

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 10/01/2023 and ending 09/30/2024

- 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 DISTRICT COUNCIL HEALTH & WELFARE TRUST FUND NO. 2
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/07/1955
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST
2b Employer Identification Number (EIN): 52-0228954
2c Plan Sponsor's telephone number: 410-872-9500
2d Business code (see instructions): 238900

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, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 07/15/2025, JULIO PALOMO; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 07/15/2025, GEORGE MALONEY; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1057
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1031
	6a(2)	1163
	6b	20
	6c	
	6d	1183
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	153

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p>A Name of plan LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST FUND NO. 2</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 52-0228954</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC

(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
52-0954463	95639	17869/20431/185	1297	06/01/2023	05/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	18670

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
BOLTON PARTNERS INC **36 S CHARLES ST, STE 1000**
BALTIMORE, MD 21201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18670		

(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) 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	8869229
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 **10/01/2023** and ending **09/30/2024**

A Name of plan LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST FUND NO. 2		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST		D Employer Identification Number (EIN) 52-0228954

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
UNION LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	408240	1024	10/01/2023	02/01/2024

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

(a) Total amount of commissions paid 1838	(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
EDWARD J CHICOSKI **301 ALBANY TURNPIKE**
CANTON, CT 06019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1838			

(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) ▶

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	18379
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 **10/01/2023** and ending **09/30/2024**

A Name of plan LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST FUND NO. 2	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST	D Employer Identification Number (EIN) 52-0228954	

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

BLACKROCK ADVISORS LLC

23-2784752

(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)

CARDAY ASSOCIATES, INC.

53-0257019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	332584	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)

BENESYS, INC.

700 TOWER DRIVE, SUITE 300
TROY, MI 48098-2808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	109050	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)

SLEVIN & HART

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	59998	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)

DENTAGRA INSURANCE COMPANY

75-1233841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	45406	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)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20000	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)

BOLTON PARTNERS, INC.

52-1231144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	19500	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)

DLA PIPER, LLP (US)

52-0616490

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13589	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)

CHARTWELL INVESTMENT PARTNERS

23-2891243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	12006	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)

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	10956	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 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST FUND NO. 2	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST	D Employer Identification Number (EIN) 52-0228954	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1153346	1195154
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	279819	37568
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1830081	3137281
(2) U.S. Government securities	1c(2)	840094	1062217
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2357512	2757768
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	914065	795011
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	165214	172118
(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		
f Total assets (add all amounts in lines 1a through 1e)	1f	7540131	9157117
Liabilities			
g Benefit claims payable	1g	165037	279823
h Operating payables	1h	78226	76461
i Acquisition indebtedness	1i		
j Other liabilities	1j	1006253	1595580
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1249516	1951864
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6290615	7205253

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)	10788070	
(B) Participants	2a(1)(B)	22977	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		10811047
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7137	244714
(B) U.S. Government securities	2b(1)(B)	24455	
(C) Corporate debt instruments	2b(1)(C)	111966	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	101156	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		6369
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6369	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2413429	-10945
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2424374	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		107770
(B) Other	2b(5)(B)	107770	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5334
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11164289

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	120821	
(2) To insurance carriers for the provision of benefits.....	2e(2)	9511446	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9632267
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	441634	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	27899	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	19500	
(8) Legal fees	2i(8)	73587	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	34764	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		617384
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10249651

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		914638
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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		795011
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.)			
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.			

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' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND NO. 2**

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024

**LABORERS' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND NO. 2**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Laborers' District Council Health and Welfare
Trust Fund No. 2

Opinion

We have audited the financial statements of the Laborers' District Council Health and Welfare Trust Fund No. 2 (the Fund), 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 of benefit obligations as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, the net assets available for the benefits and benefit obligations of the Fund as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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.

Prior Period Financial Statements

As described in Note 11, the financial statements for 2023 have been restated for the correction of an error in accounting.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

Columbia, Maryland
July 15, 2025

**LABORERS' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND NO. 2**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>RESTATED 2023</u>
ASSETS		
INVESTMENTS - at fair value		
Corporate obligations	\$ 2,757,768	\$ 2,357,512
Limited partnerships	795,011	914,065
Money market funds	150,469	318,539
Mutual funds	172,118	165,214
United States Government and Government Agency obligations	1,062,217	840,094
Total investments	<u>4,937,583</u>	<u>4,595,424</u>
RECEIVABLES		
Employer contributions	1,195,154	1,153,346
Interest and dividends	37,499	34,663
Due from broker - investments sold	-	245,156
Total receivables	<u>1,232,653</u>	<u>1,433,165</u>
CASH	<u>2,986,812</u>	<u>1,511,542</u>
PREPAID EXPENSES	<u>69</u>	<u>-</u>
Total assets	<u>9,157,117</u>	<u>7,540,131</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	76,461	78,226
Due to other entities	1,595,580	1,356,253
Total liabilities	<u>1,672,041</u>	<u>1,434,479</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,485,076</u>	<u>\$ 6,105,652</u>

See accompanying notes to financial statements.

