Fund. In addition, shared income is deposited into the Health Benefits Fund and then remitted to the appropriate funds.

<u>Due from related parties</u>	<u>2024</u>	<u>2023</u>
Due From Affiliated Funds - Net reimbursements owed from affiliated funds.	\$ <u>46,893</u>	\$ <u>42,791</u>
<u>Expenses</u>		
Shared Administrative Costs - See Above	\$ <u>228,698</u>	\$ <u>222,004</u>
Lease Expense - The Plan with its affiliated funds leases office space from Laborer's Local 157 Building Corporation on a month-to-month basis. Effective October 1, 2023, the Plan entered into a new lease with the same payment terms that shall renew annually unless terminated by either the Plan or Local #157 Laborers' Building Corporation.	\$ <u>8,928</u>	\$ <u>8,928</u>

Note 6: Benefit Obligations

The reserve for claims incurred but not yet reported is determined by an actuarial computation. The Plan's benefit consultant determines the liabilities for claims in process, claims pending, and claims not yet reported based on estimated time lags between commencement of a claim and benefit payment date.

The reserve for accrued eligibility was calculated by the Plan's benefit consultant based on hours worked through the end of each eligibility period. According to the eligibility rules, any member who worked at least 500 hours between August 1, 2023, and January 31, 2024, will be covered for the April 1, 2024, through September 30, 2024, insurance period at no cost to the member, and any member who worked at least 500 hours between February 1, 2024, and July 31, 2024, will be covered for the October 1, 2024, through March 31, 2025, insurance period at no cost to the member. In addition, certain members with fewer than 500 hours will be covered for the subsequent insurance period if they pay a certain portion of the cost (determined based on the number of hours they worked).

The Plan provides no postretirement benefits to its participants.

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 7: Employee Benefits

Employee benefits include participation with other entities in the Laborers' Local #157 Health Benefits Fund, the affiliated Laborers' Local #157 Pension Fund, a defined benefit (unit benefit) plan, and the affiliated Laborers' Local #157 Annuity Fund. These employee benefit expenses are shared between the three Funds based on the percentages in Note 5. Laborers' Local #157 Health Benefits Fund's contributions to these funds, for the years ended June 30 were:

	<u>2024</u>	<u>2023</u>
Local #157 Pension Fund	\$ 16,090	\$ 16,524
Local #157 Annuity Fund	10,448	9,641
Local #157 Health Benefits Fund	<u>10,149</u>	<u>10,413</u>
Total	<u>\$ 36,687</u>	<u>\$ 36,578</u>

The risks of participating in defined benefit pension multi-employer plans are different from single employer plans in the following aspects:

- Assets contributed to a multi-employer plan by one organization may be used to provide benefits to employees of other participating organizations.
- If a participating organization stops contributing to a plan, the unfunded obligations of a plan may be borne by the remaining participating organizations.
- If the Plan stops participating in some or all of its multi-employer plans, and continues in business, the Plan could be required to pay an amount, referred to as a withdrawal liability, based on the unfunded status of the Plan. The Plan has no intention of stopping its participation in any multi-employer plans.

Note 8: Concentrations Of Credit Risk

Financial instruments that potentially subject the Laborers' Local #157 Health Benefits Fund to concentrations of credit risk consist principally of cash in financial institutions. Accounts at each institution are insured up to the Federal Deposit Insurance Corporation (FDIC) limits.

The Plan maintains an account with a brokerage firm. The account contains cash and securities. Balances are insured up to the Securities Investor Protection Corporation limits for securities and FDIC limits for cash.

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Notes To Financial Statements

Note 9: 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 statements of net assets available for benefits and benefit obligations.

Note 10: Commitments And Contingencies

The Plan follows the guidance for uncertainty in income taxes. As of June 30, 2024, the Plan believes that it has appropriate support for the income tax positions taken and to be taken on its returns based on an assessment of many factors including experience and interpretations of tax laws applied to the facts of each matter. The Plan has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits.

Note 11: Subsequent Events

Subsequent events have been evaluated through April 11, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

Schedules Of Benefits And Related Expenses, And Administrative Expenses

For The Years Ended June 30

	<u>2024</u>	<u>2023</u>
Benefits and related expenses:		
Medical claim payments	\$ 2,512,381	\$ 1,825,308
Prescriptions net of rebates	445,212	630,560
Administrative services	232,806	197,974
Stop loss insurance	183,249	155,255
Assessments and surcharges	139,104	112,325
Dental claims	116,059	112,116
Life insurance premiums	50,692	27,277
Optical benefits	10,681	7,269
Third party sick payments	306	2,627
	<u> </u>	<u> </u>
Total Benefits And Related Expenses	<u>\$ 3,690,490</u>	<u>\$ 3,070,711</u>
Administrative expenses:		
Administrative salaries and payroll taxes	\$ 137,294	\$ 137,199
Professional fees:		
Accounting	55,449	46,501
Plan consultant	51,150	51,150
Legal	25,207	19,180
Employee benefits	36,687	36,578
Travel, conventions, and meetings	10,758	14,850
Lease	8,928	8,928
Office supplies and computers	8,010	5,745
Miscellaneous expenses	7,156	7,604
Postage and printing	7,006	6,677
Insurance	6,087	6,260
Telephone	1,972	2,323
	<u> </u>	<u> </u>
Total Administrative Expenses	<u>\$ 355,704</u>	<u>\$ 342,995</u>

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
MUTUAL AND EXCHANGE-TRADED FUNDS:				
	ANGEL OAK FINL STRATEGIES INCM	6,450	\$ 78,077	\$ 79,787
	BLACKROCK CREDIT ALL INC TR IV	1,375	13,939	14,726
	FIRST TR ABRDN GBL OPP INCM FD	3,125	17,995	19,813
	FIRST TR INTERM DUR PRF&INC FD	825	13,898	15,155
	ISHARES CORE DIVIDEND GROWTH	4,039	207,827	232,687
	ISHARES 20+ YR TREASU BOND ETF	4,345	397,223	398,784
	MFS GOVT MKTS INCOME TR SBI	3,300	12,779	10,131
	MFS INTERMEDIATE INCOME TR SBI	17,500	48,549	46,550
	PIONEER DIVERSIFIED HIGH INC	3,400	33,834	39,709
	PUTNAM PREMIER INCOME TR SBI	2,850	11,315	10,203
	VANGUARD LONG TERM BND	3,250	265,482	228,443
	VANGUARD SHORT TERM BND	475	38,493	36,433
	VANGUARD TOTAL BOND MARKET	3,075	221,898	221,554
	WESTERN ASST INFLTN LKD INM FD	11,500	104,588	92,115
	FEDERATED HERMES GOVT OBL PRM	1,204,213	1,204,213	1,204,213
	AMER BEACON AHL MNGD FUT STR Y	11,675	127,647	123,758
	DOUBLELINE TOTAL RETURN I	139,751	1,239,099	1,208,847
	FS MULTI STRATEGY ALTERN I	36,155	397,602	405,657
	KKR CREDIT OPPORTUNITIES I	7,973	215,678	192,781
	LM MARTIN CURRIE SMASH SER EM	20,289	198,498	209,386
	LOCORR MARKET TREND I	9,572	116,859	120,995
	NEUBERGER BERMAN LG SH INST	46,291	731,055	831,842
	TORTOISE ENRGY INFR TOT RET I	15,331	191,335	252,812
	TOTAL MUTUAL AND EXCHANGE-TRADED FUNDS		<u>5,887,883</u>	<u>5,996,381</u>
COMMON STOCKS:				
	AAON INC	57	3,818	4,933
	ABBOTT LABORATORIES	244	21,449	25,354
	ACADEMY SPORTS & OUTDOORS INC	71	4,191	3,765
	ACADIA HEALTHCARE COMPANY INC	68	4,887	4,591
	ACCENTURE PLC IRELAND CL A	68	12,154	20,663
	ADIDAS AG	157	18,749	18,762
	ADOBE INC	81	20,450	44,902
	AGNC INVESTMENT CORP	422	3,637	4,026
	AIA GROUP LTD SPON ADR	252	10,024	6,843
	AIA GROUP LTD SPON ADR	456	18,569	12,382
	AIMEI HEALTH TECHNOLOGY CO LTD	7,200	73,426	74,520
	AIR LIQUIDE ADR	770	19,333	26,620
	AIRBNB INC CL A	171	21,741	25,929

