

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [] 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: KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan): KENTUCKY LABORERS DISTRICT COUNCIL HEALTH & WELFARE FUND
2b Employer Identification Number (EIN): 23-7017526
2c Plan Sponsor's telephone number: 502-839-8166
2d Business code (see instructions): 237990

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

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

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

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

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	1740
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)	1608
	6a(2)	1776
	6b	125
	6c	0
	6d	1901
	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	209

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 KENTUCKY LABORERS DISTRICT COUNCIL HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 23-7017526	

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

PNC BANK, NATIONAL ASSOCIATION

22-1146430

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

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

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

SEGAL CONSULTING

101 N. WACKER DRIVE, SUITE 1800
CHICAGO, IL 60606

(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	NONE	27451	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)

PNC FINANCIAL SERVICES GROUP

500 W. JEFFERSON STREET
LOUISVILLE, KY 40202

22-1146430

(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?
21	NONE	29936	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)

DANA CROUCH

1996 BY-PASS SOUTH
LAWRENCEBURG, KY 40342

23-7017526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64667	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)

TED SOLIEAU, CPA, LLC

429 GOVERNMENT STREET, FL 2
BATON ROUGE, LA 70802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	45750	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)

SAMANTHA J GRIFFIETH

23-7017526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106528	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)

JESSICA G SHACKELFORD

23-7017526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65060	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)

KAREN COONTZ

23-7017526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65717	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)

LESLEY OSBORNE

23-7017526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73341	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)

KAYLIE N WATKINS

23-7017526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63642	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)

RHONDA K ANDERSON

23-7017526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44128	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)

AMALGAMATED BANK

52 BROADWAY
NEW YORK, NY 10004

(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?
21 27	NONE	39981	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)

ANTHEM HEALTH PLANS OF KENTUCKY INC

61-1237516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	729492	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)

SOLXSYS ADMINISTRATIVE SOLUTIONS

1261 LOCUST STREET, STE 50
WALNUT CREEK, CA 94596

(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	NONE	201659	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)

CHERRY BEKAERT LLP

56-0574444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	28750	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)

NETCOMM

3070 HARRODSBURG RD
LEXINGTON, KY 40503

61-1239035

(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	NONE	50829	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)

UNITED ACTUARIAL SERVICES, INC.

11590 N. MERIDIAN ST, SUITE 610
CARMEL, IN 46032

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	10000	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)

JENNIFER WILHITE

23-7017526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64626	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)

JOHNSON & KROL

300 S. WACKER STREET
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	86698	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)

INVESTMENT PERFORMANCE SERVICES

570 E. YORK STREET
SAVANNAH, GA 31401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	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)

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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 2024 This Form is Open to Public Inspection
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 KENTUCKY LABORERS DISTRICT COUNCIL HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 23-7017526

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
a Total noninterest-bearing cash	1a	2303504	2755435
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2927991	2670861
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	250847	119738
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	491828	228039
(2) U.S. Government securities	1c(2)	8558087	11773974
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	17714489	21241620
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	2383413	2252163
(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)	3812227	5005792
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	78757	83569

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	102711	80935
f Total assets (add all amounts in lines 1a through 1e).....	1f	38623854	46212126
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	943267	884937
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	943267	884937
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	37680587	45327189

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)	26866223	
(B) Participants.....	2a(1)(B)	874590	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		27740813
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	37696	
(B) U.S. Government securities.....	2b(1)(B)	231693	
(C) Corporate debt instruments.....	2b(1)(C)	683106	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		952495
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	61350	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		61350
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	17621034	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	17573975	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		47059
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-131250	
(B) Other.....	2b(5)(B)	1294814	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1163564

		(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)		215909
c Other income	2c		72026
d Total income. Add all income amounts in column (b) and enter total.....	2d		30253216

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	19937740	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	729492	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		20667232
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)	547709	
(2) Contract administrator fees	2i(2)	729492	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	28750	
(5) Investment advisory and investment management fees	2i(5)	100795	
(6) Bank or trust company trustee/custodial fees	2i(6)	69917	
(7) Actuarial fees	2i(7)	10000	
(8) Legal fees	2i(8)	90545	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1878	
(11) Other expenses.....	2i(11)	360296	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1939382
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22606614

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7646602
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: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 _____.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

As of and for the Years Ended December 31, 2024 and 2023

And Report of Independent Auditor

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
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Report of Independent Auditor

To the Board of Trustees
Kentucky Laborers District Council Health and Welfare Fund
Louisville, Kentucky

Opinion

We have audited the financial statements of Kentucky Laborers District Council Health and Welfare Fund (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 plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 audits.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedules of Assets (Held at End of Year) – Form 5500, Schedule H, Line 4i, as of December 31, 2024 and Reportable Transactions – Form 5500, Schedule H, Line 4l, for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules ("DOL") 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 auditing standards generally accepted in the United States of America.