**LABORERS' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND No. 2**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>RESTATED 2023</u>
ADDITIONS		
Contributions		
Employer	\$ 10,788,070	\$ 8,658,418
Participants	22,977	28,844
Total contributions	<u>10,811,047</u>	<u>8,687,262</u>
Investment income		
Net depreciation in fair value of investments	102,159	(23,216)
Interest and dividends	251,083	250,071
	<u>353,242</u>	<u>226,855</u>
Less: investment expenses	(27,899)	(32,865)
Investment income - net	<u>325,343</u>	<u>193,990</u>
Total additions	<u>11,136,390</u>	<u>8,881,252</u>
DEDUCTIONS		
Benefits paid to or for participants		
Self insured benefits	15,029	9,829
Insurance premiums	9,152,452	8,526,825
Total benefits	<u>9,167,481</u>	<u>8,536,654</u>
Administrative expenses		
Actuary and consulting	19,500	26,000
Administrative	441,634	417,041
Audit	20,000	12,087
Insurance	21,607	21,633
Legal	73,587	110,807
Printing, postage and office	12,586	12,633
Trustee and meeting	571	144
Total administrative expenses	<u>589,485</u>	<u>600,345</u>
Total deductions	<u>9,756,966</u>	<u>9,136,999</u>
NET INCREASE (DECREASE)	1,379,424	(255,747)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year, before prior period adjustment for 2023	6,105,652	6,711,399
Prior period adjustment		(350,000)
As restated for 2023	<u>6,105,652</u>	<u>6,361,399</u>
End of year	<u>\$ 7,485,076</u>	<u>\$ 6,105,652</u>

See accompanying notes to financial statements.

**LABORERS' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND NO. 2**

STATEMENTS OF BENEFIT OBLIGATIONS

SEPTEMBER 30, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims payable	\$ 279,823	\$ 165,037
POSTRETIREMENT BENEFIT OBLIGATIONS - net of amounts currently payable		
Current retirees, beneficiaries, and dependents	2,450,812	2,205,118
Other participants fully eligible for benefits	1,966,100	1,755,798
Other participants not fully eligible for benefits	2,601,011	4,240,362
	7,017,923	8,201,278
Total benefit obligations	\$ 7,297,746	\$ 8,366,315

See accompanying notes to financial statements.

**LABORERS' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND NO. 2**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR		
PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 165,037	\$ 4,123
Claims reported and approved for payment	9,282,267	8,697,568
Claims and premiums paid	(9,167,481)	(8,536,654)
Balance at end of year	279,823	165,037
POSTRETIREMENT BENEFIT OBLIGATIONS -		
net of amounts currently payable		
Balance at beginning of year	8,201,278	8,335,432
Increase (decrease) during the year attributable to:		
Benefits earned net of benefits paid	303,454	-
Actuarial experience gain	(1,314,832)	-
Expected change due to passage of time	-	433,081
Updated healthcare cost trend assumption	-	543,403
Updated per capita costs	-	(831,812)
Changes in actuarial assumptions	(171,977)	-
Change in discount rate	-	(278,826)
Balance at end of year	7,017,923	8,201,278
 Total benefit obligations	 \$ 7,297,746	 \$ 8,366,315

See accompanying notes to financial statements.

**LABORERS' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND NO. 2**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2022

NOTE 1. DESCRIPTION OF THE FUND

The following brief description of the Laborers' District Council Health and Welfare Trust Fund No. 2 (the Fund), is provided for general information purposes only. Participants and other interested parties should refer to the plan agreement for more complete information.

General

The Fund was formed on October 7, 1955 under the agreement and declaration of trust of the Construction Contractors Council (the Council) of Washington, D.C. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The collective bargaining agreement or participation agreement which each participating employer signs with the Council determines the contributions rate(s) and the level of benefits attributable to each participant.

Benefits

The Fund provides for medical, dental, supplemental life insurance, and loss of time benefits to eligible members (active or retired) and their dependents. The Fund also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

To first become eligible from October 1, 2021 through September 30, 2022, a participant must have worked for an employer who is a participant to the collective bargaining agreement, who makes contributions to the Fund, for at least three hundred (300) hours in any three (3) consecutive months. Eligibility begins at the beginning of the next month after the end of the month in which the 300 hours has been completed. Once eligible, a participant has to work a minimum of 600 hours in the preceding six month period or 300 hours in the preceding three month period. Effective October 1, 2022, a participant must have worked for an employer who is a participant to the collective bargaining agreement, who makes contributions to the Fund, for at least three hundred (350) hours in any three (3) consecutive months. Eligibility begins at the beginning of the next month after the end of the month in which the 350 hours has been completed. Once eligible, a participant has to work a minimum of 700 hours in the preceding six month period or 350 hours in the preceding three month period. Eligibility is lost if either of these criteria are not met. Supplementary benefits available to retired members and their dependents may begin on the first of the month that they begin to receive pension benefits.