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	ALAMO GROUP INC	32	4,492	5,484
	ALCON INC	175	9,732	15,589
	ALIBABA GROUP HLDG LTD	175	18,777	12,600
	ALPHABET INC CL A	107	8,305	19,490
	ALPHABET INC CL C	199	15,565	36,501
	ALPHAVEST ACQUISITION CORP	5,500	57,132	60,610
	AMADEUS IT GROUP S.A ADR	278	16,967	18,515
	AMAZON COM INC	542	62,334	104,742
	AMER INTL GP INC NEW	198	14,680	14,700
	AMERICAN WATER WORKS CO	94	12,731	12,157
	AMERIPRISE FINCL INC	51	7,893	21,830
	AMGEN INC	58	11,718	18,177
	AMN HEALTHCARE SVCS INC	82	4,817	4,181
	ANSYS INC	55	9,447	17,738
	ANTERO RES CORP COM	97	2,009	3,155
	ARTISAN PARTNERS ASSET MGMT	127	5,055	5,241
	ASGN INC	50	4,503	4,424
	ASM INTERNATIONAL NV	25	7,465	19,118
	ASML HOLDING NV NY REG NEW	38	10,816	39,209
	ATKORE INC	12	2,096	1,613
	ATLAS COPCO AB SP ADR B SP ADR	1,420	13,954	22,949
	ATMOS ENERGY CP	122	13,454	14,231
	AUTODESK INC DELAWARE	63	9,604	15,710
	AXALTA COATING SYSTEMS LTD.	152	4,307	5,194
	BANK RAKYAT INDONESIA ADR	490	7,225	6,883
	BANNIX ACQUISITION CORP	3,125	30,657	34,375
	BEACON ROOFING SUPPLY INC	71	4,380	6,460
	BLACKSTONE INC	96	11,111	11,842
	BWX TECHNOLOGIES INC COM	41	3,418	3,925
	CADENCE BANK	163	3,747	4,610
	CANADIAN NATL RAILWAY CO	152	16,434	17,956
	CAPITAL ONE FINANCIAL CORP	115	7,044	15,922
	CAPITEC BANK HOLDINGS LTD ADR	102	3,789	7,343
	CARTESIAN GROWTH CORP II CL A	2,750	27,473	31,006
	CHEMOURS CO COM	250	6,842	5,643
	CHINA MERCHANTS BK CO LTD UNSP	371	10,835	8,423
	CHORD ENERGY CORPORATION NEW	25	3,910	4,268
	CLP HOLDINGS LTD SP ADR	1,055	10,239	8,527
	COCA COLA CO	227	9,993	14,449

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	COCA COLA CONSOLIDATED INC	6	3,940	5,968
	COLOPLAST AS SPONSERED ADR	1,656	19,403	19,910
	COMERICA INC	125	6,106	6,380
	COMMERCE BANCSHARES	118	5,703	6,582
	COMPASS GROUP PLC SPD ADR	832	19,105	22,717
	CONCORD ACQ CORP II CL A	5,550	57,380	58,553
	CONSTELLATION BRANDS INC CL A	48	11,527	12,274
	CORE & MAIN INC CL A	96	2,315	4,679
	CORTEVA INC	358	10,531	19,311
	COSAN S A ADR	416	7,356	4,052
	COTERRA ENERGY INC	512	9,422	13,655
	COTY INC COM CL A	346	3,250	3,467
	CREDICORP LTD	28	4,009	4,585
	CSL LTD	182	17,006	17,941
	CULLEN FROST BANKERS INC	90	8,127	9,192
	CUSHMAN & WAKEFIELD PLC	518	5,239	5,387
	DAIKIN INDS LTD UNSPON ADR	880	12,913	12,238
	DANAHER CORPORATION	64	6,568	16,014
	DASSAULT SYSTEMS SA ADS	508	17,100	19,219
	DIAGEO PLC SPON ADR NEW	101	16,765	12,734
	ECOLAB INC	71	14,481	16,926
	ELEMENT SOLUTIONS INC	426	8,204	11,553
	ELI LILLY & CO	10	6,230	8,916
	EPAM SYSTEMS	15	4,788	2,846
	EQUITY LIFESTYLE PROPERTIES	168	9,006	10,942
	ESH ACQUISITION CORP	2,550	25,679	26,571
	EVERCORE INC CLASS A	29	5,383	6,134
	EXPERIAN GP LTD ADR	404	13,141	18,824
	FABRINET	24	2,075	5,957
	FANUC CORPORATION UNSP ADR	551	10,375	7,551
	FEDERAL SIGNAL CORP	35	1,280	2,947
	FERRARI N V	69	15,122	28,135
	FIRST AMERICAN FINL CORP	126	7,090	6,798
	FRANKLIN ELECTRIC CO	32	2,353	3,068
	GARTNER INC	31	5,279	14,029
	GATX CORP	31	2,952	4,056
	GENL DYNAMICS CORP	51	8,821	14,786
	GILDAN ACTIVEWEAR INC	139	4,914	5,271
	GLOBANT S.A	41	7,649	7,255

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	GLOBUS MEDICAL INC A	96	4,850	6,547
	GRUPO FINANCIERO BANORTE SAB	195	6,654	7,592
	HDFC BANK LTD ADR	272	16,518	17,498
	HEALTH EQUITY INC COM	56	4,263	4,802
	HERMES INTL SCA UNSPON ADR	126	14,040	28,899
	HONEYWELL INTL INC	72	15,324	15,371
	HOYA CORP SPONS ADR	138	15,214	16,047
	ICICI BANK LTD	540	9,700	15,557
	INDUSTRIA DE DISEÑO TEXTIL IND	950	14,360	23,601
	INFINEON TECHNOLOGIES AG	223	8,408	8,199
	INSIGHT ENTERPRISES INC	31	2,450	6,083
	INSTALLED BLDG PRODS INC	26	2,744	5,309
	JANUS INTERNATIONAL GROUP INC	506	5,829	6,391
	JARDINE MATHESON HLDGS LTD ADR	191	10,557	6,758
	JD COM INC SPON ADR CL A	137	8,895	3,540
	JELD WEN HLD INC	115	2,362	1,549
	KFORCE INC	67	4,037	4,177
	KIRBY CP	56	3,692	6,716
	KONE OYJ ADR	630	19,550	15,560
	L OREAL CO ADR	310	18,220	27,247
	LENNAR CORPORATION	147	8,155	22,031
	LONZA GROUP AG ZUERICH ADR	217	13,291	11,843
	LOWES COMPANIES INC	59	12,681	13,046
	LVMH MOET HENNESSY LOUIS VUITT	176	15,796	26,921
	MARTIN MARIETTA MATERIALS	35	6,817	18,940
	MASTERCARD INC CL A	69	13,265	30,292
	MATADOR RES CO	56	3,280	3,340
	MATERION CORP COM	48	5,258	5,141
	MATIV HOLDINGS INC	136	2,754	2,307
	MCGRATH RENT CP	44	4,825	4,700
	MEDTRONIC PLC SHS	124	10,939	9,760
	MEITUAN ADR	288	11,449	8,196
	MERCK & CO INC NEW COM	130	12,570	16,094
	MERCK KGAA SPD ADR	474	16,729	15,723
	MFA FINL INC	305	3,292	3,245
	MICHELIN COMPAGNIE GENERALE DE	689	10,098	13,333
	MICROCHIP TECHNOLOGY INC	195	7,648	17,843
	MICROSOFT CORP	211	30,427	94,306
	MINTH GROUP LTD	158	5,929	4,943

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	MITSUBISHI UFJ FINCL GRP ADS	1,122	5,868	12,118
	MSCI INC COM	27	13,683	13,005
	MURATA MANUFACTURING CO LTD	998	9,816	10,305
	MURPHY OIL CORP	81	3,120	3,352
	NABORS ENERGY TRANSITION CL A	4,000	42,198	42,120
	NAPCO SECURITY TECHNOLOGIE INC	55	2,336	2,841
	NESTLE SPON ADR REP REG SHR	178	19,029	18,168
	NETFLIX INC	38	7,237	25,692
	NIKE INC B	156	13,404	11,758
	NNN REIT INC	124	4,738	5,282
	NOVARTIS AG ADR	202	16,863	21,505
	NOVO NORDISK A/S ADR	121	12,074	17,272
	NOVO NORDISK A/S ADR	280	7,963	39,967
	OCA ACQUISITION CORP CL A	2,200	21,780	24,640
	ONTO INNOVATION INC	17	3,093	3,830
	OSHKOSH CORP	93	10,066	10,105
	PARKER HANNIFIN CORP	48	8,933	24,095
	PATTERSON -UTI ENERGY INC	291	4,215	3,015
	PAYCOM SOFTWARE INC	36	7,199	5,167
	PERMIAN RESOURCES CP CL A	306	3,255	4,942
	PING AN INSURANCE ADR	877	11,673	7,953
	PNC FINL SVCS GP	75	8,908	11,697
	PORTLAND GENERAL ELEC CO	78	3,357	3,391
	PROCTER & GAMBLE	86	11,758	14,137
	PROSPERITY BANCSHARES	72	3,966	4,391
	PRUDENTIAL PLC ADR	437	15,346	8,006
	PT BK NEGARA INDONESIA UN ADR	276	4,232	3,927
	PT TELEKOMUNIKASI INDONESIA	184	5,268	3,441
	QUALCOMM INC	111	10,370	22,109
	R P M INC	136	9,428	14,644
	RAMBUS INC	95	2,785	5,607
	RED ROCK RESORTS INC CL A	106	4,831	5,823
	ROCHE HOLDINGS ADR	525	21,143	18,202
	RUSH ENTERPRISES INC CL A	92	3,251	3,870
	RXO INC	144	3,056	3,766
	SAGE GROUP PLC ADR NEW	171	9,292	9,412
	SAIA INC	11	2,895	5,199
	SALESFORCE INC	119	21,300	30,595
	SAP AG	89	10,702	18,025