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

Cherry Bekaert LLP

Louisville, Kentucky
July 18, 2025

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value:		
Money market fund	\$ 228,039	\$ 491,828
U.S. Government and agency securities	11,773,974	8,558,087
Corporate bonds	4,654,140	14,592,972
Asset-backed securities	3,784,581	3,121,517
Mutual fund	5,005,792	3,812,227.00
Investment funds	15,055,062	2,383,413
	<u>40,501,588</u>	<u>32,960,044</u>
Receivables:		
Employers' contribution	2,670,861	2,927,991
Accrued income	119,738	250,847
	<u>2,790,599</u>	<u>3,178,838</u>
Prepaid expenses	83,569	78,757
Cash	2,755,435	2,303,504
Property and Equipment:		
Leasehold improvements	28,610	28,610
Office equipment	113,811	100,561
Less accumulated depreciation	(130,714)	(127,833)
	<u>11,707</u>	<u>1,338</u>
Right-of-use operating lease assets	<u>69,228</u>	<u>101,373</u>
Total Assets	<u>46,212,126</u>	<u>38,623,854</u>
LIABILITIES		
Accounts payable and accrued expenses	817,014	843,645
Operating lease liabilities	67,923	99,622
Total Liabilities	<u>884,937</u>	<u>943,267</u>
Net Assets Available for Benefits	<u>\$ 45,327,189</u>	<u>\$ 37,680,587</u>

The accompanying notes to the financial statements are an integral part of these statements.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to		
Investment Income:		
Net appreciation in fair value of investments	\$ 1,426,532	\$ 688,769
Interest and dividends	1,013,845	1,023,556
Other income	72,026	72,491
Total Investment Income	<u>2,512,403</u>	<u>1,784,816</u>
Contributions:		
Employers	28,565,589	24,973,373
Employees	874,590	849,740
Reciprocity, net	<u>(1,699,366)</u>	<u>(1,499,818)</u>
Total Contributions	<u>27,740,813</u>	<u>24,323,295</u>
Total Additions	<u>30,253,216</u>	<u>26,108,111</u>
Deductions from net assets attributed to		
Benefits Paid to Participants:		
Plan benefits paid	19,902,922	19,262,524
Physician network fee	729,492	572,537
Tax on disability benefits	<u>34,818</u>	<u>27,682</u>
Total Benefits Paid to Participants	<u>20,667,232</u>	<u>19,862,743</u>
Administrative and Other Expenses:		
Administrative expenses	1,569,703	1,509,071
Consulting fees	95,403	67,370
Legal fees	90,545	54,383
Accounting fees	82,936	64,313
Investment management fees	<u>100,795</u>	<u>114,815</u>
Total Administrative and Other Expenses	<u>1,939,382</u>	<u>1,809,952</u>
Total Deductions	<u>22,606,614</u>	<u>21,672,695</u>
Net increase	7,646,602	4,435,416
Net assets available for benefits, beginning of year	<u>37,680,587</u>	<u>33,245,171</u>
Net assets available for benefits, end of year	<u>\$ 45,327,189</u>	<u>\$ 37,680,587</u>

The accompanying notes to the financial statements are an integral part of these statements.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
STATEMENTS OF PLAN BENEFITS OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable:		
Claims incurred but unpaid	\$ 1,259,835	\$ 829,980
Accumulated eligibility	<u>7,106,564</u>	<u>7,057,856</u>
	<u>8,366,399</u>	<u>7,887,836</u>
Post-Retirement Benefit Obligations, Net of Amounts Currently Payable:		
Retired participants	1,115,981	805,307
Other participants fully eligible for benefits	4,064,454	5,531,717
Participants not yet fully eligible for benefits	<u>3,760,944</u>	<u>4,800,008</u>
Total Post-Retirement Benefit Obligations, Net of Amounts Currently Payable	<u>8,941,379</u>	<u>11,137,032</u>
Plan Total Benefit Obligations	<u>\$ 17,307,778</u>	<u>\$ 19,024,868</u>

The accompanying notes to the financial statements are an integral part of these statements.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable:		
Balance, beginning of year	\$ 7,887,836	\$ 7,408,478
Net Change During Year:		
Claims incurred but unpaid	429,855	(643,716)
Accumulated eligibility	48,708	1,123,074
Balance, end of year	<u>8,366,399</u>	<u>7,887,836</u>
Post-Retirement Benefit Obligations, Net of Amounts Currently Payable:		
Balance, beginning of year	11,137,032	5,857,456
Increase (decrease) during year, attributed to:		
Benefits earned and other changes	7,975,277	4,984,810
Estimated net benefits paid	(252,649)	(271,589)
Changes in actuarial assumptions	<u>(9,918,281)</u>	<u>566,355</u>
Balance, end of year	<u>8,941,379</u>	<u>11,137,032</u>
Plan's total benefit obligations, end of year	<u>\$ 17,307,778</u>	<u>\$ 19,024,868</u>

The accompanying notes to the financial statements are an integral part of these statements.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
NOTES TO THE FINANACIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Description of the Plan

The following description of the Kentucky Laborers District Council Health and Welfare Fund (the "Plan" or the "Fund") provides only general information. For more complete information on Plan benefits, eligibility, and provisions in the event of Plan termination, participants should refer to the Summary Plan Description.