NOTE 1. DESCRIPTION OF THE FUND (continued)

Insured Benefits: The Fund offers one health maintenance organization (HMO) that the participants may choose, and an alternative plan provided by the same insurer for participants that live outside of the HMO's service area. The Fund also offers insured dental benefits, and supplemental life insurance for participants. The Fund purchases annual insurance contracts for these insured benefits.

Self-insured Benefits: The Fund's Dental, and loss of time benefits are self-insured. The claims for these benefits are processed by the Fund's third-party claims processors and are paid from the general assets of the Fund.

Contributions

Contributions to the Fund are made by each contributing employer at the rates established by collective bargaining or participation agreements. Any retired member who has elected to continue health coverage also contributes to the Fund. Retired participants pay monthly contributions. Contribution rates for retired participants are subject to change based on Fund costs. Federal law also allows members without sufficient hours (deficit hours) to retain eligibility to maintain coverage by making payments to the Fund. Participants that elect to continue coverage pay a group rate that amounts to 102% of Fund's cost of the coverage.

Other

The Fund's Board of Trustees, as sponsor, has the right under the Fund to modify the benefits provided to its participants and dependents. The Fund may be terminated at the sole discretion of the Board of Trustees, subject to the provisions set forth in ERISA. If the Fund is terminated and there are any remaining assets in the Fund, those assets will be used to pay claims for benefits incurred before the termination date and pay any reasonable administrative expenses.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - Mutual funds are carried at fair value or the net asset value of the fund as of the last business day of the Plan year as provided by the investment manager. The investments in corporate obligations and United States Government and Government Agency obligations are carried at fair value as reported by the investment manager or as provided by the custodial bank. The limited partnership is carried at estimated fair value as provided by the sponsor of the investments.

Purchases and sales of investments are recorded on a trade-date basis. Interest and dividends are recorded on the accrual basis. Net appreciation (depreciation) includes the Fund's gains and losses on investments bought and sold, as well as held during the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Funding Policy and Revenue Recognition - Employer contributions to the Fund are based upon the hourly contribution rates. These rates change pursuant to and are determined by collective bargaining agreements between Heavy Contractors Association of Maryland, District of Columbia, and Virginia, Inc., Mechanical Contractors, District of Columbia Association, Inc., and Laborers of employers who have collected bargaining agreements either individually or through membership in an employers' association, referred to as participation agreements.

Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

Employer contributions due but not paid at year end are recorded as contributions receivable. Allowance for credit losses is considered unnecessary and is not provided.

Estimates - The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Payment of Benefits - Premiums paid by the Fund for insured benefits are recorded as insurance premiums in the accompanying statement of changes in net assets available for benefits. Premiums due to insurers that have not been paid by the Fund are recorded as insurance premiums payable in accompanying statements of benefit obligations.

Benefit Obligations - Postretirement benefit obligations were estimated by the Fund's actuary.

NOTE 3. TAX STATUS

The Trust established under the Fund to hold the Fund's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Service and the Board of Trustees believes that the Fund, as amended, continues to qualify as designated.

In addition, the Fund and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Board of Trustees believes that the Fund is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, fund tax years will remain open for three years; however, this may differ depending upon the circumstances of the Fund.

NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS

The postretirement benefit obligation represents the total actuarial present value of those estimates future benefits that are attributed to employee service rendered through September 30, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service to the valuation date.

The following were other significant assumptions used in the valuation as of September 30, 2024 and 2023.