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	SELECTIVE INSURANCE GROUP	52	4,373	4,883
	SERVICENOW INC	43	15,518	33,567
	SGS SA ADR	1,702	16,793	15,153
	SHIN ETSU CHEM CO LTD ADR	1,016	10,993	19,700
	SHOPIFY INC	228	14,201	15,059
	SIGNET JEWELERS LIMITED	47	3,632	4,183
	SILVERBOX CORP III CL A	3,400	34,408	36,040
	SKYLINE CORP	71	4,859	4,782
	SMC CORP JAPAN SPONSORED ADR	998	23,243	23,682
	SONY GROUP CORPORATION ADR	179	10,185	15,206
	STAG INDL INC COM	148	4,841	5,337
	STRIDE INC	55	3,763	3,869
	SYSMEX CORP UNSPON ADR	990	21,640	15,946
	TAIWAN SMCNDCTR MFG CO LTD ADR	242	10,969	42,062
	TAIWAN SMCNDCTR MFG CO LTD ADR	222	12,251	38,586
	TELEDYNE TECH INC	35	14,245	13,445
	TENCENT HLDGS LTD UNSPON ADR	666	28,599	31,542
	TERUMO CORP ADR UNSPONS ADR	500	8,654	8,247
	THERMO FISHER SCIENTIFIC	53	29,571	29,155
	TOTALENERGIES SE SPONSORED ADS	206	13,360	13,736
	TOTALENERGIES SE SPONSORED ADS	246	13,082	16,403
	TRANSMEDICS GROUP INC	23	1,851	3,477
	TRIP COM GROUP LTD ADR	53	2,799	2,505
	U S BANCORP COM NEW	349	12,223	13,855
	ULTRA CLEAN HOLDINGS INC	75	2,591	3,673
	UNITED BANKSHARES INC W VA	124	3,700	4,023
	UNITEDHEALTH GP INC	38	13,628	19,589
	UNIVERSAL MUSIC GROUP NV ADR	909	11,436	13,532
	VALMONT INDUSTRIES	16	3,710	4,443
	VALVOLINE INC COM	100	3,589	4,316
	VISA INC CL A	131	23,959	34,384
	WAL-MART DE MEXICO SA SPON ADR	188	6,950	6,425
	WARBY PARKER INC CL A	204	2,742	3,276
	WEG S.A. SPONSORED ADR	966	5,168	7,329
	WESTERN ALLIANCE BANCORP	111	5,645	6,973
	WOLTERS KLUWER NV SPON ADR	113	13,666	18,748
	WORKDAY INC CL A	51	11,745	11,391
	XCEL ENERGY INC	206	13,233	11,002
	XINYI SOLAR HLDGS LTD ADR	282	8,256	2,839

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	XYLEM INC COM	119	10,200	16,140
	ZIONS BANCORPORATIONNA	137	5,021	5,942
	ZOETIS INC CLASS-A	115	<u>11,733</u>	<u>19,925</u>
	TOTAL COMMON STOCKS		<u>2,352,291</u>	<u>3,072,694</u>
CORPORATE BONDS:				
	AECOM 5.13% Matures 3/15/2027	19,000	18,561	18,686
	ALLEGION US HOLDING CO INC 3.20% Matures 10/1/2024	18,000	15,806	17,872
	ALLEGION US HOLDING CO INC 3.55% Matures 10/1/2027	15,000	14,239	14,215
	ALTRIA GROUP INC 4.80% Matures 2/14/2029	8,000	8,421	7,874
	ALTRIA GROUP INC 4.40% Matures 2/14/2026	14,000	15,797	13,781
	ALTRIA GROUP INC 6.20% Matures 11/1/2028	7,000	7,112	7,264
	ALTRIA GROUP INC 6.88% Matures 11/1/2033	4,000	4,349	4,329
	AMERICAN TOWER CORP 3.60% Matures 1/15/2028	8,000	7,464	7,557
	AMERICAN TOWER CORP 3.80% Matures 8/15/2029	14,000	15,393	13,036
	AMERICAN TOWER CORP 5.45% Matures 2/15/2034	9,000	9,004	8,948
	AT&T INC 4.10% Matures 2/15/2028	27,000	29,802	26,077
	AT&T INC 4.35% Matures 3/1/2029	5,000	4,943	4,852
	BAT CAPITAL CORP 4.91% Matures 4/2/2030	11,000	10,481	10,738
	BAT CAPITAL CORP 2.73% Matures 3/25/2031	5,000	4,167	4,227
	BATH & BODY WORKS INC 7.50% Matures 6/15/2029	29,000	29,906	29,951
	BERRY GLOBAL INC 1.57% Matures 1/15/2026	25,000	22,691	23,481
	BLOCK FINANCIAL LLC 3.88% Matures 8/15/2030	8,000	7,186	7,344
	BLOCK FINANCIAL LLC 2.50% Matures 7/15/2028	25,000	23,312	22,419
	BOYD GAMING CORP 4.75% Matures 12/1/2027	19,000	18,028	18,264
	BOYD GAMING CORP 4.75% Matures 12/1/2027	8,000	7,850	7,690
	BROADCOM CORP / BROADCOM 3.88% Matures 1/15/2027	18,000	18,291	17,413
	BROADCOM INC 4.15% Matures 11/15/2030	5,000	4,630	4,721
	CA INC 4.70% Matures 3/15/2027	4,000	4,431	3,901
	CARLISLE COS INC 3.75% Matures 12/1/2027	18,000	20,005	17,155
	CARLISLE COS INC 2.75% Matures 3/1/2030	12,000	10,064	10,578
	CARLISLE COS INC 2.20% Matures 3/1/2032	5,000	4,019	4,025
	CARPENTER TECHNOLOGY CORP 6.38% Matures 7/15/2028	23,000	22,912	23,016
	CDW LLC / CDW FINANCE CORP 3.28% Matures 12/1/2028	13,000	11,176	11,847
	CDW LLC / CDW FINANCE CORP 4.13% Matures 5/1/2025	18,000	17,730	17,714
	CDW LLC / CDW FINANCE CORP 3.25% Matures 2/15/2029	19,000	19,190	17,151
	CENTENE CORP 4.25% Matures 12/15/2027	23,000	21,284	21,924

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

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June 30, 2024

(a)	(b) & (c)		(d)	(e)
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CORPORATE BONDS (CONTINUED):				
	CENTURY COMMUNITIES INC 6.75% Matures 6/1/2027	23,000	23,146	23,103
	CHARTER COMMUNICATIONS OPERATING 4.91% Matures 7/23/2025	22,000	22,427	21,756
	CLEVELAND-CLIFFS INC 5.88% Matures 6/1/2027	12,000	11,970	11,878
	CONAGRA BRANDS INC 4.85% Matures 11/1/2028	21,000	22,695	20,650
	CROWN AMERICAS LLC / CROWN 4.75% Matures 1/1/2026	22,000	22,084	21,553
	DCP MIDSTREAM OPERATING LP 5.38% Matures 7/15/2025	10,000	9,828	9,963
	DICK'S SPORTING GOODS INC 3.15% Matures 1/15/2032	35,000	27,434	29,818
	DISCOVERY COMMUNICATIONS LLC 3.95% Matures 3/20/2028	23,000	21,991	21,565
	DISCOVERY COMMUNICATIONS LLC 3.63% Matures 5/15/2030	8,000	6,621	7,029
	DOLLAR TREE INC 4.20% Matures 5/15/2028	33,000	33,440	31,665
	EAGLE MATERIALS INC 2.50% Matures 7/1/2031	38,000	31,969	32,031
	ENCOMPASS HEALTH CORP 4.50% Matures 2/1/2028	26,000	24,910	24,770
	ENCOMPASS HEALTH CORP 4.75% Matures 2/1/2030	6,000	5,348	5,617
	ENERGY TRANSFER LP 5.75% Matures 4/1/2025	19,000	18,676	18,968
	ENLINK MIDSTREAM PARTNERS LP 4.15% Matures 6/1/2025	19,000	18,193	18,688
	EXPEDIA INC 3.80% Matures 2/15/2028	29,000	26,738	27,620
	FISERV INC 5.63% Matures 8/21/2033	30,000	31,287	30,320
	FLEX LTD 6.00% Matures 1/15/2028	27,000	27,416	27,347
	FORD MOTOR CO 4.35% Matures 12/8/2026	22,000	22,594	21,374
	FORTUNE BRANDS INNOVATIONS INC 3.25% Matures 9/15/2029	8,000	7,203	7,256
	FORTUNE BRANDS INNOVATIONS INC 4.00% Matures 6/15/2025	22,000	23,101	21,635
	FORTUNE BRANDS INNOVATIONS INC 5.88% Matures 6/1/2033	4,000	4,094	4,061
	GENUINE PARTS CO 6.50% Matures 11/1/2028	28,000	28,560	29,396
	GLOBAL PAYMENTS INC 4.80% Matures 4/1/2026	17,000	18,347	16,794
	GLOBAL PAYMENTS INC 2.90% Matures 5/15/2030	9,000	7,520	7,848
	GLOBAL PAYMENTS INC 2.65% Matures 2/15/2025	5,000	4,792	4,903
	GLP CAPITAL LP / GLP FINANCING II 5.25% Matures 6/1/2025	10,000	9,835	9,930
	GLP CAPITAL LP / GLP FINANCING II 3.35% Matures 9/1/2024	8,000	8,254	7,954
	HCA INC 5.88% Matures 2/15/2026	6,000	6,022	6,011
	HCA INC 5.38% Matures 2/1/2025	7,000	7,215	6,977
	HCA INC 5.63% Matures 9/1/2028	27,000	29,808	27,253
	HILLENBRAND INC 5.00% Matures 9/15/2026	22,000	21,713	21,648
	HILTON WORLDWIDE FINANCE LLC 4.88% Matures 4/1/2027	22,000	22,190	21,638
	HOWMET AEROSPACE INC 5.13% Matures 10/1/2024	2,000	2,130	1,994
	HOWMET AEROSPACE INC 6.88% Matures 5/1/2025	18,000	20,220	18,143
	HP INC 4.00% Matures 4/15/2029	5,000	4,711	4,763
	HP INC 5.50% Matures 1/15/2033	10,000	10,243	10,093
	HP INC 3.00% Matures 6/17/2027	18,000	18,179	16,937
	ICAHN ENTERPRISES LP / ICAHN 6.25% Matures 5/15/2026	22,000	21,794	21,846