General – The Plan is an Employee Retirement Income Security Act of 1974 ("ERISA") Taft-Hartley trust fund providing medical and other benefit coverage to all members of the Fund who have met the eligibility requirements as stated in the Plan document. The Plan has qualified under Section 501 of the Internal Revenue Code as a tax-exempt organization and is subject to the provisions of ERISA.

Contributions – The Plan is financed by collectively bargained contributions from the employers, based on hours worked by the employees and by self-contributions from members not currently employed. The construction employer contribution rate was \$8.35 and \$8.20 per hour at December 31, 2024 and 2023, respectively. The non-construction employer contribution rate was \$1,125 and \$1,085 per month at December 31, 2024 and 2023, respectively. The COBRA self-payment contribution rate was \$1,220 per month at both December 31, 2024 and 2023, respectively. The costs of the postretirement benefit plan are shared by the Plan's participating employers and retirees. Monthly retiree participant contributions during the years ended December 31, 2024 and 2023 were as follows:

Participants Retiring	2024	2023
(1) Under 65 years old		
Health plan B	\$ 560	\$ 540
Health plan H	880	860
(2) Over 65 years old		
Health plan K	430	420

Benefits – The Plan provides benefits for accident and sickness, dental, optical care, death, and loss of time disability.

Note 2—Summary of significant accounting policies

Basis of Presentation – The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, benefit obligations and changes therein, claims incurred but not received ("IBNR"), eligibility credits, claims payable, liabilities and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. U.S. GAAP defines fair value as the exchange price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
NOTES TO THE FINANACIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

Post-Retirement Benefits – The amount reported as the post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees’ services rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents who are vested and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Plan’s participating employers and from existing plan assets. 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 in the industry rendered to the valuation date. This amount is determined following the Financial Accounting Standard Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 965.

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

The significant actuarial assumptions as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Discount rate	5.50%	5.0%
Medical cost inflation rate	7.9% in 2025 grading downward to 4.0% over fifteen years	7.9% in 2024 grading downward to 4.0% over fifteen years
Average retirement age	61.9	61.7
Mortality rates	PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males, a 105% multiplier was used. For females, a 110% multiplier was used.	PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males, a 105% multiplier was used. For females, a 110% multiplier was used.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

The foregoing assumptions are based on the presumption that the Plan will continue. They further assume that post-retirement benefits will continue to be provided by the Plan. Were the Plan to terminate or change the level of benefits offered, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligation.

For 2024, the changes in actuarial assumptions and other changes amounts were primarily the result of changes in mortality table and the medical, drug, and self-payment trend rates were updated to project for future medical inflation. In addition, the discount rate was changed from 5.0% to 5.5%.

For 2023, the changes in actuarial assumptions and other changes amounts were primarily the result of changes in mortality table and the medical, drug, and self-payment trend rates were updated to project for future medical inflation. In addition, the discount rate was changed from 5.25% to 5.0%.

The medical cost inflation rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rate increased by one percentage point, it would increase the obligation at December 31, 2024 and 2023 by \$917,968 and \$1,049,674, respectively.

Other Plan Benefits – Plan obligations at December 31 for health claims incurred by participants but not reported at that date, for accumulated eligibility of participants, and for future disability payments to members considered permanently disabled at December 31 are estimated by the Plan's consultant in accordance with accepted actuarial principles.

Administrative Expenses – The Plan pays all administrative and operating expenses.

Cash – Cash is maintained in interest and non-interest-bearing accounts. The Plan typically maintains cash in excess of federally insured limits.

Depreciation – Property and equipment is stated at cost and are being depreciated on a straight-line basis over their estimated useful lives ranging from 3 to 10 years. Depreciation expense was \$2,881 and \$3,695 for the years ended December 31, 2024 and 2023, respectively.

Leases – The Fund leases certain equipment and office space. The Fund determines if an arrangement is a lease at inception. Operating leases are included in right-of-use ("ROU") assets, and lease liabilities on the statements of net assets available for benefit.

ROU assets represent the Fund's right to use an underlying asset for the lease term and lease liabilities represent the Fund's obligation to make lease payments arising from the lease. Operating lease ROU assets and liabilities are recognized at commencement based on the present value of lease payments over the lease term. As most of the Fund's leases do not provide an implicit rate, the Fund uses a risk-free rate based on the information available at commencement date in determining the present value of lease payments. Utilization of a risk-free rate is a practical expedient allowed if no rate is implicit in the lease. The operating lease ROU asset also includes any lease payments made and excludes lease incentives. Lease terms may include options to extend or terminate the lease when it is reasonably certain that option will be exercised. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

For short term leases (that is a lease that, at the commencement date, has a lease term of 12 months or less and does not include an option to purchase the underlying asset that the Fund is reasonably certain to exercise), a ROU asset and lease liability is not recognized; instead lease payments are recognized in the statements of activities and changes in net assets on a straight-line basis over the lease term and any variable lease payments are recognized when the obligation for those payments is incurred.