	2024	2023
Weighted-Average assumed discount rate	4.80%	5.53%
Termination, Retirement age	Varies depending on age	
Turnover, Disability, Retirement age	Varies depending on age	
Mortality:		
Healthy	PRI-2012 Blue Collar Employee and Health Retiree Mortality Tables, headcount-weighted with sex-distinct rates, set forward 1 year, projected generationally from 2014 using the SSA-2024 scale	SOA RP-2014 Blue Collar Retiree Headcount-weighted Mortality Table adjusted to 2006, projected on a fully generational basis from 2008 using mortality improvement scale MP-2019
Disabled	PRI-2012 Disabled Retiree Table, headcount-weighted with sex-distinct rates, projected generationally from 2014 using the SSA-2024 scale	SOA RP-2014 Blue Collar Disabled Retiree Headcount-weighted Mortality Table adjusted to 2006, projected on a fully generational basis from 2008 using mortality improvement scale MP-2019
Per Capita Costs:		
Medical	Per capita costs were based on the Kaiser Permanente premium rates in effect on October 1, 2024 trended to the midpoint of the valuation year at assumed trend rates. Actuarial factors were applied to the premium to estimate individual retiree and spouse costs by age and by gender.	The average premium was calculated by blending the FY2024 premiums for each plan based on enrollment as of the valuation date and trending to the midpoint of the projection period using 7.5% trend. The average premium was the age adjusted to determine a retiree per capita cost. Costs for spouses were assumed to be 1.10 times the cost for a retiree in the same age band.
Dental:	\$72 per year	\$132 per year
Health Cost Trend Assumption:	The trend rate assumptions were developed using Segal's internal guidelines, which were established each year using data sources such as the Segal Health Trend Survey, internal client results, trends from other published surveys prepared by the S&P Dow Jones Indices, consulting firms and brokers, and CPI statistics published by the Bureau of Labor Statistics.	The healthcare cost trend assumption was developed using the Society of Actuaries (SOA) Long-Run Medical Cost Trend Model. The current valuation uses the 2024 version of the model with baseline assumptions.

NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

Method - The benefit obligation is calculated using the Projected Unit Credit method.

The changes in assumptions since the prior valuation were as follows:

- The discount rate was decreased from 5.53% to 4.80%.
- Per capita health care costs were updated.
- The future trend on health costs was modified.
- The disability and retirement rates were updated to match the companion pension valuation.
- The mortality tables were updated to be the headcount-weighted tables of the tables used in the companion pension valuation.

The foregoing assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligation.

The weighted average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point each year, it would increase the obligation as of September 30, 2024 and 2023, by \$420,404 and \$704,793, respectively.

NOTE 5. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended September 30, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

There have been no changes in valuation methodologies used at September 30, 2024 and 2023.

	Fair Value Measurements at September 30, 2024			
	Total	Level 1	Level 2	Level 3
Corporate obligations	\$ 2,757,768	\$ -	\$ 2,757,768	\$ -
Money market funds	150,469	150,469	-	-
Mutual funds	172,118	172,118	-	-
United States Government and Government Agency obligations	1,062,217	-	1,062,217	-
Total assets in the fair value hierarchy	4,142,572	\$ 322,587	\$ 3,819,985	\$ -
Investment measured at NAV	795,011			
Total investments	<u>\$ 4,937,583</u>			

	Fair Value Measurements at September 30, 2023			
	Total	Level 1	Level 2	Level 3
Corporate obligations	\$ 2,357,512	\$ -	\$ 2,357,512	\$ -
Money market funds	318,539	318,539	-	-
Mutual funds	165,214	165,214	-	-
United States Government and Government Agency obligations	840,094	-	840,094	-
Total assets in the fair value hierarchy	3,681,359	\$ 483,753	\$ 3,197,606	\$ -
Investment measured at NAV	914,065			
Total investments	<u>\$ 4,595,424</u>			

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

In accordance with ASC 820-10, investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The unfunded commitments and redemption information for the investment, as of September 30, 2024 and 2023, are as follows:

	<u>2024 Fair Value</u>	<u>2023 Fair Value</u>	<u>2024 Unfunded Commitments</u>	<u>2023 Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnership:						
Boyd Watterson State Government Fund, LP	<u>\$ 795,011</u>	<u>\$ 914,065</u>	<u>\$ -</u>	<u>\$ -</u>	Quarterly	60 days
	<u>\$ 795,011</u>	<u>\$ 914,065</u>	<u>\$ -</u>	<u>\$ -</u>		

The Boyd Watterson State Government Fund, LP is a real estate fund that operates as a perpetual life, open-ended, commingled collective investment fund. The Partnership invests primarily in real estate primarily leased to the state government agencies.

Boyd Watterson State Government Fund, LP is measured at estimated fair value, without adjustment by the Fund, as reported by the sponsor of the investments as of September 30, 2024 and 2023.

NOTE 6. CONCENTRATION OF RISK

The Fund maintains several cash accounts at one financial institutions. Each account is insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the balances may exceed federally insured limits. The Fund believes it is not exposed to any significant credit risk on cash and has not experienced any loss on such accounts.

NOTE 7. PRIORITIES UPON TERMINATION

Although it has not expressed any intention to do so, the Board of Trustees reserves the right to amend, modify, discontinue, suspend or terminate any part or all of this Fund at any time, for any reason, in its sole discretion subject to the provisions of EIRSA. In the event of termination of the Fund, remaining assets will be used to pay claims incurred before the termination date and any reasonable administrative expenses. No assets of the Fund may revert to any Employer or Union or be used for purposes other than for the exclusive benefit of the Fund's participants and to pay the Fund's reasonable expenses.