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
CORPORATE BONDS (CONTINUED):				
	KRAFT HEINZ FOODS CO 3.88% Matures 5/15/2027	28,000	29,277	27,070
	LAMAR MEDIA CORP 3.75% Matures 2/15/2028	23,000	20,823	21,567
	LKQ CORP 6.25% Matures 6/15/2033	15,000	15,362	15,438
	LKQ CORP 5.75% Matures 6/15/2028	16,000	16,324	16,153
	LOWE'S COS INC 5.15% Matures 7/1/2033	33,000	33,402	32,903
	MARRIOTT INTERNATIONAL INC/MD 4.63% Matures 6/15/2030	11,000	10,563	10,662
	MICROCHIP TECHNOLOGY INC 4.25% Matures 9/1/2025	22,000	22,762	21,665
	MOLSON COORS BEVERAGE CO 3.00% Matures 7/15/2026	29,000	29,614	27,770
	MOTOROLA SOLUTIONS INC 4.60% Matures 5/23/2029	8,000	7,649	7,799
	MOTOROLA SOLUTIONS INC 4.60% Matures 2/23/2028	22,000	22,494	21,627
	OLIN CORP 5.13% Matures 9/15/2027	6,000	5,820	5,829
	OLIN CORP 5.63% Matures 8/1/2029	26,000	24,810	25,504
	ONEMAIN FINANCE CORP 7.13% Matures 3/15/2026	21,000	21,424	21,374
	ORACLE CORP 2.95% Matures 4/1/2030	6,000	5,238	5,341
	ORACLE CORP 6.25% Matures 11/9/2032	26,000	26,495	27,582
	PENSKE AUTOMOTIVE GROUP INC 3.50% Matures 9/1/2025	19,000	19,048	18,510
	PHILIP MORRIS INTERNATIONAL INC 5.38% Matures 2/15/2033	33,000	32,932	32,851
	QORVO INC 4.38% Matures 10/15/2029	30,000	30,401	28,309
	QUANTA SERVICES INC 2.90% Matures 10/1/2030	36,000	31,627	31,729
	QVC INC 4.75% Matures 2/15/2027	25,000	21,893	21,046
	QVC INC 4.45% Matures 2/15/2025	20,000	18,081	19,670
	REYNOLDS AMERICAN INC 4.45% Matures 6/12/2025	17,000	18,251	16,801
	SABRA HEALTH CARE LP 5.13% Matures 8/15/2026	22,000	20,995	21,651
	SBA COMMUNICATIONS CORP 3.88% Matures 2/15/2027	20,000	19,928	19,062
	SBA COMMUNICATIONS CORP 3.88% Matures 2/15/2027	20,000	20,675	19,062
	SBA COMMUNICATIONS CORP 3.13% Matures 2/1/2029	13,000	11,251	11,589
	SERVICE CORP INTERNATIONAL/US 5.13% Matures 6/1/2029	43,000	44,274	41,829
	SERVICE CORP INTERNATIONAL/US 4.63% Matures 12/15/2027	23,000	21,835	22,304
	SILGAN HOLDINGS INC 4.13% Matures 2/1/2028	23,000	20,830	21,648
	SLM CORP 3.13% Matures 11/2/2026	24,000	23,041	22,357
	STARWOOD PROPERTY TRUST INC 4.75% Matures 3/15/2025	23,000	23,576	22,742
	STEEL DYNAMICS INC 3.25% Matures 1/15/2031	5,000	4,490	4,425
	STEEL DYNAMICS INC 5.00% Matures 12/15/2026	29,000	30,014	28,782
	SUNOCO LP / SUNOCO FINANCE CORP 6.00% Matures 4/15/2027	22,000	22,564	21,971
	TEGNA INC 4.63% Matures 3/15/2028	25,000	22,495	22,714
	TELEDYNE TECHNOLOGIES INC 2.75% Matures 4/1/2031	36,000	31,022	30,811
	TELEFLEX INC 4.63% Matures 11/15/2027	23,000	21,864	22,206
	TENET HEALTHCARE CORP 4.25% Matures 6/1/2029	23,000	21,360	21,404

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
CORPORATE BONDS (CONTINUED):				
	TENET HEALTHCARE CORP 6.13% Matures 10/1/2028	36,000	35,186	35,694
	TEVA PHARMACEUTICAL FINANCE 3.15% Matures 10/1/2026	20,000	17,772	18,791
	TRANSDIGM INC 5.50% Matures 11/15/2027	39,000	36,099	38,341
	TRAVEL + LEISURE CO 6.00% Matures 4/1/2027	22,000	21,551	21,931
	TRIMBLE INC 4.90% Matures 6/15/2028	29,000	31,007	28,613
	TRIMBLE INC 6.10% Matures 3/15/2033	4,000	4,159	4,144
	UNDER ARMOUR INC 3.25% Matures 6/15/2026	24,000	24,088	22,785
	UNITED RENTALS NORTH AMERICA INC 5.50% Matures 5/15/2027	18,000	18,308	17,860
	UNITED RENTALS NORTH AMERICA INC 5.50% Matures 5/15/2027	11,000	11,798	10,914
	UNITED RENTALS NORTH AMERICA INC 4.88% Matures 1/15/2028	12,000	11,400	11,630
	UNITED RENTALS NORTH AMERICA INC 4.00% Matures 7/15/2030	14,000	12,500	12,674
	VERIZON COMMUNICATIONS INC 4.13% Matures 3/16/2027	17,000	19,836	16,575
	VERIZON COMMUNICATIONS INC 4.33% Matures 9/21/2028	9,000	8,723	8,748
	VERIZON COMMUNICATIONS INC 2.55% Matures 3/21/2031	9,000	7,568	7,660
	VICI PROPERTIES LP 4.75% Matures 2/15/2028	22,000	21,469	21,486
	WESTERN DIGITAL CORP 4.75% Matures 2/15/2026	19,000	19,765	18,605
	WESTERN MIDSTREAM OPERATING LP 3.10% Matures 2/1/2025	13,000	12,918	12,785
	WESTINGHOUSE AIR BRAKE 4.70% Matures 9/15/2028	19,000	19,968	18,642
	WESTINGHOUSE AIR BRAKE 3.45% Matures 11/15/2026	9,000	9,503	8,610
	WILLIS NORTH AMERICA INC 2.95% Matures 9/15/2029	23,000	19,892	20,598
	WILLIS NORTH AMERICA INC 4.65% Matures 6/15/2027	9,000	8,804	8,838
	ZIMMER BIOMET HOLDINGS INC 3.55% Matures 4/1/2025	32,000	31,374	31,486
	CARLYLE CREDIT INCOME FUND 8.75% Matures 10/31/2028	950	23,370	24,453
	EAGLE POINT INCOME CO INC NT 7.75% SER-B Matures 7/31/2028	1,850	45,835	45,913
	GREAT ELM CAPITA 5.875% Matures 6/30/2026	1,550	38,440	37,278
	GREAT ELM CAPITAL CORP 6.75% Matures 1/31/2025	1,300	29,338	32,461
	NEWTEKONE INC 5.50 NT 2026 Matures 2/1/2026	700	17,430	16,968
	OFS CREDIT CO INC CALL NT 26 Matures 4/30/2026	1,925	45,719	46,494
	OXFORD LANE CAP CORP 6.25% NT 27 Matures 2/28/2027	2,800	63,971	65,772
	OXFORD LANE CAPITAL CORP 5.00% Matures 1/31/2027	1,750	43,400	40,600
	PRIORIT INCOME FUND 6.25% SER-G Matures 6/30/2026	675	16,740	16,065
	SARATOGA INVT CRP CAL NT 28 8.5% Matures 4/15/2028	1,500	37,125	37,823
	TERRA INCOME FUND 6 LLC 7% NT 26 Matures 3/31/2026	850	21,080	20,474
	TOTAL CORPORATE BONDS		<u>2,723,582</u>	<u>2,684,313</u>