Lease agreements with lease and non-lease components are generally accounted for separately. The Fund has elected to account for the lease and non-lease components as a single lease component for all asset classes. For arrangements accounted for as a single lease component, there may be variability in future lease payments as the amount of non-lease components may be revised. These variable lease payments will be recognized in operating expenses in the period in which the obligation for those payments is incurred.

Note 3—Fair value measurements

FASB ASC 820, *Fair Value Measurements and Disclosures* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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.

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

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

Money Market Fund – Valued at amortized cost, which approximates fair value.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
NOTES TO THE FINANACIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 3—Fair value measurements (continued)

U.S. Government and Agency Securities, Corporate Bonds, and Asset-Backed Securities – Valued using quoted prices for identical assets in active markets (Level 1 inputs) and also valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing values on yields currently available on comparable securities of issuers with similar credit ratings (Level 2 inputs).

Mutual Fund – Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its net asset value ("NAV") and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded and is therefore classified within Level 1 of the valuation hierarchy.

Investment Funds – Valued at NAV of units held by the Fund at year-end. NAV is used a practical expedient to estimate fair value and is estimated as reported by the issuer based on the audited financial statements. The investments are redeemable at the adjusted NAV on a daily basis under agreements with the issuer. There are currently no redemption restrictions or unfunded commitments on these investments.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2024:

	Assets at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 228,039	\$ -	\$ -	\$ 228,039
U.S. Government and agency securities	10,159,339	1,614,635	-	11,773,974
Corporate bonds	-	4,654,140	-	4,654,140
Asset-backed securities	-	3,784,581	-	3,784,581
Mutual Fund	5,005,792	-	-	5,005,792
Total assets in the fair value hierarchy	<u>\$ 15,393,170</u>	<u>\$ 10,053,356</u>	<u>\$ -</u>	<u>25,446,526</u>
Investments measured at NAV (*)				<u>15,055,062</u>
Investments at fair value				<u>\$ 40,501,588</u>

(*) Certain investments measured at fair value using NAV as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
NOTES TO THE FINANACIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 3—Fair value measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets measured at fair value on a recurring basis at December 31, 2023:

	Assets at fair value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 491,828	\$ -	\$ -	\$ 491,828
U.S. Government and agency securities	7,935,850	622,237	-	8,558,087
Corporate bonds	-	14,592,972	-	14,592,972
Asset-backed securities	-	3,121,517	-	3,121,517
Mutual Fund	3,812,227	-	-	3,812,227
Total assets in the fair value hierarchy	<u>\$ 12,239,905</u>	<u>\$ 18,336,726</u>	<u>\$ -</u>	<u>30,576,631</u>
Investments measured at NAV (*)				<u>2,383,413</u>
Investments at fair value				<u>\$ 32,960,044</u>

(*) Certain investments measured at fair value using NAV as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 4—Operating lease obligations

The Fund determines if an arrangement is a lease at inception. The Fund has operating leases for equipment which are included as operating lease ROU assets and lease liabilities on the statements of net assets available for benefits. The lease terms expire over various terms through 2027 and require monthly payments ranging from \$541 to \$1,308. The Fund leases office space from the Kentucky Laborers Building Corporation, a related party. Under ASU 2023-01, *Leases (Topic 842) Common Control Arrangements*, the Fund has determined this lease to qualify as a short-term lease. For the years ended December 31, 2024 and 2023, rent expense, which is included in administrative expenses in the statements of changes in net assets available for benefits, is summarized as follows:

	2024	2023
Operating lease expense	\$ 38,782	\$ 38,605
Short-term lease expense	37,138	37,138
	<u>\$ 75,920</u>	<u>\$ 75,743</u>

The following table summarizes the balance of the Fund’s operating ROU assets at December 31, 2024 and 2023, respectively:

	2024	2023
ROU capitalized	\$ 101,373	\$ 133,047
Amortization of operating ROU assets	(32,145)	(31,674)
Ending balance	<u>\$ 69,228</u>	<u>\$ 101,373</u>

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4—Operating lease obligations (continued)

The table below summarizes other information related to the Fund’s leases:

	<u>2024</u>	<u>2023</u>
Weighted-average remaining lease term (years)	2.48	3.35
Weighted-average discount rate	1.50%	1.50%

The following table summarizes the lease liabilities as of December 31:

	<u>2024</u>	<u>2023</u>
Lease liability, current portion	\$ 32,177	\$ 31,699
Lease liability, less current portion	35,746	67,923
	<u>\$ 67,923</u>	<u>\$ 99,622</u>

At December 31, 2024, the future lease payments under operating leases and the net present value of the future lease payments, as discounted using risk free rates, are as follows:

<u>Years Ending December 31,</u>	<u>Amount</u>
2025	\$ 32,977
2026	20,565
2027	15,693
Total lease payments	69,235
Less present value discount	1,314
Present value of minimum lease payments	<u>\$ 67,921</u>

Note 5—Benefit obligations

The costs of the post-retirement benefit plan are shared by the Plan and retirees. For 2024 and 2023, retiree claims and contributions were as follows:

	<u>2024</u>	<u>2023</u>
Estimated gross retiree claims for plan year	\$ 1,417,715	\$ 1,844,174
Less estimated retiree contributions for plan year	(1,143,844)	(1,551,944)
Net benefit payment for plan year	<u>\$ 273,871</u>	<u>\$ 292,230</u>
Retiree contributions as a percent of gross claims	80.68%	84.15%

With the change to a fully insured MAPD for post-65 participants effective March 1, 2021, there is no deficiency of net assets over benefit obligations at both December 31, 2024 and 2023.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 6—Parties-in-interest transactions

The parties-in-interest include Solxsys, benefits consulting and computer software providers; Johnson & Krol, attorney; Anthem, utilization reviewers; Netcomm, computer support; Investment Performance Services, consultant; PNC Financial Services Group, and Amalgamated Bank, trustees; United Actuarial Services, Inc., actuary; Ted Soileau, CPA, LLC, payroll audit provider and the auditing firm; Segal Consulting, consultant. The expenses paid to parties-in-interest for the years ended December 31, 2024 and 2023 are summarized as follows:

	<u>2024</u>	<u>2023</u>
Solxsys	\$ 201,659	\$ 223,908
Anthem	729,492	729,492
Elixir	-	22,404
Johnson & Krol	86,698	90,545
Netcomm	50,829	50,829
Investment Performance Services	20,000	20,000
PNC Financial Services Group	29,936	33,165
Amalgamated Bank	39,981	36,692
United Actuarial Services, Inc.	10,000	10,000
Ted Soileau, CPA, LLC	45,750	33,818
Segal Consulting	27,451	-

Note 7—Income tax status

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c) 9 of the Internal Revenue Code ("IRC") and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter dated May 14, 1969 from the Internal Revenue Service ("IRS"), and the Plan administrator and the Plan's tax counsel believe that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8—Plan termination

Although it has not expressed any intent to do so, under certain conditions, the Plan may be terminated. The Plan provides for payment of expenses incurred up to the date of the termination and the expenses incident to such termination; arrangement for a final audit of transactions and accounts and application of the Fund to the obligations and purposes of the trust and distribution of any surplus in accordance with the terms of the Plan.

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 9—Risks and uncertainties

The Plan invests in various investment securities. Investment securities, in general, 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 such changes could materially affect the amounts reported in the financial statements.

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

Note 10—Plan amendments

The Plan was amended for the following changes in 2024 and 2023:

- Effective January 2, 2023, amended to increase the out-of-pocket maximums on major medical benefits for PPO claims and prescription drug benefits for active and retiree participants.
- Effective May 1, 2023, amended the definition of Industry Employment and requirements for initial eligibility, continuing eligibility, and termination of eligibility.
- Effective January 1, 2023, amended to increase dental and vision benefits for active and retiree participants.
- Effective May 1, 2023, amended to (1) to clarify exclusions for the major medical benefit for retirees, (2) remove waiting period for COVID-19 related disabilities, and (3) increase dental and vision benefits for active participants.
- Effective January 1, 2024, amended to increase the out-of-pocket maximums on major medical benefits for PPO claims for active and retiree participants.
- Effective January 1, 2024, amended to restate dental benefits and increase dental coinsurance for active and retiree participants.
- Effective January 1, 2024, amended to comply with the Mental Health Parity and Addiction Equity Act.
- Effective January 1, 2025, amended to decrease the out-of-pocket maximums on major medical benefits for PPO claims.
- Effective January 1, 2025, amended to establish Health Reimbursement Arrangements (HRA) for fund participants.

Note 11—Subsequent events

The Plan has evaluated all subsequent events through July 18, 2025, which is the date these financial statements were available to be issued and has determined there are no subsequent events that require disclosure.

SUPPLEMENTAL SCHEDULES

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4i
PLAN SPONSOR EIN: 23-7017526 PLAN ID NUMBER: 501

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
*	Federated Hermes Govt Obligation	Money Market Fund	\$ 228,039	\$ 228,039
	AMCOR Flexibles North AM	Corporate Bond, 80,000, 4.00%, due 05/17/2025	77,755	79,703
	American Express Co	Corporate Bond, 40,000, var% due 02/16/2028	40,020	40,231
	American Honda Finance	Corporate Bond, 130,000, 4.900%, due 03/12/2027	129,746	130,285
	American Tower Corp	Corporate Bond, 100,000, 3.125% due 01/15/2027	94,693	96,746
	Avalonbay Communities	Corporate Bond, 110,000, 3.350%, due 05/15/2027	107,162	106,707
	Bank of America Corporation	Corporate Bond, 190,000, VAR% due 11/10/2028	198,147	196,709
	Bank of Nova Scotia	Corporate Bond 200,000, VAR% due 09/08/2028	200,000	197,992
	Capital One Financial Co.	Corporate Bond, 140,000, VAR% due 05/10/2028	137,821	139,549
	Centerpoint Energy Inc	Corporate Bond, 135,000, 5.250% due 08/10/2026	135,453	136,053
	Citigroup Inc.	Corporate Bond, 210,000, VAR% due 10/27/2028	205,145	202,110
	Comcast Corp.	Corporate Bond, 115,000, 3.150% due 02/15/2028	110,272	109,565
	Crown Castle Intl Corp	Corporate Bond, 100,000, 2900% due 03/15/2027	94,064	96,009
	DTE Energy Co.	Corporate Bond, 100,000, 2.850% due 10/01/2026	94,631	96,880
	Diamondback Energy Inc.	Corporate Bond, 50,000, 5.2600%, due 04/18/2027	50,028	50,479
	Dominion Energy Inc	Corporate Bond, 90,000, 3.600%, due 03/15/2027	85,920	87,782
	ERP Operating LP	Corporate Bond, 95,000, 3.375% due 06/01/2025	90,742	94,464
	Enbridge Inc	Corporate Bond, 50,000, 5.900%, due 11/15/2026	50,123	50,975
	Energy Transfer Operating	Corporate Bond, 95,000, 5.500%, due 06/01/2027	95,254	96,220
	Eversource Energy	Corporate Bond, 85,000, 0.800% due 08/15/2025	74,534	82,840
	General Motors Finl Co.	Corporate Bond, 95,000, 5.400% due 05/08/2027	95,071	95,992
	Georgia Power Co.	Corporate Bond, 40,000, 5.004% due 02/23/2027	40,000	40,307
	Goldman Sachs Group Inc.	Corporate Bond, 200,000, VAR% due 12/09/2026	181,324	193,066
	HSBC Holdings PLC	Corporate Bond, 200,000, VAR% due 05/17/2028	200,486	202,144
	HP Enterprise Co.	Corporate Bond, 100,000, 4.400% due 09/25/2027	99,784	98,951
	JP Morgan Chase & Co.	Corporate Bond, 210,000, VAR% due 02/04/2027	197,547	202,007
	Keurig Dr. Pepper Inc.	Corporate Bond, 20,000, 5.100% due 03/15/2027	20,282	20,179
	Keycorp	Corporate Bond, 40,000, VAR% due 05/23/2025	40,000	40,036
	MPLX LP	Corporate Bond, 85,000, 1.750% due 03/01/2026	76,398	82,066
	Marriott International	Corporate Bond, 50,000, 5.000% due 01/15/2027	51,127	50,398
	Mitsubishi UF J FIN GRP Inc.	Corporate Bond, 200,000, VAR% due 07/20/2027	184,888	190,218
	Morgan Stanley	Corporate Bond, 200,000, VAR% due 07/20/2027	177,688	190,070

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, LINE 4i
PLAN SPONSOR EIN: 23-7017526 PLAN ID NUMBER: 501

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
National Retail Property Inc.	Corporate Bond, 105,000, 3.600% due 12/15/2026	\$ 98,924	\$ 102,776	
Nextera Energy Capital	Corporate Bond, 95,000, 1.875% due 01/15/2027	85,115	89,765	
Nutrien LTD	Corporate Bond, 65,000, 5.200% due 06/21/2027	64,900	65,665	
Pultegroup Inc.	Corporate Bond, 80,000, 5.500% due 03/01/2026	79,472	80,451	
Realty Income Corp.	Corporate Bond, 45,000, 5.050% due 01/13/2026	44,851	44,973	
Realty Income Corp.	Corporate Bond, 55,000, 3.200% due 01/15/2027	52,183	53,324	
T. Mobile USA Inc.	Corporate Bond, 65,000, 2.050% due 02/15/2027	60,042	59,692	
Toronto-Dominion Bank	Corporate Bond, 95,000, 5.156% due 01/10/2028	97,005	95,476	
TransCanada Pipelines	Corporate Bond, 50,000, 4.875% due 01/15/2026	49,903	49,986	
Truist Financial Corp.	Corporate Bond, 145,000, VAR% due 07/28/2026	144,059	144,436	
Wells Fargo & Co.	Corporate Bond, 175,000, VAR% due 04/22/2028	174,997	177,879	
Williams Companies Inc.	Corporate Bond, 90,000, 5.400% due 03/02/2026	89,848	90,607	
XCEL Energy Inc.	Corporate Bond, 105,000, 3.350% due 12/01/2026	99,184	102,377	
USA Treasury Notes	Treasury Bond, 1,000,000, 1.250% due 11/30/2026	926,363	945,420	
USA Treasury Notes	Treasury Bond, 730,000, 2.750% due 07/31/2027	704,947	703,040	
USA Treasury Notes	Treasury Bond, 450,000, 4.625% due 09/15/2026	447,668	452,682	
USA Treasury Notes	Treasury Bond, 600,000, 4.250% due 03/15/2027	593,522	599,844	
USA Treasury Notes	Treasury Bond, 715,000, 3.375% due 09/15/2027	698,717	698,712	
USA Treasury Notes	Treasury Bond, 370,000, 4.000% due 12/15/2027	366,618	367,154	
USA Treasury Notes	Treasury Bond, 460,000, 1.625% due 05/15/2026	428,837	443,987	
USA Treasury Notes	Treasury Bond, 795,000, 2.000% due 11/15/2026	748,912	763,009	
USA Treasury Notes	Treasury Bond, 715,000, 2.375% due 05/15/2027	669,639	684,734	
USA Treasury Notes	Treasury Bond, 600,000, 1.875% due 07/31/2026	560,089	578,490	
USA Treasury Notes	Treasury Bond, 845,000, 1.500% due 01/31/2027	779,758	799,125	
USA Treasury Notes	Treasury Bond, 1,180,000, 2.250% due 08/15/2027	1,131,269	1,121,637	
USA Treasury Notes	Treasury Bond, 695,000, 2.250% due 11/15/2027	657,016	657,102	
USA Treasury Notes	Treasury Bond, 380,000, 3.000% due 10/31/2025	367,897	376,143	
USA Treasury Notes	Treasury Bond, 300,000, 2.625% due 01/31/2026	287,772	294,921	
USA Treasury Notes	Treasury Bond, 690,000, 2.250% due 03/31/2026	660,727	673,337	
Federal Home Loan MTG Corp	Agency Bond, 43,154.506, 2.000% due 01/01/2031	44,732	40,639	
Federal Home Loan MTG Corp	Agency Bond, 110,220.020, 2.500% due 09/01/2032	103,882	104,432	
Federal Home Loan MTG Corp	Agency Bond, 27,052.526, 3.000% due 04/01/2029	28,570	26,267	
Federal Home Loan MTG Corp	Agency Bond, 33,132.934, 2.500% due 02/01/2030	34,696	31,641	
Federal Natl Mtg Assn	Agency Bond, 41,483.500, 3.000% due 04/01/2029	42,359	40,256	
Federal Natl Mtg Assn	Agency Bond, 24,787.347, 3.000% due 01/01/2030	25,620	23,976	
Federal Natl Mtg Assn	Agency Bond, 26,117.681, 3.000% due 03/01/2030	26,720	25,353	
Federal Natl Mtg Assn	Agency Bond, 222,129.400, 3.000% due 04/01/2037	212,255	212,058	
Federal Natl Mtg Assn	Agency Bond, 39,738.317, 2.500% due 06/01/2032	41,613	37,595	
Federal Natl Mtg Assn	Agency Bond, 25788.463, 3.000% due 11/01/2034	27,291	24,977	

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, LINE 4i
PLAN SPONSOR EIN: 23-7017526 PLAN ID NUMBER: 501

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Federal Natl Mtg Assn	Agency Bond, 44,873.809, 2.500% due 01/01/2033	\$ 47,300	\$ 42,530	
Federal Natl Mtg Assn	Agency Bond, 46,753.440, 2.500% due 08/01/2030	48,843	44,632	
Federal Natl Mtg Assn	Agency Bond, 54764.870, 2.000% due 03/01/2031	57,131	51,460	
Federal Natl Mtg Assn	Mortgages, 19,512.476, 1.750%, due 05/25/2027	19,159	19,032	
Federal Home Loan Mtg Corp	Mortgages, 25,828.740, 2.500%, due 02/15/2027	25,885	25,347	
Federal Home Loan Mtg Corp	Mortgages, 23,385.941, 3.000%, due 02/15/2033	24,654	22,587	
Federal Home Loan Mtg Corp	Mortgages, 126,846.657, 5.000% due 09/25/2041	126,648	126,960	
Federal Home Loan Mtg Corp	Mortgages, 212,064.322, 5.000% due 06/25/2043	211,799	212,092	
Federal Home Loan Mtg Corp	Mortgages, 175,000, 4.000% due 11/25/2039	171,391	172,648	
Government National Mortgage A	Mortgages, 191,466.675, 4.000% due 09/20/2044	187,757	189,726	
Government National Mortgage	Mortgages, 141,671.224, 4.500% due 09/20/2047	139,325	140,429	
American Express Credit Account	Asset backed, 190,000, 5.230% due 04/16/2029	191,366	192,903	
Bank of America Credit Card	Asset backed, 245,000, 4.980% due 11/15/2028	245,631	247,376	
BMW Vehicle Owner Trust	Asset backed, 230,000, 5.470% due 02/25/2028	231,372	232,114	
CNH Equipment Trust	Asset backed, 11,452.090, 0.440% due 08/17/2026	11,400	11,369	
CNH Equipment Trust	Asset backed, 77,728.060, 2.830% due 07/15/2027	76,715	77,019	
Capital One Prime Auto Receivable	Asset backed, 67,082.890, 3.170% due 04/15/2027	66,252	66,576	
Capital One Prime Auto Receivable	Asset backed, 130,000, 5.820% due 06/15/2028	132,265	132,326	
Chase Issuance Trust	Asset backed, 200,000, 4.600% due 01/16/2029	198,344	200,518	
Citibank Credit Card Issuance	Asset backed, 175,000, 5.240% due 12/08/2027	174,973	176,136	
CNH Equipment Trust	Asset backed, 125,000, 5.190% due 09/17/2029	125,229	126,619	
Discover Card Execution Note	Asset backed, 205,000, 5.930% due 06/15/2028	204,780	206,347	
Fifth Third Auto Trust	Asset backed, 240,000, 5.900% due 08/15/2028	240,785	242,635	
Ford Credit Auto Owner Trust	Asset backed, 155,000, 5.270% due 05/15/2028	154,758	156,347	
Ford Credit Auto Owner Trust	Asset backed, 55,315.110, 5.270% due 05/15/2027	56,007	55,556	
Ford Credit Auto Owner Trust	Asset backed, 44,017.780, 3.740% due 09/15/2026	43,821	43,911	
GM Fin Consumer Auto Rec TR	Asset backed, 165,000, 5.780% due 08/16/2028	168,513	167,792	
Honda Auto Receivables Owner Trust	Asset backed, 218,000, 4.660% due 11/15/2027	217,083	219,413	
Hyundai Auto Receivables Trust	Asset backed, 250,000, 4.990% due 02/15/2029	251,178	251,855	
John Deere Owner Trust	Asset backed, 100,000, 5.730% due 03/15/2029	99,980	101,250	
John Deere Owner Trust	Asset backed, 115,000, 5.010% due 11/15/2027	116,783	115,512	

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
 FORM 5500, SCHEDULE H, LINE 4i
 PLAN SPONSOR EIN: 23-7017526 PLAN ID NUMBER: 501

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Mercedes-Benz Auto Receivables	Asset backed, 115,042,040, 5.210% due 08/16/2027	\$ 115,345	\$ 115,566	
Mercedes-Benz Auto Receivables	Asset backed, 10,623,010, 0.460% due 06/15/2026	10,622	10,555	
Nissan Auto Receivables Owner	Asset backed, 142,478, 4.460% due 05/17/2027	140,228	142,444	
Toyota Auto Receivables Owner	Asset backed, 90,000, 5.160% due 04/17/2028	89,469	90,704	
Toyota Auto Receivables Owner	Asset backed, 170,000, 4.880% due 03/15/2029	173,247	171,180	
Verizon Master Trust	Asset backed, 202,000, 0.056% due 11/20/2029	203,585	206,088	
Volkswagen Auto Loan Enhanced	Asset backed, 24,599,930, 1.020%, due 06/22/2026	23,967	24,470	
Vanguard 500 Index Mutual Fund		3,552,313	5,005,792	
* APC Short Duration High Yield Fund, LP		12,718,335	12,802,899	
U.S Real Estate Investment Fund		3,088,186	2,252,163	
		<u>\$ 39,604,540</u>	<u>\$ 40,501,588</u>	

* denotes party-in-interest

RS DISTRICT COUNCIL HEALTH AND WELFARE FUND

PORTABLE TRANSACTIONS

TABLE H, LINE 4I

23-7017526 PLAN ID NUMBER: 501

PERIOD ENDING: SEPTEMBER 30, 2024

	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss
Investments Fund	Money Market	\$ 3,103,376	\$ -	\$ -	\$ -	\$ -	\$ 3,103,376	\$ -
Investments Fund	Money Market	-	3,366,576	-	-	3,366,576	3,366,576	-

Form 5500
 Department of the Treasury
 Internal Revenue Service

Department of Labor
 Employee Benefits Security
 Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

<p>1a Name of plan KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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)</p> <p>KENTUCKY LABORERS DISTRICT COUNCIL HEALTH & WELFARE FUND</p> <p>1996 BY-PASS SOUTH</p> <p>US LAWRENCEBURG KY 40342</p>	<p>1c Effective date of plan <u>06/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>23-7017526</u></p> <p>2c Plan Sponsor's telephone number <u>(502) 839-8166</u></p> <p>2d Business code (see instructions) <u>237990</u></p>

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

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

SIGN HERE	<i>Perry D. Blades</i>	July 22, 2025	PERRY BLADES, CHAIRMAN
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, LINE 4i
PLAN SPONSOR EIN: 23-7017526 PLAN ID NUMBER: 501

DECEMBER 31, 2024

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KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, LINE 4i
PLAN SPONSOR EIN: 23-7017526 PLAN ID NUMBER: 501

DECEMBER 31, 2024

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KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, LINE 4i
PLAN SPONSOR EIN: 23-7017526 PLAN ID NUMBER: 501

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
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U.S Real Estate Investment Fund		3,088,186	2,252,163	
		<u>\$ 39,604,540</u>	<u>\$ 40,501,588</u>	

* denotes party-in-interest

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, LINE 4I
PLAN SPONSOR EIN: 23-7017526 PLAN ID NUMBER: 501

YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss
Federated Hermes Government Obligations Fund	Money Market	\$ 3,103,376	\$ -	\$ -	\$ -	\$ -	\$ 3,103,376	\$ -
Federated Hermes Government Obligations Fund	Money Market	-	3,366,576	-	-	3,366,576	3,366,576	-