NOTE 8. RISKS AND UNCERTAINTIES

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

Benefit obligations are based on certain estimates and assumptions. Due to uncertainties inherent in the process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to these financial statements.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Fund's net assets available for benefits per the financial statements at September 30, 2024 and 2023, to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on the financial statements	\$ 7,485,076	\$ 6,105,652
Claims payable	<u>(279,823)</u>	<u>(165,037)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 7,205,253</u>	<u>\$ 5,940,615</u>

The following is a reconciliation of benefits paid to or on behalf of participants per the financial statements for the year ended September 30, 2024, to the Form 5500:

	<u>2024</u>
Benefits paid to or for participants as reported on the financial statements	\$ 9,167,481
Add: Claims payable at September 30, 2024	279,823
Less: Claims payable at September 30, 2023	<u>(165,037)</u>
Benefits paid to participants as reported on Form 5500	<u>\$ 9,282,267</u>

Claims payable are included on the statements of benefit obligations on the financial statement but are included as liabilities on Form 5500.

NOTE 10. RELATED PARTY TRANSACTIONS

The Fund collected contributions on behalf of certain affiliated entities. As of September 30, 2024 and 2023, the Fund owed \$1,595,580 and \$1,356,253, respectively, to the affiliated entities. The amount owed is included in due to other entities on the statements of net assets available for benefits.

NOTE 11. RESTATEMENT FOR CORRECTION OF AN ERROR

During 2024, management noted an error in accounting for due to other entities for the year ending September 30, 2022. Prior period adjustments of \$350,000 increased due to other entities on the statements of net assets available for benefits as of the beginning of the year. The statements of changes in net assets available for benefits have been decreased accordingly in the amount of \$350,000 for the effect of the correction of an error in accounting for due to other entities on the beginning of the year net assets for the year ended September 30, 2023.

NOTE 12. SUBSEQUENT EVENTS

The Fund has evaluated subsequent events through July 15, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**LABORERS' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND No.2**