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party & Description Of Investment	Quantity	Cost	Current Value	
ALTERNATIVES:				
CPG FOCUSED ACCESS FUND, LLC	23,569	517,166	628,481	
POMONA INVESTMENT FUND	33,916	475,000	542,054	
IRONWOOD INSTITUTIONAL MULTI-STRATEGY FUND, LLC	493	576,577	587,438	
FS CREDIT REIT, INC.	23,678	577,649	576,400	
TOTAL ALTERNATIVES		<u>2,146,392</u>	<u>2,334,373</u>	
INVESTMENT ENTITY:				
PROLOAN BOND FUND, LLC	881	1,475,204	1,500,334	
TOTAL INVESTMENT ENTITY		<u>1,475,204</u>	<u>1,500,334</u>	
CASH EQUIVALENTS:				
* MORGAN STANLEY BANK N.A.	173,527	173,527	173,527	
TOTAL CASH EQUIVALENTS		<u>173,527</u>	<u>173,527</u>	
GRAND TOTAL		<u>\$ 14,758,879</u>	<u>\$ 15,761,622</u>	

*Party-In-Interest

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4j - Schedule Of Reportable Transactions

June 30, 2024

(a) Party Involved	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost Of Asset	(h) Current Value On Trans. Date	(i) Net Gain (Loss)
	FEDERATED HERMES GOVT OBL PRM	\$ 557,004	\$ -	\$ -	\$ 557,004	\$ -
	FEDERATED HERMES GOVT OBL PRM	-	550,000	550,000	550,000	-
		<u>\$ 557,004</u>	<u>\$ 550,000</u>	<u>\$ 550,000</u>	<u>\$ 1,107,004</u>	<u>\$ -</u>

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
MUTUAL AND EXCHANGE-TRADED FUNDS:				
	ANGEL OAK FINL STRATEGIES INCM	6,450	\$ 78,077	\$ 79,787
	BLACKROCK CREDIT ALL INC TR IV	1,375	13,939	14,726
	FIRST TR ABRDN GBL OPP INCM FD	3,125	17,995	19,813
	FIRST TR INTERM DUR PRF&INC FD	825	13,898	15,155
	ISHARES CORE DIVIDEND GROWTH	4,039	207,827	232,687
	ISHARES 20+ YR TREASU BOND ETF	4,345	397,223	398,784
	MFS GOVT MKTS INCOME TR SBI	3,300	12,779	10,131
	MFS INTERMEDIATE INCOME TR SBI	17,500	48,549	46,550
	PIONEER DIVERSIFIED HIGH INC	3,400	33,834	39,709
	PUTNAM PREMIER INCOME TR SBI	2,850	11,315	10,203
	VANGUARD LONG TERM BND	3,250	265,482	228,443
	VANGUARD SHORT TERM BND	475	38,493	36,433
	VANGUARD TOTAL BOND MARKET	3,075	221,898	221,554
	WESTERN ASST INFLTN LKD INM FD	11,500	104,588	92,115
	FEDERATED HERMES GOVT OBL PRM	1,204,213	1,204,213	1,204,213
	AMER BEACON AHL MNGD FUT STR Y	11,675	127,647	123,758
	DOUBLELINE TOTAL RETURN I	139,751	1,239,099	1,208,847
	FS MULTI STRATEGY ALTERN I	36,155	397,602	405,657
	KKR CREDIT OPPORTUNITIES I	7,973	215,678	192,781
	LM MARTIN CURRIE SMASH SER EM	20,289	198,498	209,386
	LOCORR MARKET TREND I	9,572	116,859	120,995
	NEUBERGER BERMAN LG SH INST	46,291	731,055	831,842
	TORTOISE ENRGY INFR TOT RET I	15,331	191,335	252,812
	TOTAL MUTUAL AND EXCHANGE-TRADED FUNDS		<u>5,887,883</u>	<u>5,996,381</u>
COMMON STOCKS:				
	AAON INC	57	3,818	4,933
	ABBOTT LABORATORIES	244	21,449	25,354
	ACADEMY SPORTS & OUTDOORS INC	71	4,191	3,765
	ACADIA HEALTHCARE COMPANY INC	68	4,887	4,591
	ACCENTURE PLC IRELAND CL A	68	12,154	20,663
	ADIDAS AG	157	18,749	18,762
	ADOBE INC	81	20,450	44,902
	AGNC INVESTMENT CORP	422	3,637	4,026
	AIA GROUP LTD SPON ADR	252	10,024	6,843
	AIA GROUP LTD SPON ADR	456	18,569	12,382
	AIMEI HEALTH TECHNOLOGY CO LTD	7,200	73,426	74,520
	AIR LIQUIDE ADR	770	19,333	26,620
	AIRBNB INC CL A	171	21,741	25,929

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	ALAMO GROUP INC	32	4,492	5,484
	ALCON INC	175	9,732	15,589
	ALIBABA GROUP HLDG LTD	175	18,777	12,600
	ALPHABET INC CL A	107	8,305	19,490
	ALPHABET INC CL C	199	15,565	36,501
	ALPHAVEST ACQUISITION CORP	5,500	57,132	60,610
	AMADEUS IT GROUP S.A ADR	278	16,967	18,515
	AMAZON COM INC	542	62,334	104,742
	AMER INTL GP INC NEW	198	14,680	14,700
	AMERICAN WATER WORKS CO	94	12,731	12,157
	AMERIPRISE FINCL INC	51	7,893	21,830
	AMGEN INC	58	11,718	18,177
	AMN HEALTHCARE SVCS INC	82	4,817	4,181
	ANSYS INC	55	9,447	17,738
	ANTERO RES CORP COM	97	2,009	3,155
	ARTISAN PARTNERS ASSET MGMT	127	5,055	5,241
	ASGN INC	50	4,503	4,424
	ASM INTERNATIONAL NV	25	7,465	19,118
	ASML HOLDING NV NY REG NEW	38	10,816	39,209
	ATKORE INC	12	2,096	1,613
	ATLAS COPCO AB SP ADR B SP ADR	1,420	13,954	22,949
	ATMOS ENERGY CP	122	13,454	14,231
	AUTODESK INC DELAWARE	63	9,604	15,710
	AXALTA COATING SYSTEMS LTD.	152	4,307	5,194
	BANK RAKYAT INDONESIA ADR	490	7,225	6,883
	BANNIX ACQUISITION CORP	3,125	30,657	34,375
	BEACON ROOFING SUPPLY INC	71	4,380	6,460
	BLACKSTONE INC	96	11,111	11,842
	BWX TECHNOLOGIES INC COM	41	3,418	3,925
	CADENCE BANK	163	3,747	4,610
	CANADIAN NATL RAILWAY CO	152	16,434	17,956
	CAPITAL ONE FINANCIAL CORP	115	7,044	15,922
	CAPITEC BANK HOLDINGS LTD ADR	102	3,789	7,343
	CARTESIAN GROWTH CORP II CL A	2,750	27,473	31,006
	CHEMOURS CO COM	250	6,842	5,643
	CHINA MERCHANTS BK CO LTD UNSP	371	10,835	8,423
	CHORD ENERGY CORPORATION NEW	25	3,910	4,268
	CLP HOLDINGS LTD SP ADR	1,055	10,239	8,527
	COCA COLA CO	227	9,993	14,449

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	COCA COLA CONSOLIDATED INC	6	3,940	5,968
	COLOPLAST AS SPONSERED ADR	1,656	19,403	19,910
	COMERICA INC	125	6,106	6,380
	COMMERCE BANCSHARES	118	5,703	6,582
	COMPASS GROUP PLC SPD ADR	832	19,105	22,717
	CONCORD ACQ CORP II CL A	5,550	57,380	58,553
	CONSTELLATION BRANDS INC CL A	48	11,527	12,274
	CORE & MAIN INC CL A	96	2,315	4,679
	CORTEVA INC	358	10,531	19,311
	COSAN S A ADR	416	7,356	4,052
	COTERRA ENERGY INC	512	9,422	13,655
	COTY INC COM CL A	346	3,250	3,467
	CREDICORP LTD	28	4,009	4,585
	CSL LTD	182	17,006	17,941
	CULLEN FROST BANKERS INC	90	8,127	9,192
	CUSHMAN & WAKEFIELD PLC	518	5,239	5,387
	DAIKIN INDS LTD UNSPON ADR	880	12,913	12,238
	DANAHER CORPORATION	64	6,568	16,014
	DASSAULT SYSTEMS SA ADS	508	17,100	19,219
	DIAGEO PLC SPON ADR NEW	101	16,765	12,734
	ECOLAB INC	71	14,481	16,926
	ELEMENT SOLUTIONS INC	426	8,204	11,553
	ELI LILLY & CO	10	6,230	8,916
	EPAM SYSTEMS	15	4,788	2,846
	EQUITY LIFESTYLE PROPERTIES	168	9,006	10,942
	ESH ACQUISITION CORP	2,550	25,679	26,571
	EVERCORE INC CLASS A	29	5,383	6,134
	EXPERIAN GP LTD ADR	404	13,141	18,824
	FABRINET	24	2,075	5,957
	FANUC CORPORATION UNSP ADR	551	10,375	7,551
	FEDERAL SIGNAL CORP	35	1,280	2,947
	FERRARI N V	69	15,122	28,135
	FIRST AMERICAN FINL CORP	126	7,090	6,798
	FRANKLIN ELECTRIC CO	32	2,353	3,068
	GARTNER INC	31	5,279	14,029
	GATX CORP	31	2,952	4,056
	GENL DYNAMICS CORP	51	8,821	14,786
	GILDAN ACTIVEWEAR INC	139	4,914	5,271
	GLOBANT S.A	41	7,649	7,255

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	GLOBUS MEDICAL INC A	96	4,850	6,547
	GRUPO FINANCIERO BANORTE SAB	195	6,654	7,592
	HDFC BANK LTD ADR	272	16,518	17,498
	HEALTH EQUITY INC COM	56	4,263	4,802
	HERMES INTL SCA UNSPON ADR	126	14,040	28,899
	HONEYWELL INTL INC	72	15,324	15,371
	HOYA CORP SPONS ADR	138	15,214	16,047
	ICICI BANK LTD	540	9,700	15,557
	INDUSTRIA DE DISEÑO TEXTIL IND	950	14,360	23,601
	INFINEON TECHNOLOGIES AG	223	8,408	8,199
	INSIGHT ENTERPRISES INC	31	2,450	6,083
	INSTALLED BLDG PRODS INC	26	2,744	5,309
	JANUS INTERNATIONAL GROUP INC	506	5,829	6,391
	JARDINE MATHESON HLDGS LTD ADR	191	10,557	6,758
	JD COM INC SPON ADR CL A	137	8,895	3,540
	JELD WEN HLD INC	115	2,362	1,549
	KFORCE INC	67	4,037	4,177
	KIRBY CP	56	3,692	6,716
	KONE OYJ ADR	630	19,550	15,560
	L OREAL CO ADR	310	18,220	27,247
	LENNAR CORPORATION	147	8,155	22,031
	LONZA GROUP AG ZUERICH ADR	217	13,291	11,843
	LOWES COMPANIES INC	59	12,681	13,046
	LVMH MOET HENNESSY LOUIS VUITT	176	15,796	26,921
	MARTIN MARIETTA MATERIALS	35	6,817	18,940
	MASTERCARD INC CL A	69	13,265	30,292
	MATADOR RES CO	56	3,280	3,340
	MATERION CORP COM	48	5,258	5,141
	MATIV HOLDINGS INC	136	2,754	2,307
	MCGRATH RENT CP	44	4,825	4,700
	MEDTRONIC PLC SHS	124	10,939	9,760
	MEITUAN ADR	288	11,449	8,196
	MERCK & CO INC NEW COM	130	12,570	16,094
	MERCK KGAA SPD ADR	474	16,729	15,723
	MFA FINL INC	305	3,292	3,245
	MICHELIN COMPAGNIE GENERALE DE	689	10,098	13,333
	MICROCHIP TECHNOLOGY INC	195	7,648	17,843
	MICROSOFT CORP	211	30,427	94,306
	MINTH GROUP LTD	158	5,929	4,943

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	MITSUBISHI UFJ FINCL GRP ADS	1,122	5,868	12,118
	MSCI INC COM	27	13,683	13,005
	MURATA MANUFACTURING CO LTD	998	9,816	10,305
	MURPHY OIL CORP	81	3,120	3,352
	NABORS ENERGY TRANSITION CL A	4,000	42,198	42,120
	NAPCO SECURITY TECHNOLOGIE INC	55	2,336	2,841
	NESTLE SPON ADR REP REG SHR	178	19,029	18,168
	NETFLIX INC	38	7,237	25,692
	NIKE INC B	156	13,404	11,758
	NNN REIT INC	124	4,738	5,282
	NOVARTIS AG ADR	202	16,863	21,505
	NOVO NORDISK A/S ADR	121	12,074	17,272
	NOVO NORDISK A/S ADR	280	7,963	39,967
	OCA ACQUISITION CORP CL A	2,200	21,780	24,640
	ONTO INNOVATION INC	17	3,093	3,830
	OSHKOSH CORP	93	10,066	10,105
	PARKER HANNIFIN CORP	48	8,933	24,095
	PATTERSON -UTI ENERGY INC	291	4,215	3,015
	PAYCOM SOFTWARE INC	36	7,199	5,167
	PERMIAN RESOURCES CP CL A	306	3,255	4,942
	PING AN INSURANCE ADR	877	11,673	7,953
	PNC FINL SVCS GP	75	8,908	11,697
	PORTLAND GENERAL ELEC CO	78	3,357	3,391
	PROCTER & GAMBLE	86	11,758	14,137
	PROSPERITY BANCSHARES	72	3,966	4,391
	PRUDENTIAL PLC ADR	437	15,346	8,006
	PT BK NEGARA INDONESIA UN ADR	276	4,232	3,927
	PT TELEKOMUNIKASI INDONESIA	184	5,268	3,441
	QUALCOMM INC	111	10,370	22,109
	R P M INC	136	9,428	14,644
	RAMBUS INC	95	2,785	5,607
	RED ROCK RESORTS INC CL A	106	4,831	5,823
	ROCHE HOLDINGS ADR	525	21,143	18,202
	RUSH ENTERPRISES INC CL A	92	3,251	3,870
	RXO INC	144	3,056	3,766
	SAGE GROUP PLC ADR NEW	171	9,292	9,412
	SAIA INC	11	2,895	5,199
	SALESFORCE INC	119	21,300	30,595
	SAP AG	89	10,702	18,025

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):				
	SELECTIVE INSURANCE GROUP	52	4,373	4,883
	SERVICENOW INC	43	15,518	33,567
	SGS SA ADR	1,702	16,793	15,153
	SHIN ETSU CHEM CO LTD ADR	1,016	10,993	19,700
	SHOPIFY INC	228	14,201	15,059
	SIGNET JEWELERS LIMITED	47	3,632	4,183
	SILVERBOX CORP III CL A	3,400	34,408	36,040
	SKYLINE CORP	71	4,859	4,782
	SMC CORP JAPAN SPONSORED ADR	998	23,243	23,682
	SONY GROUP CORPORATION ADR	179	10,185	15,206
	STAG INDL INC COM	148	4,841	5,337
	STRIDE INC	55	3,763	3,869
	SYSMEX CORP UNSPON ADR	990	21,640	15,946
	TAIWAN SMCNDCTR MFG CO LTD ADR	242	10,969	42,062
	TAIWAN SMCNDCTR MFG CO LTD ADR	222	12,251	38,586
	TELEDYNE TECH INC	35	14,245	13,445
	TENCENT HLDGS LTD UNSPON ADR	666	28,599	31,542
	TERUMO CORP ADR UNSPONS ADR	500	8,654	8,247
	THERMO FISHER SCIENTIFIC	53	29,571	29,155
	TOTALENERGIES SE SPONSORED ADS	206	13,360	13,736
	TOTALENERGIES SE SPONSORED ADS	246	13,082	16,403
	TRANSMEDICS GROUP INC	23	1,851	3,477
	TRIP COM GROUP LTD ADR	53	2,799	2,505
	U S BANCORP COM NEW	349	12,223	13,855
	ULTRA CLEAN HOLDINGS INC	75	2,591	3,673
	UNITED BANKSHARES INC W VA	124	3,700	4,023
	UNITEDHEALTH GP INC	38	13,628	19,589
	UNIVERSAL MUSIC GROUP NV ADR	909	11,436	13,532
	VALMONT INDUSTRIES	16	3,710	4,443
	VALVOLINE INC COM	100	3,589	4,316
	VISA INC CL A	131	23,959	34,384
	WAL-MART DE MEXICO SA SPON ADR	188	6,950	6,425
	WARBY PARKER INC CL A	204	2,742	3,276
	WEG S.A. SPONSORED ADR	966	5,168	7,329
	WESTERN ALLIANCE BANCORP	111	5,645	6,973
	WOLTERS KLUWER NV SPON ADR	113	13,666	18,748
	WORKDAY INC CL A	51	11,745	11,391
	XCEL ENERGY INC	206	13,233	11,002
	XINYI SOLAR HLDGS LTD ADR	282	8,256	2,839