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-0228954

Plan No: 501

(a)	(b)	(c)				(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date			
<u>Corporate obligations:</u>							
Aadvantage Loyalty IP	Note	32,083	5.500 %	04/20/26	\$ 31,527	\$ 31,992	
Aadvantage Loyalty IP	Note	10,000	5.750	04/20/29	9,794	9,983	
Albertsons Cos Inc	Note	45,000	3.250	03/15/26	44,188	43,514	
Amgen Inc SR GBLB NT	Note	25,000	5.250	03/02/33	24,977	26,027	
Anheuser-Busch INBEV	Note	10,000	3.500	06/01/30	9,324	9,707	
Anthem Inc SR GBLB NT DTD	Note	25,000	3.650	12/01/27	23,685	24,650	
Ares Cap Corp SR NT	Note	30,000	3.250	07/15/25	28,763	29,553	
Ares Capital	Note	20,000	3.875	01/15/26	19,309	19,709	
Autonation Inc DTD	Note	20,000	3.500	11/15/24	18,783	19,946	
Bank America Corp VAR	Note	15,000	N/A	02/05/26	15,023	14,999	
Bank America Corp VAR	Note	15,000	N/A	09/15/26	14,084	15,038	
Bank America Corp VAR	Note	15,000	N/A	11/10/28	15,844	15,833	
Blackrock Funding Inc	Note	5,000	4.600	07/26/27	5,000	5,097	
Blackrock Funding Inc	Note	15,000	4.700	03/14/29	15,001	15,428	
Boyd Gaming Corp SR	Note	45,000	4.750	12/01/27	42,252	44,491	
Brinks Co SR	Note	30,000	6.500	06/15/29	30,275	31,078	
Centene Corp DEL SR	Note	45,000	4.250	12/15/27	41,661	44,197	
Charter Comm OPT LLC/CAP	Note	35,000	4.908	07/23/25	35,030	34,943	
Clearway Energy Oper	Note	5,000	4.750	03/15/28	4,906	4,906	
Comcast Corp New	Note	25,000	4.250	10/15/30	25,821	24,958	
Comcast Corp New SR GBLB NT 28 DTD	Note	35,000	4.150	10/15/28	34,561	35,055	
Crown Amers LLC / Crown	Note	40,000	4.750	02/01/26	38,341	39,859	
CVS Health Corp SR NT DTD	Note	25,000	3.250	08/15/29	23,919	23,617	
Dell Intl LLC/EMC Corp	Note	10,000	5.750	02/01/33	9,926	10,732	
Disney Walt Co SR GBLB	Note	15,000	3.375	11/15/26	16,370	14,813	
Duke Energy Carolinas	Note	30,000	4.850	01/15/34	29,442	30,684	
ESAB Corporation	Note	30,000	6.250	04/15/29	30,063	30,812	
Extra Space Storage LP	Note	20,000	2.200	10/15/30	18,957	17,523	
F M C Corp SR GBLB NT DTD	Note	10,000	3.450	10/01/29	10,000	9,369	
FMC Corp SR NT	Note	15,000	5.150	05/18/26	14,895	15,137	
Ford Motor Credit Co	Note	20,000	4.063	11/01/24	19,417	19,977	
FTAI Aviation LTD	Note	45,000	5.500	05/01/28	43,003	44,812	
FYBR 2023-1 A2	Note	25,000	6.600	08/20/53	24,037	25,693	
General Mtrs Finl Co Inc SR GBLB NT DTD	Note	10,000	5.650	01/17/29	10,190	10,300	
Genting New York	Note	10,000	7.250	10/01/29	10,000	10,118	
Georgia Pwr Co	Note	15,000	5.004	02/23/27	14,965	15,330	
GFL Environmental Inc	Note	40,000	3.750	08/01/25	39,873	39,679	
GGAM Fin LTD SR	Note	40,000	8.000	02/15/27	39,975	41,800	
GLP Cap LP/GLP FING II	Note	45,000	5.375	04/15/26	44,734	45,182	
Goldman Sachs Group Inc SR NT FXD/FLT DTD	Note	40,000	N/A	06/05/28	37,774	39,367	
Hat Hldgs I LLC / Hat	Note	25,000	3.375	06/15/26	23,509	24,210	
Healthpeak Properties	Note	20,000	2.875	01/15/31	18,440	18,220	
Herc Hldings Inc SR	Note	30,000	6.625	06/15/29	30,219	31,073	
Herc Hldings Inc SR GBLB DTD	Note	5,000	5.000	07/15/27	4,950	4,994	
Hewlett Packard	Note	15,000	5.000	10/15/34	14,862	14,850	
Hilton Domestic Oper	Note	35,000	5.375	05/01/25	34,974	34,892	
Icahn Enterprises	Note	25,000	6.250	05/15/26	24,263	24,805	
Icahn Enterprises	Note	20,000	5.250	05/15/27	18,556	19,165	
Intercontinental	Note	10,000	4.600	03/15/33	9,988	10,114	
INTL Game Tech PLC SR	Note	40,000	6.250	01/15/27	39,904	40,830	
Jazz Securities	Note	45,000	4.375	01/15/29	41,806	43,520	
JBS USA LUX S A / JBS	Note	25,000	5.125	02/01/28	24,465	25,335	
Jefferies Financia	Note	10,000	5.875	07/21/28	9,934	10,432	
Jefferies Financial	Note	15,000	6.200	04/14/34	14,982	16,057	
JP Morgan Chase Bank VAR	Note	20,000	N/A	12/05/29	21,720	20,093	

(a) Issuer, Borrower	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c)			(d) Cost	(e) Current Value
		Shares/ Type	Interest Rate	Maturity Date		
		Principal				
Corporate obligations (continued):						
JPMorgan Chase & Co VAR	Note	30,000	N/A %	02/24/26	\$ 29,529	\$ 29,704
JP Morgan Mortgage Trust VAR	Note	24,961	N/A	04/25/54	24,403	25,132
Kinetik HLDGS LP SR	Note	40,000	6.625	12/15/28	40,323	41,514
Lincoln Natl Corp IND SR	Note	10,000	3.400	01/15/31	9,119	9,252
MacQuarie AirFinance	Note	30,000	8.375	05/01/23	30,845	31,539
Morgan Stanley FR VAR	Note	25,000	N/A	04/28/26	24,741	24,609
Morgan Stanley FR VAR	Note	15,000	N/A	04/18/30	15,659	15,779
Morgan Stanley VAR	Note	15,000	N/A	04/20/28	14,533	14,970
New Fortress Energy	Note	20,000	6.750	09/15/25	19,123	19,158
New Fortress Energy	Note	15,000	6.500	09/30/26	14,563	12,605
Onemain Fin Corp SR	Note	20,000	3.500	01/15/27	18,829	19,116
Onemain Fin Corp SR	Note	5,000	3.875	09/15/28	4,622	4,638
Oracle Corp SR GLOBL	Note	15,000	6.250	11/09/32	15,259	16,598
Owl Rock Capital	Note	20,000	3.400	07/15/26	19,685	19,362
Park Inter HLDGS LLC	Note	30,000	5.875	10/01/28	29,550	29,952
Park Inter HLDGS LLC	Note	10,000	4.875	05/15/29	9,438	9,703
Philip Morris Intl Inc	Note	15,000	5.625	09/07/33	14,684	15,968
Philip Morris Intl Inc	Note	25,000	5.250	02/13/34	24,453	25,963
Phinia Inc SR Sec	Note	40,000	6.750	04/15/29	40,591	41,280
PNC Financial Services VAR	Note	15,000	N/A	01/21/28	15,007	15,350
Precision Castparts	Note	10,000	3.250	06/15/25	10,828	9,909
Prime SEC SVCS Borrower LLC/SR SEC DTD	Note	45,000	5.750	04/15/26	44,156	45,205
Rockwell Automation Inc SR GLOBL NT DTD	Note	15,000	3.500	03/01/29	16,694	14,639
Safehold Oper	Note	25,000	2.800	06/15/31	23,701	21,947
Safehold Oper	Note	20,000	2.850	01/15/32	18,668	17,285
SBA Communications	Note	45,000	3.875	02/15/27	44,043	43,856
Simon PPTY Group LP SR GLOBL NT DTD	Note	10,000	3.500	09/01/25	10,772	9,914
Simon Property Group LP SR NT DTD	Note	35,000	2.450	09/13/29	32,649	32,177
Sirius XM Radio Inc SR	Note	45,000	3.125	09/01/26	44,250	43,477
SLM Corp SR GLOBL	Note	25,000	4.200	10/29/25	25,184	24,715
SLM Corp SR NT	Note	20,000	3.125	11/02/26	18,801	19,227
Small Bus Admin GTD DEV PTC 2018-20 A 38 DTD	Note	18,515	2.920	01/01/38	17,807	17,457
Springleaf Finance Corp SR GLOBL DTD	Note	15,000	7.125	03/15/26	15,181	15,314
Starwood PPTY TR Inc	Note	25,000	3.625	07/15/26	24,304	24,141
Starwood PPTY TR Inc SR	Note	20,000	4.750	03/15/25	20,054	19,902
Sunoco LP/Sunoco Fin	Note	35,000	5.875	03/15/28	34,650	35,175
Sunoco LP/Sunoco	Note	10,000	6.000	04/15/27	9,838	10,033
Tallgrass Energy	Note	5,000	6.000	03/01/27	4,894	4,996
Tallgrass Energy	Note	20,000	5.500	01/15/28	19,125	19,364
Tallgrass Energy	Note	20,000	7.375	02/15/29	20,000	20,226
Tegna Inc SR GLOBL	Note	35,000	4.750	03/15/26	35,178	34,553
Tegna Inc SR NT	Note	10,000	4.625	03/15/28	9,150	9,542
Tenet Healthcare Corp	Note	25,000	5.125	11/01/27	24,575	24,906
Tenet Healthcare Corp	Note	18,000	4.250	06/01/29	16,634	17,355
TEVA Pharmaceuticals	Note	15,000	3.150	10/01/26	13,388	14,418
TEVA Pharmaceutical	Note	10,000	4.750	05/09/27	9,563	9,859
TEVA Pharmaceutical	Note	15,000	6.750	03/01/28	15,104	15,634
Thermo Fisher	Note	15,000	1.215	10/18/24	14,740	14,970
Tractor Supply Co SR	Note	10,000	5.250	05/15/33	9,959	10,406
Transdigm Inc SR Sec	Note	25,000	6.750	08/15/28	25,582	25,732
Transdigm Inc SR Sec	Note	20,000	6.375	03/01/29	20,044	20,634
Travel plus Leisure CO	Note	20,000	6.625	07/31/26	19,945	20,378
Travel Plus Leisure VAR	Note	25,000	N/A	10/01/25	24,813	25,252
Truist Bank Global Sub	Note	35,000	2.250	03/11/30	33,179	30,875
Verizon Communications	Note	20,000	2.550	03/21/31	19,168	17,858
VICI PPTYYS Inc SR GLOBL	Note	45,000	4.250	12/01/26	45,009	44,562
Virginia Elec & Power Co DTD	Note	15,000	3.500	03/15/27	15,806	14,816
Virginia Elec & PWR	Note	5,000	5.050	08/15/34	4,989	5,133
Vistra Operations Co LLC DR GLOBL	Note	45,000	5.500	09/01/26	44,035	44,984
Warnermedia Hlds Inc	Note	25,000	3.755	03/15/27	24,696	24,174
Wesco Distr Inc SR	Note	20,000	6.375	03/15/29	20,078	20,662
Western Digital Corp	Note	45,000	4.750	02/15/26	45,575	44,757
Western Midstream Oper Var	Note	30,000	N/A	02/01/25	29,635	29,749
XPO Inc SR Sec	Note	40,000	6.250	06/01/28	40,075	40,910
Total corporate obligations					2,729,736	2,757,768