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party & Description Of Investment	Quantity	Cost	Current Value
COMMON STOCKS (CONTINUED):			
XYLEM INC COM	119	10,200	16,140
ZIONS BANCORPORATIONNA	137	5,021	5,942
ZOETIS INC CLASS-A	115	11,733	19,925
TOTAL COMMON STOCKS		2,352,291	3,072,694
CORPORATE BONDS:			
AECOM 5.13% Matures 3/15/2027	19,000	18,561	18,686
ALLEGION US HOLDING CO INC 3.20% Matures 10/1/2024	18,000	15,806	17,872
ALLEGION US HOLDING CO INC 3.55% Matures 10/1/2027	15,000	14,239	14,215
ALTRIA GROUP INC 4.80% Matures 2/14/2029	8,000	8,421	7,874
ALTRIA GROUP INC 4.40% Matures 2/14/2026	14,000	15,797	13,781
ALTRIA GROUP INC 6.20% Matures 11/1/2028	7,000	7,112	7,264
ALTRIA GROUP INC 6.88% Matures 11/1/2033	4,000	4,349	4,329
AMERICAN TOWER CORP 3.60% Matures 1/15/2028	8,000	7,464	7,557
AMERICAN TOWER CORP 3.80% Matures 8/15/2029	14,000	15,393	13,036
AMERICAN TOWER CORP 5.45% Matures 2/15/2034	9,000	9,004	8,948
AT&T INC 4.10% Matures 2/15/2028	27,000	29,802	26,077
AT&T INC 4.35% Matures 3/1/2029	5,000	4,943	4,852
BAT CAPITAL CORP 4.91% Matures 4/2/2030	11,000	10,481	10,738
BAT CAPITAL CORP 2.73% Matures 3/25/2031	5,000	4,167	4,227
BATH & BODY WORKS INC 7.50% Matures 6/15/2029	29,000	29,906	29,951
BERRY GLOBAL INC 1.57% Matures 1/15/2026	25,000	22,691	23,481
BLOCK FINANCIAL LLC 3.88% Matures 8/15/2030	8,000	7,186	7,344
BLOCK FINANCIAL LLC 2.50% Matures 7/15/2028	25,000	23,312	22,419
BOYD GAMING CORP 4.75% Matures 12/1/2027	19,000	18,028	18,264
BOYD GAMING CORP 4.75% Matures 12/1/2027	8,000	7,850	7,690
BROADCOM CORP / BROADCOM 3.88% Matures 1/15/2027	18,000	18,291	17,413
BROADCOM INC 4.15% Matures 11/15/2030	5,000	4,630	4,721
CA INC 4.70% Matures 3/15/2027	4,000	4,431	3,901
CARLISLE COS INC 3.75% Matures 12/1/2027	18,000	20,005	17,155
CARLISLE COS INC 2.75% Matures 3/1/2030	12,000	10,064	10,578
CARLISLE COS INC 2.20% Matures 3/1/2032	5,000	4,019	4,025
CARPENTER TECHNOLOGY CORP 6.38% Matures 7/15/2028	23,000	22,912	23,016
CDW LLC / CDW FINANCE CORP 3.28% Matures 12/1/2028	13,000	11,176	11,847
CDW LLC / CDW FINANCE CORP 4.13% Matures 5/1/2025	18,000	17,730	17,714
CDW LLC / CDW FINANCE CORP 3.25% Matures 2/15/2029	19,000	19,190	17,151
CENTENE CORP 4.25% Matures 12/15/2027	23,000	21,284	21,924

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
CORPORATE BONDS (CONTINUED):				
	CENTURY COMMUNITIES INC 6.75% Matures 6/1/2027	23,000	23,146	23,103
	CHARTER COMMUNICATIONS OPERATING 4.91% Matures 7/23/2025	22,000	22,427	21,756
	CLEVELAND-CLIFFS INC 5.88% Matures 6/1/2027	12,000	11,970	11,878
	CONAGRA BRANDS INC 4.85% Matures 11/1/2028	21,000	22,695	20,650
	CROWN AMERICAS LLC / CROWN 4.75% Matures 1/1/2026	22,000	22,084	21,553
	DCP MIDSTREAM OPERATING LP 5.38% Matures 7/15/2025	10,000	9,828	9,963
	DICK'S SPORTING GOODS INC 3.15% Matures 1/15/2032	35,000	27,434	29,818
	DISCOVERY COMMUNICATIONS LLC 3.95% Matures 3/20/2028	23,000	21,991	21,565
	DISCOVERY COMMUNICATIONS LLC 3.63% Matures 5/15/2030	8,000	6,621	7,029
	DOLLAR TREE INC 4.20% Matures 5/15/2028	33,000	33,440	31,665
	EAGLE MATERIALS INC 2.50% Matures 7/1/2031	38,000	31,969	32,031
	ENCOMPASS HEALTH CORP 4.50% Matures 2/1/2028	26,000	24,910	24,770
	ENCOMPASS HEALTH CORP 4.75% Matures 2/1/2030	6,000	5,348	5,617
	ENERGY TRANSFER LP 5.75% Matures 4/1/2025	19,000	18,676	18,968
	ENLINK MIDSTREAM PARTNERS LP 4.15% Matures 6/1/2025	19,000	18,193	18,688
	EXPEDIA INC 3.80% Matures 2/15/2028	29,000	26,738	27,620
	FISERV INC 5.63% Matures 8/21/2033	30,000	31,287	30,320
	FLEX LTD 6.00% Matures 1/15/2028	27,000	27,416	27,347
	FORD MOTOR CO 4.35% Matures 12/8/2026	22,000	22,594	21,374
	FORTUNE BRANDS INNOVATIONS INC 3.25% Matures 9/15/2029	8,000	7,203	7,256
	FORTUNE BRANDS INNOVATIONS INC 4.00% Matures 6/15/2025	22,000	23,101	21,635
	FORTUNE BRANDS INNOVATIONS INC 5.88% Matures 6/1/2033	4,000	4,094	4,061
	GENUINE PARTS CO 6.50% Matures 11/1/2028	28,000	28,560	29,396
	GLOBAL PAYMENTS INC 4.80% Matures 4/1/2026	17,000	18,347	16,794
	GLOBAL PAYMENTS INC 2.90% Matures 5/15/2030	9,000	7,520	7,848
	GLOBAL PAYMENTS INC 2.65% Matures 2/15/2025	5,000	4,792	4,903
	GLP CAPITAL LP / GLP FINANCING II 5.25% Matures 6/1/2025	10,000	9,835	9,930
	GLP CAPITAL LP / GLP FINANCING II 3.35% Matures 9/1/2024	8,000	8,254	7,954
	HCA INC 5.88% Matures 2/15/2026	6,000	6,022	6,011
	HCA INC 5.38% Matures 2/1/2025	7,000	7,215	6,977
	HCA INC 5.63% Matures 9/1/2028	27,000	29,808	27,253
	HILLENBRAND INC 5.00% Matures 9/15/2026	22,000	21,713	21,648
	HILTON WORLDWIDE FINANCE LLC 4.88% Matures 4/1/2027	22,000	22,190	21,638
	HOWMET AEROSPACE INC 5.13% Matures 10/1/2024	2,000	2,130	1,994
	HOWMET AEROSPACE INC 6.88% Matures 5/1/2025	18,000	20,220	18,143
	HP INC 4.00% Matures 4/15/2029	5,000	4,711	4,763
	HP INC 5.50% Matures 1/15/2033	10,000	10,243	10,093
	HP INC 3.00% Matures 6/17/2027	18,000	18,179	16,937
	ICAHN ENTERPRISES LP / ICAHN 6.25% Matures 5/15/2026	22,000	21,794	21,846

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party &	Description Of Investment	Quantity	Cost	Current Value
CORPORATE BONDS (CONTINUED):				
	KRAFT HEINZ FOODS CO 3.88% Matures 5/15/2027	28,000	29,277	27,070
	LAMAR MEDIA CORP 3.75% Matures 2/15/2028	23,000	20,823	21,567
	LKQ CORP 6.25% Matures 6/15/2033	15,000	15,362	15,438
	LKQ CORP 5.75% Matures 6/15/2028	16,000	16,324	16,153
	LOWE'S COS INC 5.15% Matures 7/1/2033	33,000	33,402	32,903
	MARRIOTT INTERNATIONAL INC/MD 4.63% Matures 6/15/2030	11,000	10,563	10,662
	MICROCHIP TECHNOLOGY INC 4.25% Matures 9/1/2025	22,000	22,762	21,665
	MOLSON COORS BEVERAGE CO 3.00% Matures 7/15/2026	29,000	29,614	27,770
	MOTOROLA SOLUTIONS INC 4.60% Matures 5/23/2029	8,000	7,649	7,799
	MOTOROLA SOLUTIONS INC 4.60% Matures 2/23/2028	22,000	22,494	21,627
	OLIN CORP 5.13% Matures 9/15/2027	6,000	5,820	5,829
	OLIN CORP 5.63% Matures 8/1/2029	26,000	24,810	25,504
	ONEMAIN FINANCE CORP 7.13% Matures 3/15/2026	21,000	21,424	21,374
	ORACLE CORP 2.95% Matures 4/1/2030	6,000	5,238	5,341
	ORACLE CORP 6.25% Matures 11/9/2032	26,000	26,495	27,582
	PENSKE AUTOMOTIVE GROUP INC 3.50% Matures 9/1/2025	19,000	19,048	18,510
	PHILIP MORRIS INTERNATIONAL INC 5.38% Matures 2/15/2033	33,000	32,932	32,851
	QORVO INC 4.38% Matures 10/15/2029	30,000	30,401	28,309
	QUANTA SERVICES INC 2.90% Matures 10/1/2030	36,000	31,627	31,729
	QVC INC 4.75% Matures 2/15/2027	25,000	21,893	21,046
	QVC INC 4.45% Matures 2/15/2025	20,000	18,081	19,670
	REYNOLDS AMERICAN INC 4.45% Matures 6/12/2025	17,000	18,251	16,801
	SABRA HEALTH CARE LP 5.13% Matures 8/15/2026	22,000	20,995	21,651
	SBA COMMUNICATIONS CORP 3.88% Matures 2/15/2027	20,000	19,928	19,062
	SBA COMMUNICATIONS CORP 3.88% Matures 2/15/2027	20,000	20,675	19,062
	SBA COMMUNICATIONS CORP 3.13% Matures 2/1/2029	13,000	11,251	11,589
	SERVICE CORP INTERNATIONAL/US 5.13% Matures 6/1/2029	43,000	44,274	41,829
	SERVICE CORP INTERNATIONAL/US 4.63% Matures 12/15/2027	23,000	21,835	22,304
	SILGAN HOLDINGS INC 4.13% Matures 2/1/2028	23,000	20,830	21,648
	SLM CORP 3.13% Matures 11/2/2026	24,000	23,041	22,357
	STARWOOD PROPERTY TRUST INC 4.75% Matures 3/15/2025	23,000	23,576	22,742
	STEEL DYNAMICS INC 3.25% Matures 1/15/2031	5,000	4,490	4,425
	STEEL DYNAMICS INC 5.00% Matures 12/15/2026	29,000	30,014	28,782
	SUNOCO LP / SUNOCO FINANCE CORP 6.00% Matures 4/15/2027	22,000	22,564	21,971
	TEGNA INC 4.63% Matures 3/15/2028	25,000	22,495	22,714
	TELEDYNE TECHNOLOGIES INC 2.75% Matures 4/1/2031	36,000	31,022	30,811
	TELEFLEX INC 4.63% Matures 11/15/2027	23,000	21,864	22,206
	TENET HEALTHCARE CORP 4.25% Matures 6/1/2029	23,000	21,360	21,404

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
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	TENET HEALTHCARE CORP 6.13% Matures 10/1/2028	36,000	35,186	35,694
	TEVA PHARMACEUTICAL FINANCE 3.15% Matures 10/1/2026	20,000	17,772	18,791
	TRANSDIGM INC 5.50% Matures 11/15/2027	39,000	36,099	38,341
	TRAVEL + LEISURE CO 6.00% Matures 4/1/2027	22,000	21,551	21,931
	TRIMBLE INC 4.90% Matures 6/15/2028	29,000	31,007	28,613
	TRIMBLE INC 6.10% Matures 3/15/2033	4,000	4,159	4,144
	UNDER ARMOUR INC 3.25% Matures 6/15/2026	24,000	24,088	22,785
	UNITED RENTALS NORTH AMERICA INC 5.50% Matures 5/15/2027	18,000	18,308	17,860
	UNITED RENTALS NORTH AMERICA INC 5.50% Matures 5/15/2027	11,000	11,798	10,914
	UNITED RENTALS NORTH AMERICA INC 4.88% Matures 1/15/2028	12,000	11,400	11,630
	UNITED RENTALS NORTH AMERICA INC 4.00% Matures 7/15/2030	14,000	12,500	12,674
	VERIZON COMMUNICATIONS INC 4.13% Matures 3/16/2027	17,000	19,836	16,575
	VERIZON COMMUNICATIONS INC 4.33% Matures 9/21/2028	9,000	8,723	8,748
	VERIZON COMMUNICATIONS INC 2.55% Matures 3/21/2031	9,000	7,568	7,660
	VICI PROPERTIES LP 4.75% Matures 2/15/2028	22,000	21,469	21,486
	WESTERN DIGITAL CORP 4.75% Matures 2/15/2026	19,000	19,765	18,605
	WESTERN MIDSTREAM OPERATING LP 3.10% Matures 2/1/2025	13,000	12,918	12,785
	WESTINGHOUSE AIR BRAKE 4.70% Matures 9/15/2028	19,000	19,968	18,642
	WESTINGHOUSE AIR BRAKE 3.45% Matures 11/15/2026	9,000	9,503	8,610
	WILLIS NORTH AMERICA INC 2.95% Matures 9/15/2029	23,000	19,892	20,598
	WILLIS NORTH AMERICA INC 4.65% Matures 6/15/2027	9,000	8,804	8,838
	ZIMMER BIOMET HOLDINGS INC 3.55% Matures 4/1/2025	32,000	31,374	31,486
	CARLYLE CREDIT INCOME FUND 8.75% Matures 10/31/2028	950	23,370	24,453
	EAGLE POINT INCOME CO INC NT 7.75% SER-B Matures 7/31/2028	1,850	45,835	45,913
	GREAT ELM CAPITA 5.875% Matures 6/30/2026	1,550	38,440	37,278
	GREAT ELM CAPITAL CORP 6.75% Matures 1/31/2025	1,300	29,338	32,461
	NEWTEKONE INC 5.50 NT 2026 Matures 2/1/2026	700	17,430	16,968
	OFS CREDIT CO INC CALL NT 26 Matures 4/30/2026	1,925	45,719	46,494
	OXFORD LANE CAP CORP 6.25% NT 27 Matures 2/28/2027	2,800	63,971	65,772
	OXFORD LANE CAPITAL CORP 5.00% Matures 1/31/2027	1,750	43,400	40,600
	PRIORIT INCOME FUND 6.25% SER-G Matures 6/30/2026	675	16,740	16,065
	SARATOGA INVT CRP CAL NT 28 8.5% Matures 4/15/2028	1,500	37,125	37,823
	TERRA INCOME FUND 6 LLC 7% NT 26 Matures 3/31/2026	850	21,080	20,474
	TOTAL CORPORATE BONDS		<u>2,723,582</u>	<u>2,684,313</u>

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

June 30, 2024

(a)	(b) & (c)		(d)	(e)
Identity Of Issuer, Borrower, Lessor, Or Similar Party & Description Of Investment	Quantity	Cost	Current Value	
ALTERNATIVES:				
CPG FOCUSED ACCESS FUND, LLC	23,569	517,166	628,481	
POMONA INVESTMENT FUND	33,916	475,000	542,054	
IRONWOOD INSTITUTIONAL MULTI-STRATEGY FUND, LLC	493	576,577	587,438	
FS CREDIT REIT, INC.	23,678	577,649	576,400	
TOTAL ALTERNATIVES		<u>2,146,392</u>	<u>2,334,373</u>	
INVESTMENT ENTITY:				
PROLOAN BOND FUND, LLC	881	1,475,204	1,500,334	
TOTAL INVESTMENT ENTITY		<u>1,475,204</u>	<u>1,500,334</u>	
CASH EQUIVALENTS:				
* MORGAN STANLEY BANK N.A.	173,527	173,527	173,527	
TOTAL CASH EQUIVALENTS		<u>173,527</u>	<u>173,527</u>	
GRAND TOTAL		<u>\$ 14,758,879</u>	<u>\$ 15,761,622</u>	

*Party-In-Interest

LABORERS' LOCAL #157 HEALTH BENEFITS FUND

EIN: 14-1437195 PN: 501

Schedule H, Line 4j - Schedule Of Reportable Transactions

June 30, 2024

(a) Party Involved	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost Of Asset	(h) Current Value On Trans. Date	(i) Net Gain (Loss)
	FEDERATED HERMES GOVT OBL PRM	\$ 557,004	\$ -	\$ -	\$ 557,004	\$ -
	FEDERATED HERMES GOVT OBL PRM	<u>-</u>	<u>550,000</u>	<u>550,000</u>	<u>550,000</u>	<u>-</u>
		<u>\$ 557,004</u>	<u>\$ 550,000</u>	<u>\$ 550,000</u>	<u>\$ 1,107,004</u>	<u>\$ -</u>