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
			United States Government and Government Agency obligations:				
	FFCB	Note	20,000	3.300 %	03/23/32	\$ 20,000	\$ 18,963
	FFCB	Note	15,000	4.300	05/17/32	15,000	14,826
	FFCB	Note	15,000	4.980	07/20/32	15,000	14,958
	FHLB	Note	29,250	1.000	03/23/26	29,250	28,035
	FHLB	Note	10,000	1.250	12/20/24	10,000	9,923
	FHLB	Note	25,000	1.150	10/26/26	25,000	23,699
	FHLB	Note	25,000	1.500	11/23/26	25,000	23,830
	FHLB	Note	10,000	1.900	02/17/27	10,000	9,578
	FHLB	Note	20,000	3.500	04/26/27	20,000	19,802
	FHLMC Pool	Note	11,810	4.500	05/01/38	11,710	11,841
	FHLMC Pool	Note	19,099	5.500	09/01/38	18,994	19,497
	FHLMC Pool	Note	14,365	N/A	09/01/53	14,235	14,690
	PHLMC Remic Series	Note	17,513	6.000	07/25/48	17,513	17,814
	FNMA	Note	15,000	4.125	08/28/25	15,000	14,985
	FNMA Pool	Note	21,488	4.000	07/01/38	20,565	21,331
	US Treasury Note	Note	42,236	1.125	01/15/33	38,530	40,749
	US Treasury Note	Note	115,000	2.625	03/31/25	111,633	114,037
	US Treasury Note	Note	22,280	0.125	04/15/27	20,324	21,447
	US Treasury Note	Note	22,520	1.750	01/15/28	31,910	22,702
	US Treasury Note	Note	120,000	1.625	09/30/26	117,995	115,392
	US Treasury Note	Note	50,000	2.375	05/15/27	47,169	48,483
	US Treasury Note	Note	10,000	4.125	09/30/27	10,164	10,161
	US Treasury Note	Note	85,000	1.125	08/31/28	77,426	77,433
	US Treasury Note	Note	25,000	3.250	06/30/29	23,761	24,640
	US Treasury Note	Note	40,000	0.625	05/15/30	31,601	33,969
	US Treasury Note	Note	65,000	1.125	02/15/31	60,271	55,895
	US Treasury Note	Note	110,000	1.375	11/15/31	93,575	94,201
	US Treasury Note	Note	70,000	2.750	08/15/32	64,344	65,412
	US Treasury Note	Note	70,000	4.500	11/15/33	72,811	73,924
	Total United States Government and Government Agency obligations					<u>1,068,781</u>	<u>1,062,217</u>
	<u>Mutual funds:</u>						
	Ishares 1-3 Year Treasury Bond ETF		1,025	N/A	N/A	83,707	85,229
	Ishares TR Ishares 1-5 Year Investment Grade Corporate Bond ETF		1,650	N/A	N/A	83,078	86,889
	Total mutual funds					<u>166,784</u>	<u>172,118</u>
	<u>Money market funds:</u>						
	Blackrock LIQ FDS Fedfund-IN		59,528	N/A	N/A	59,528	59,528
	Dreyfus Govt Cash Management Institutional Shares		90,946	N/A	N/A	90,946	90,941
	Total money market funds					<u>150,474</u>	<u>150,469</u>
	<u>Limited partnership:</u>						
	Boyd Watterson State Government Fund, LP		1,007			704,682	795,011
	Total assets held at end of year					<u>\$ 4,820,457</u>	<u>\$ 4,937,583</u>

**LABORERS' DISTRICT COUNCIL HEALTH AND WELFARE
TRUST FUND NO. 2**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-0228954

Plan No: 501

(a) Identity of Party Involved	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain (Loss) on Transaction
	Blackrock LIQ FDS Fedfund-IN	\$ 816,790	N/A	\$ 816,790	\$ 816,790	N/A
	Blackrock LIQ FDS Fedfund-IN	-	\$ 814,206	814,206	814,206	\$ -

* A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

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

Part II Basic Plan Information - enter all requested information

1a Name of plan LABORERS DISTRICT COUNCIL HEALTH & WELFARE TRUST FUND NO. 2	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	10/07/1955
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LABORERS DISTRICT COUNCIL HEAL BENESYS, INC. - STEVE KRASNOFF 7130 COLUMBIA GATEWAY DRIVE STE A COLUMBIA MD 21046	2b Employer Identification Number (EIN)	52-0228954
	2c Plan Sponsor's telephone number	410-872-9500
	2d Business code (see instructions)	238900

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

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

SIGN HERE	X <i>Julio Palomo</i> Signature of plan administrator	07/15/2025 Date	JULIO PALOMO Enter name of individual signing as plan administrator
SIGN HERE	X <i>[Signature]</i> Signature of employer/plan sponsor	07/15/2025 Date	GEORGE MALONEY Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1,057
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	1,031
a (2) Total number of active participants at the end of the plan year	6a(2)	1,163
b Retired or separated participants receiving benefits	6b	20
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,183
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	153

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

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

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS