

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.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 <u>LABORERS' NATIONAL HEALTH AND WELFARE FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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) <u>BOARD OF TRUSTEES LABORERS' NATIONAL H&W FUND</u> <u>905 16TH STREET, NW</u> <u>WASHINGTON, DC 20006</u> <u>BOARD OF TRUSTEES</u> <u>LABORERS' NATIONAL HW FUND</u> <u>WASHINGTON, DC 20006</u>	1c Effective date of plan <u>08/01/1988</u> 2b Employer Identification Number (EIN) <u>52-1601994</u> 2c Plan Sponsor's telephone number <u>202-737-1664</u> 2d Business code (see instructions) <u>238900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2025	MICHAEL F. SABITONI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/25/2025	JAMES F. GROSSO
	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

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

Form 5500 (2024)
v. 240311

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	2047
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)	2043
	6a(2)	2030
	6b	2
	6c	
	6d	2032
	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	56

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 4Q

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan LABORERS' NATIONAL HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LABORERS' NATIONAL H&W FUND</p>	<p>D Employer Identification Number (EIN) 52-1601994</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G8214 & C8214	2028	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	265028
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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 LABORERS' NATIONAL HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LABORERS' NATIONAL H&W FUND	D Employer Identification Number (EIN) 52-1601994

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-2761537	81396	19221	3935	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1240475
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan LABORERS' NATIONAL HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LABORERS' NATIONAL H&W FUND</p>	<p>D Employer Identification Number (EIN) 52-1601994</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10140	2034	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 94980</p>	<p>(b) Total amount of fees paid 10000</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
94980	10000		3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2713716
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 LABORERS' NATIONAL HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LABORERS' NATIONAL H&W FUND	D Employer Identification Number (EIN) 52-1601994	

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

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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)

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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 31 38 49 50 56 62	NONE	1072875	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	122000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LIUNA STAFF AND AFFILIATES PENSION

905 - 16TH STREET, NW
WASHINGTON, DC 20006

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	AFFILIATE	106252	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)

EMPLOYEE3

52-1601994

(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	102914	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)

JAMES S. RAY

13-4315411

(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?
50	NONE	85168	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)

JPMORGAN INVESTMENT MGMT

13-3200244

(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 28 51	NONE	80752	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)

EMPLOYEE4

52-1601994

(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	80560	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)

EXPRESS SCRIPTS

100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417

(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 50	NONE	76875	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)

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35200	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)

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	30000	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)

EMPLOYEE1

52-1601994

(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	29956	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)

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	8601	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.	
CIGNA HEALTHY REWARDS-AMPLIF 150 SOUTH 5TH ST., SUITE 2300 MINNEAPOLIS, MN 55402 85-0437037	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM WHICH OFFERS PLAN PARTICIPANTS DISCOUNTS ON VARIOUS SERVICES. FOR CALENDAR YEAR 2024, \$0.00 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.	
CIGNA HEALTHY REWARDS-FITBIT 199 FREMONT STREET SAN FRANCISCO, CA 94105 20-8920744	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM WHICH OFFERS PLAN PARTICIPANTS DISCOUNTS ON VARIOUS SERVICES. FOR CALENDAR YEAR 2024, \$0.00 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.	
CIGNA HEALTHY REWARDS-LCA-VI 7840 MONTGOMERY ROAD CINCINNATI, OH 45236 11-2882328	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM WHICH OFFERS PLAN PARTICIPANTS DISCOUNTS ON VARIOUS SERVICES. FOR CALENDAR YEAR 2024, \$0.00 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FR	

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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.	
CIGNA HEALTHY REWARDS-AMERIC 33-0883241	10221 WATERIDGE CIRCLE SAN DIEGO, CA 92121	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM WHICH OFFERS PLAN PARTICIPANTS DISCOUNTS ON VARIOUS SERVICES. FOR CALENDAR YEAR 2024, \$0.00 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FR
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.	
BANK OF AMERICA (LOCKBOX) 59-1031071	540 WEST MADISON STREET CHICAGO, IL 60661	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED BY CIGNA IN THE ADMINISTRATION OF CLAIM OVERPAYMENT RECOVERIES. APPLICABLE TO ALL SELF-FUNDED PLANS ADMINISTERED BY CIGNA FOR CALENDAR YEAR 2024. \$0.37 PER PARTICIPANT WITH THE AVERAGE ANNUAL RA
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.	
CASTLIGHT HEALTH 26-1989091	121 SPEAR STREET SAN FRANCISCO, CA 94105	INDIRECT COMPENSATION RECEIVED BY CIGNA FROM THIS VENDOR (I) TO DEFRAY CIGNA'S COST FOR THE INFRASTRUCTURE CHANGES REQUIRED TO FACILITATE IMPLEMENTATION OF THIS VENDOR'S CUSTOMER TRANSPARENCY AND ENGAGEMENT SERVICES. (II) AS REIMBURSEMENT FOR ANNUAL

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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0

(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.
CITIBANK NA ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN THE CLAIM ADMINISTRATION BY CIGNA. APPLICABLE TO ALL SELF-FUNDED PLANS UTILIZING CITIBANK SERVICES. FOR CALENDAR YEAR 2024 , \$1.97 PER PARTICIPANT WITH THE AVERAGE ANNU

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0

(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.
CITIBANK NA (OMNIBUS) ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN THE CLAIM ADMINISTRATION BY CIGNA. APPLICABLE TO ALL SELF-FUNDED PLANS FOR EVERNORTH BEHAVIORAL HEALTH, INC. OR EVERNORTH CARE SOLUTIONS, INC. FOR CALENDAR YEAR 2024 .

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0

(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.
DEUTSCHE BANK 60 WALL ST NEW YORK, NY 10005 59-1031071	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED BY CIGNA IN THE ADMINISTRATION OF DISBURSING CLAIM REFUNDS. APPLICABLE TO ALL SELF-FUNDED PLANS ADMINISTERED BY CIGNA. FOR CALENDAR 2024, \$0.00 PER PARTICIPANT WITH ANNUAL RATE OF THE EARNINGS C

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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.
JPMORGAN CHASE 59-1031071	3 CHASE METRO TECH CENTER, 5TH FL BROOKLYN, NY 11245	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMINISTRATION BY CIGNA. APPLICABLE TO ALL SELF-FUNDED PLANS UTILIZING JPMORGAN CHASE SERVICES. FOR CALENDAR YEAR 2024, \$4.38 PER PARTICIPANT WITH THE AVERAGE ANN
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.
OMADA COMPLETE 45-2355015	500 SANSOME STREET SAN DIEGO, CA 94111	OMADA DIABETES AND HYPERTENSION CIGNA - INDIRECT COMPENSATION RECEIVED BY CIGNA FROM THIS PROVIDER FOR SERVICES INCLUDING: SERVICES, AND FACILITATE ENROLLMENT OF SCREENED PARTICIPANTS IN THE OMADA COVERED SERVICESCOMPENSATION FROM THIS VENDOR OF APPRO
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.
PNC BANK (CHLIC CORE DEPOSIT) 59-1031071	1600 MARKET STREET, 19TH FLOOR PHILADELPHIA, PA 19103	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED BY CIGNA IN THE ADMINISTRATION OF DISBURSING CLAIMS REFUNDS. FOR CALENDAR YEAR 2024, \$1.02 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.25%.

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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0

(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.
SAGAMORE NETWORK HOSPITALS P. O. BOX 1149 BLOOMINGTON, IN 47402 35-1720796	NETWORK HOSPITALS LISTED BELOW HAVE CONTRACTED WITH SAGAMORE HEALTH NETWORK (AN AFFILIATE OF CIGNA) TO PAY NETWORK ADMINISTRATION FEES. FOR CALENDAR YEAR 2024, CIGNA RECEIVED INDIRECT COMPENSATION FROM THESE HOSPITALS OF APPROXIMATELY \$0.06 PER PARTI

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0

(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.
VISION SERVICE PLAN 333 QUALITY DRIVE RANCHO CORDOVA, CA 96670 06-1227840	VENDOR FOR VISION SERVICES - INDIRECT COMPENSATION RECEIVED BY CIGNA FROM THIS VENDOR FOR CIGNA'S EXPENSES ASSOCIATED WITH ADMINISTERING PLANS WITH VISION BENEFITS.FOR CALENDAR YEAR 2024, CIGNA RECEIVED INDIRECT COMPENSATION FROM THIS VENDOR OF APPRO

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	4761

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY LIABILITY INSURANCE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	1372
(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.	
CHUBB 13-1963496	150 ALLEN ROAD SUITE 203 BASKING RIDGE, NJ 07920	COMMISSIONS FOR THE PROCUREMENT OF CYBER LIABILITY
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	0
(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.	
OMADA HEALTH, INC. 45-2355015	500 SANSOME STREET SAN FRANCISCO, CA 94111	DIGITAL DIABETES PREVENTIVE CARE SERVICES PROVIDER - INDIRECT COMPENSATION RECEIVED BY CIGNA FROM THIS PROVIDER FOR SERVICES INCLUDING: (I) EXPLAINING THE OMADA SERVICES TO EXISTING AND PROSPECTIVE CLIENTS; (II) ENCOURAGING AT-RISK INDIVIDUALS WHO MA
(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.	<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 LABORERS' NATIONAL HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LABORERS' NATIONAL H&W FUND	D Employer Identification Number (EIN) 52-1601994

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2933362	2984645
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	698956	2348700
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6134876	6733437
(2) U.S. Government securities	1c(2)	14425030	15218671
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9378046	10473360
(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)		
(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)	39045549	43011746
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	3952	4503
f Total assets (add all amounts in lines 1a through 1e).....	1f	72619771	80775062
Liabilities			
g Benefit claims payable.....	1g	3954600	3933400
h Operating payables.....	1h	192521	264867
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	127474	3450048
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4274595	7648315
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	68345176	73126747

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)	31080123	
(B) Participants.....	2a(1)(B)	32532	
(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)		31112655
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	296561	
(C) Corporate debt instruments.....	2b(1)(C)	551200	
(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)		847761
(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)	969272	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		969272
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6713441	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7024543	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	399114	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5008650
c Other income	2c		132448
d Total income. Add all income amounts in column (b) and enter total	2d		38158798

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28145358	
(2) To insurance carriers for the provision of benefits	2e(2)	2871870	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		31017228
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)	538681	
(2) Contract administrator fees	2i(2)	106252	
(3) Recordkeeping fees	2i(3)	17807	
(4) IQPA audit fees	2i(4)	35200	
(5) Investment advisory and investment management fees	2i(5)	119353	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	124183	
(8) Legal fees	2i(8)	85168	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	7846	
(11) Other expenses	2i(11)	1325509	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2359999
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33377227

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4781571
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: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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



LABORERS' NATIONAL HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024





LABORERS' NATIONAL HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Laborers' National Health and Welfare Fund

Opinion

We have audited the accompanying financial statements of Laborers' National Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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


Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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





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


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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at year end) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Calibre CPA Group, PLLC

Bethesda, MD
June 27, 2025



LABORERS' NATIONAL HEALTH AND WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Assets		
Investments - at fair value	\$ 71,748,373	\$ 64,167,419
Receivables		
Employer contributions	2,984,645	2,933,362
Accrued interest	202,109	190,657
Due from investment brokers for securities sold	1,499,528	-
Other accounts receivable	644,358	500,162
Total receivables	5,330,640	3,624,181
Prepaid expenses	2,705	8,137
Property and equipment		
Furniture, fixture and equipment (net of accumulated depreciation of \$5,476 and \$4,340)	4,503	3,952
Cash and cash equivalents	3,688,841	4,816,082
Total assets	80,775,062	72,619,771
Liabilities and Net Assets		
Liabilities		
Accounts payable and withholdings	264,867	192,521
Due to investment brokers for securities purchased	3,210,342	-
Due to Service Contract Education and Training Trust Fund	111,173	104,647
Due to Laborers' International Union of North America National (Industrial) Pension Fund	45,032	12,167
Due to LIUNA Staff and Affiliates Pension Fund	13,777	10,660
Accrued severance plan costs	69,724	-
Total liabilities	3,714,915	319,995
Net assets available for benefits	\$ 77,060,147	\$ 72,299,776

See accompanying notes to financial statements.

LABORERS' NATIONAL HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 5,096,662	\$ 5,829,830
Interest and dividends	1,817,033	1,580,198
	6,913,695	7,410,028
Less: investment expenses	(119,353)	(113,529)
Net investment income	6,794,342	7,296,499
Employer contributions	31,080,123	29,254,467
Employee contributions		
Retiree	13,403	23,140
COBRA	19,129	16,086
Total employer and employee contributions	31,112,655	29,293,693
Other income	132,448	163,864
Total additions	38,039,445	36,754,056
Deductions		
Benefits		
Self-funded claims paid	22,909,395	23,167,590
Prescription drug benefits	5,257,163	4,336,667
Insurance premiums	1,505,503	1,462,592
Stop loss premium, net of reimbursement	1,366,367	591,115
Total benefits	31,038,428	29,557,964
Administrative expenses		
Actuarial fees	124,183	125,334
Administrative fees	106,252	104,515
Audit fees	35,200	31,700
Computer system	81,612	81,405
Insurance and bonding	33,777	31,264
Legal fees	85,168	75,913
Miscellaneous expenses	16,983	16,606
Occupancy expenses	36,691	36,329
Office expenses, printing, postage, and telephone	5,695	4,647
Payroll audit fees	17,807	13,738
Personnel expenses	538,681	421,424
Preferred provider organization program	1,072,875	1,077,481
Prescription administrator's fees	76,875	79,524
Promotional and publications	1,001	7,208
Trustee meeting and convention expenses	7,846	18,118
Total administrative expenses	2,240,646	2,125,206
Total deductions	33,279,074	31,683,170
Net change	4,760,371	5,070,886
Net assets available for benefits		
Beginning of year	72,299,776	67,228,890
End of year	\$ 77,060,147	\$ 72,299,776

See accompanying notes to financial statements.



LABORERS' NATIONAL HEALTH AND WELFARE FUND

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable	\$ 1,271,882	\$ 1,023,978
Claims incurred but not reported	<u>2,661,518</u>	<u>2,930,622</u>
Total amounts currently payable	3,933,400	3,954,600
 Other obligations for current benefit coverage at present value of estimated amounts		
Accumulated eligibility credits	5,904,545	5,836,775
 Postretirement benefit obligations net of amounts currently payable		
Current retirees	<u>-</u>	<u>15,064</u>
 Total benefit obligations	<u>\$ 9,837,945</u>	<u>\$ 9,806,439</u>

See accompanying notes to financial statements.



LABORERS' NATIONAL HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year	\$ 3,954,600	\$ 3,894,700
Change during the year attributable to changes in claims payable and incurred but not reported	<u>(21,200)</u>	<u>59,900</u>
Balance at end of year	<u>3,933,400</u>	<u>3,954,600</u>
Other obligations for current benefit coverage at present value of estimated amounts		
Balance at beginning of year	5,836,775	5,736,729
Change during the year attributable to changes in accumulated eligibility credits	<u>67,770</u>	<u>100,046</u>
Balance at end of year	<u>5,904,545</u>	<u>5,836,775</u>
Postretirement benefit obligations net of amounts currently payable		
Balance at beginning of year	15,064	30,128
Change during the year	<u>(15,064)</u>	<u>(15,064)</u>
Balance at end of year	<u>-</u>	<u>15,064</u>
Total benefit obligations	<u>\$ 9,837,945</u>	<u>\$ 9,806,439</u>

See accompanying notes to financial statements.



LABORERS' NATIONAL HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. GENERAL DESCRIPTION OF THE PLAN

The Laborers' National Health and Welfare Fund (the Plan) was established on August 1, 1988 by an Agreement and Declaration of Trust and is maintained pursuant to collective bargaining agreements between certain employers nationwide and various local unions belonging to the Laborers' International Union of North America (LIUNA). The Plan is funded by employer contributions, contributions from retirees, and from members electing COBRA coverage.

The costs of the postretirement benefit plan are shared by the Plan's participating employers and retirees. The contribution rates are specified in the collective bargaining agreements. The Plan provides life insurance, accidental death and dismemberment coverage, hospital and surgical, dental care, vision care, hearing aid, and/or prescription drug benefits to eligible participants depending upon the benefits and rates of contributions agreed to in the collective bargaining agreement. The Plan also uses a preferred provider organization to help reduce health care costs. Participants should refer to the summary plan description for more complete information.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements have been prepared using the accrual basis of accounting. Under this basis of accounting, revenue is recognized when earned and expenses are recognized when incurred.

Cash and Cash Equivalents - The Plan considers all checking and related sweep accounts to be cash and cash equivalents.

Investments - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees (Trustees) determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 5 for a discussion of fair value measurements.

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Employer Contributions Receivable - Employer contributions due and not paid prior to the year-end are recorded as contributions receivable. Allowance for credit losses accounts is considered unnecessary and is not provided.

Property and Equipment - Property and equipment are stated at cost. Major additions are capitalized while replacements, maintenance, and repairs, which do not improve or extend the lives of the respective assets are expensed currently. Depreciation expense is computed using the straight-line method over a five year useful life of the related assets. Depreciation expense was \$1,135 and \$1,640 for the years ended December 31, 2024 and 2023, respectively.

Benefit Obligations - Obligations for claims payable, claims incurred but not reported, accumulated eligibility credits and postretirement benefits were calculated by the Plan's independent actuarial and consulting firm. These calculations were based upon accepted actuarial principles and information provided to the actuary. The Trustees receive the independent actuarial and consulting firm's report and implements the recording of these obligations. The statements of benefit obligations include the actuarial estimate of claims payable and claims incurred but not reported, accumulated eligibility credit obligations, and postretirement benefit obligations which are expected to be funded by future contributions and earnings on investments.

Management Estimates and Assumptions - The presentation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements including benefit obligations. Actual results could differ from those estimates.

Payment of Benefits - Benefits are recorded when paid by the Plan.

Reclassifications - Some items may have been reclassified from prior years financial statements for comparability purposes.

Administrative Expenses - The Plan's expenses are paid by the Plan and are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3. POSTRETIREMENT BENEFITS AND POST-EMPLOYMENT BENEFITS

Postretirement benefits represent the estimated future benefits that are attributed to employee service rendered to December 31, 2024 and 2023, reduced by the contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits for (1) currently eligible retired employees



**NOTE 3. POSTRETIREMENT BENEFITS AND POST EMPLOYEMENT BENEFITS
(CONTINUED)**

and their eligible dependents and (2) active employees and their dependents who at time of retirement from service with a participating employer meet health and benefit eligibility requirements. Prior to an active employee's full eligibility date, the postretirement benefit is the portion of the expected postretirement benefit that is attributed to that employee's service in the industry rendered to the valuation date. However, under the terms of the Plan, the Trustees and/or the collective bargaining parties reserve the right to amend, modify, or terminate the Plan and the benefits provided thereunder, in whole or in part, at any time.

Effective January 1, 2024, the Board of Trustees established the LNHWF Employees Severance Pay Plan. The plan is intended to provide eligible employees of the Plan with a lump sum payment upon separation from service. Eligible participants must have a total of at least fifteen years of qualifying employment with the Plan or one or more of its related entities, when they separate from service with these entities. Benefits are two weeks of salary for each full year, up to a maximum of fifty weeks, less the amount of any other severance pay to which the participant is entitled under a collective bargaining agreement with Plan or one or more of its related entities.

Benefit obligation at December 31, 2024:	\$69,724
Weighted average assumption for discount rate as of December 31, 2024 for benefit obligation:	5.25%
Expected annual increase in salaries as of December 31, 2024	5.00%

Total expected payments for the next 10 fiscal years are as follows:

<u>Year Ending December 31,</u>	
2025	\$8,028
2026	8,462
2027	10,543
2028	10,075
2029	10,878
2030-2033	53,251



NOTE 4. INSURANCE POLICIES

The Plan is self-funded for all benefits except life insurance and accidental death and dismemberment. Premiums for life and accidental death and dismemberment benefits are made to Union Labor Life Insurance. The Plan has entered into a stop-loss arrangement in an effort to limit its exposure for self-insured benefits. Stop-loss premiums of \$2,713,716 and \$2,509,381 have been netted with claims reimbursements of \$1,347,349 and \$1,918,266 in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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 other significant observable inputs including:

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

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

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

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

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Short-term investments: Valued at cost which approximates fair value.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

U.S. Government and government agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual funds: Valued at closing prices on the last business day of each period. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

As of December 31, 2024, the fair values of the Plan's investments are summarized as follows:

	2024			
	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	\$ 3,044,596	\$ -	\$ 3,044,596	\$ -
U.S. Government and government agency obligations	15,218,671	13,438,896	1,779,775	-
Corporate debt instruments	10,473,360	-	10,473,360	-
Mutual funds	43,011,746	43,011,746	-	-
	<u>\$ 71,748,373</u>	<u>\$ 56,450,642</u>	<u>\$ 15,297,731</u>	<u>\$ -</u>

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

As of December 31, 2023, the fair values of the Plan's investments are summarized as follows:

	2023			
	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	\$ 1,318,794	\$ -	\$ 1,318,794	\$ -
U.S. Government and government agency obligations	14,425,030	12,173,325	2,251,705	-
Corporate debt instruments	9,378,046	-	9,378,046	-
Mutual funds	39,045,549	39,045,549	-	-
	<u>\$ 64,167,419</u>	<u>\$ 51,218,874</u>	<u>\$ 12,948,545</u>	<u>\$ -</u>

NOTE 6. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees, LIUNA, and/or the parties to the collective bargaining agreements. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees or LIUNA bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE 7. TAX STATUS

The Internal Revenue Service has advised that the Plan qualifies under Section 501(c)(9) of the Internal Revenue Code and is therefore not subject to tax under present income tax laws.

The Plan follows the authoritative guidance relating to accounting for uncertainty in income taxes included in Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting of uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in the tax return. The Plan performed an evaluation of uncertain tax positions for the years ended December 31, 2024 and 2023, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.



NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31,	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 77,060,147	\$ 72,299,776
Claims currently payable and claims incurred but not reported	<u>(3,933,400)</u>	<u>(3,954,600)</u>
Net assets available for benefits per the Form 5500	<u>\$ 73,126,747</u>	<u>\$ 68,345,176</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits paid to or for participants and dependent per the financial statements	\$ 31,038,428
Add: claims currently payable and claims incurred but not reported December 31, 2024	3,933,400
Less: claims currently payable and claims incurred but not reported December 31, 2023	<u>(3,954,600)</u>
Benefits paid to and for participants and dependents per the Form 5500	<u>\$ 31,017,228</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under U.S. generally accepted accounting principles and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

A reconciliation for additions per the financial statements to income per Form 5500 for the year ended December 31, 2024:

Additions per financial statements	\$ 38,039,445
Add: investment expenses	<u>119,353</u>
Income per Form 5500	<u>\$ 38,158,798</u>



NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

A reconciliation of deductions per the financial statements to expenses per Form 5500 for the year ended December 31, 2024:

Deductions per financial statements	\$ 33,279,074
Add: investment expenses	119,353
Add: change during the year attributable to changes in claims payable and incurred but not reported	<u>(21,200)</u>
Expenses per Form 5500	<u>\$ 33,377,227</u>

Investment expenses are not netted with additions on the Form 5500.

NOTE 9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As disclosed in Note 2, the Plan pays certain administrative, investment and professional fees to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has an agreement with LIUNA Staff and Affiliates Pension Fund (LSAPF), a related organization with common management, under which the Plan reimburses its allocated share of administrative expenses and other direct expenses initially paid by LSAPF. For the years ended December 31, 2024 and 2023, the total amount reimbursed to the LSAPF by the Plan was \$225,960 and \$247,348, respectively. At December 31, 2024 and 2023, the Plan had a payable to the LSAPF of \$13,777 and \$10,660, respectively.

The Plan also provides certain administrative services for the Service Contract Education and Training Trust Fund (SCETT). In connection with this relationship, the Plan collects and distributes contributions on behalf of SCETT. The total contributions remitted to SCETT by the Plan were \$1,287,816 and \$1,153,021, respectively, for the years ended December 31, 2024 and 2023. At December 31, 2024 and 2023, the Plan had a payable to SCETT of \$111,173 and \$104,647, respectively. The Plan and SCETT share common trustees.

The LIUNA National (Industrial) Pension Fund (LNIPF), a related organization with a common trustee, provides certain administrative services for the Plan. LNIPF collects and distributes contributions on behalf of the Plan. For the years ended December 31, 2024 and 2023, total contributions received and remitted by LNIPF on behalf of the Plan were \$31,093,087 and \$29,317,087, respectively.

The Plan made monthly payments to the Laborers' International Union of North America, a related organization, for occupancy expenses on a month-to-month basis. The total occupancy expenses were \$35,556 and \$34,689 for the years ended December 31, 2024 and 2023, respectively.



NOTE 10. UNINSURED CASH AND CASH EQUIVALENTS

The Plan maintains its cash in bank deposit accounts which at times may exceed the federally insured limit. As of December 31, 2024, approximately \$3.4 million of the Plan's deposits were not insured. The Plan has not experienced any losses related to uninsured cash.

NOTE 11. RISKS AND UNCERTAINTIES

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

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 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through June 27, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

LABORERS' NATIONAL HEALTH AND WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-1601994
Plan No. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	Short-term investments							
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	12/31/49	Var.	3,044,596	\$ 3,044,596	\$ 3,044,596
	U.S. Government and government agency obligations							
	FEDERAL HOME LOAN MORTGAGE COMPANY POOL	Notes	N/A	11/01/28	6.00%	466	459	477
	FEDERAL HOME LOAN MORTGAGE COMPANY POOL	Notes	N/A	06/15/28	7.00%	199	214	203
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	Notes	N/A	03/01/32	2.00%	175,000	146,692	147,404
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	Notes	N/A	12/01/31	2.00%	300,000	232,523	247,605
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	Notes	N/A	01/01/32	2.00%	250,000	203,008	208,348
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	Notes	N/A	10/01/32	3.00%	31,870	33,623	30,181
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	Notes	N/A	11/01/28	5.00%	2,122	2,047	2,134
	U.S. TREASURY BONDS	Bonds	N/A	02/15/42	2.00%	315,000	244,494	224,498
	U.S. TREASURY NOTES	Notes	N/A	05/15/28	3.00%	31,000	30,938	29,607
	U.S. TREASURY NOTES	Notes	N/A	05/31/25	3.00%	42,000	42,102	41,757
	U.S. TREASURY NOTES	Notes	N/A	08/15/28	3.00%	1,000,000	1,019,219	951,130
	U.S. TREASURY NOTES	Notes	N/A	02/15/29	3.00%	615,000	613,823	574,908
	U.S. TREASURY NOTES	Notes	N/A	05/15/27	2.00%	945,000	994,723	904,913
	U.S. TREASURY NOTES	Notes	N/A	07/31/26	2.00%	530,000	538,550	510,973
	U.S. TREASURY NOTES	Notes	N/A	12/31/26	2.00%	900,000	910,652	857,493
	U.S. TREASURY NOTES	Notes	N/A	02/15/30	2.00%	975,000	1,003,679	846,495
	U.S. TREASURY NOTES	Notes	N/A	05/15/30	1.00%	740,000	694,559	607,118
	U.S. TREASURY NOTES	Notes	N/A	06/30/28	1.00%	460,000	454,448	414,414
	U.S. TREASURY NOTES	Notes	N/A	08/15/31	1.00%	930,000	921,681	758,899
	U.S. TREASURY NOTES	Notes	N/A	01/15/25	1.00%	1,000,000	982,383	998,860
	U.S. TREASURY NOTES	Notes	N/A	05/15/32	3.00%	740,000	730,374	664,587
	U.S. TREASURY NOTES	Notes	N/A	05/31/29	3.00%	715,000	707,263	668,411
	U.S. TREASURY NOTES	Notes	N/A	03/31/28	4.00%	805,000	805,975	788,337
	U.S. TREASURY NOTES	Notes	N/A	08/15/34	4.00%	430,000	436,887	406,685
	U.S. TREASURY NOTES	Notes	N/A	10/15/27	4.00%	1,290,000	1,277,302	1,276,300
	U.S. TREASURY NOTES	Notes	N/A	11/15/34	4.00%	430,000	430,017	418,915
	U.S. TREASURY NOTES	Notes	N/A	11/30/26	4.00%	1,495,000	1,495,526	1,494,596
	U.S. TREASURY STRIPS	Strips	N/A	11/15/26	Var	1,000,000	960,110	923,130
	U.S. TREASURY STRIPS	Strips	N/A	11/15/27	Var	250,000	194,155	220,293
	Total U.S. Government and government agency obligations						16,107,426	15,218,671
	Corporate bonds							
	AIR LEASE CORP	Bond	N/A	03/01/25	3.25%	80,000	80,274	79,771
	ALEXANDRIA REAL ESTATE EQUITIE	Bond	N/A	12/15/29	2.75%	45,000	49,310	40,229
	ALLERGAN FUNDING SCS	Bond	N/A	03/15/25	3.80%	100,000	104,097	99,250
	AMEREN CORP	Bond	N/A	01/15/29	5.00%	15,000	14,864	15,027
	AMERICAN EXPRESS CO	Bond	N/A	04/25/30	5.53%	140,000	143,409	142,603
	AMERICAN TOWER CORP	Bond	N/A	06/01/25	4.00%	50,000	50,171	49,767
	AMERICAN WATER CAPITAL CORP	Bond	N/A	09/01/27	2.95%	40,000	41,640	38,233
	AMERICAN WATER CAPITAL CORP	Bond	N/A	12/01/26	3.00%	50,000	49,909	48,337
	AMERICREDIT AUTOMOBILE REC 3 C	Bond	N/A	08/18/26	1.06%	80,801	77,291	80,344
	AM GEN INC	Bond	N/A	03/02/33	5.25%	105,000	104,669	104,272
	AON CORP / AON GLOBAL HOLDINGS	Bond	N/A	02/28/33	5.35%	35,000	34,992	34,872
	AON NORTH AMERICA INC	Bond	N/A	03/01/29	5.15%	40,000	40,020	40,128
	AT&T INC	Bond	N/A	03/01/27	4.25%	165,000	191,651	163,495
	ATMOS ENERGY CORP	Bond	N/A	11/15/33	5.90%	75,000	74,903	78,579
	AUTOZONE INC	Bond	N/A	01/15/31	1.65%	85,000	83,647	69,963

LABORERS' NATIONAL HEALTH AND WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-1601994
Plan No. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Corporate bonds (continued)							
	AVANGRID INC	Bond	N/A	06/01/29	3.80%	40,000	\$ 39,943	\$ 37,902
	BANK OF AMERICA CORP	Bond	N/A	12/20/28	3.42%	205,000	197,741	196,472
	BANK OF AMERICA CORP	Bond	N/A	07/23/31	1.90%	275,000	226,903	231,289
	BANK OF AMERICA CORP	Bond	N/A	09/15/34	5.87%	120,000	124,273	123,233
	BANK OF NEW YORK MELLON CORP/T	Bond	N/A	02/01/29	4.54%	120,000	118,002	119,076
	BANK OF NEW YORK MELLON CORP/T	Bond	N/A	04/26/34	4.97%	40,000	39,330	39,210
	BAT CAPITAL CORP	Bond	N/A	09/06/26	3.22%	70,000	74,626	68,230
	BAXTER INTERNATIONAL INC	Bond	N/A	02/01/32	2.54%	100,000	82,992	83,411
	BLACKROCK INC	Bond	N/A	01/28/31	1.90%	55,000	55,007	46,354
	BOEING CO/THE	Bond	N/A	02/01/26	2.75%	205,000	214,799	199,969
	BP CAPITAL MARKETS AMERICA INC	Bond	N/A	04/10/34	4.99%	125,000	128,799	121,615
	BRISTOL-MYERS SQUIBB CO	Bond	N/A	11/15/33	5.90%	120,000	128,845	125,990
	BRIXMOR OPERATING PARTNERSHIP	Bond	N/A	08/16/31	2.50%	40,000	39,870	33,574
	BROADCOM INC	Bond	N/A	02/15/32	4.55%	130,000	130,120	125,676
	BUNGE LTD FINANCE CORP	Bond	N/A	05/14/31	2.75%	50,000	43,042	43,248
	CANADIAN IMPERIAL BANK OF COMM	Bond	N/A	10/02/26	5.93%	120,000	120,127	122,458
	CAPITAL ONE FINANCIAL CORP	Bond	N/A	03/03/26	2.64%	50,000	50,000	49,789
	CENCORA INC	Bond	N/A	12/15/27	3.45%	85,000	81,519	82,248
	CENTERPOINT ENERGY INC	Bond	N/A	03/01/30	2.95%	58,000	63,700	52,147
	CHARLES SCHWAB CORP/THE	Bond	N/A	05/19/29	5.64%	120,000	121,968	122,440
	CHARTER COMMUNICATIONS OPERATI	Bond	N/A	02/15/28	3.75%	125,000	139,170	119,054
	CHENIERE ENERGY PARTNERS LP	Bond	N/A	10/01/29	4.50%	90,000	87,197	87,136
	CITIGROUP INC	Bond	N/A	07/24/28	3.67%	100,000	106,022	96,863
	CITIGROUP INC	Bond	N/A	09/19/30	4.54%	340,000	341,187	330,436
	COLUMBIA PIPELINE GROUP INC	Bond	N/A	06/01/25	4.50%	55,000	60,418	54,855
	COMCAST CORP	Bond	N/A	02/15/31	1.50%	200,000	161,374	162,838
	CONOCOPHILLIPS CO	Bond	N/A	01/15/35	5.00%	80,000	79,957	77,670
	CONSTELLATION ENERGY GENERATIO	Bond	N/A	03/01/33	5.80%	60,000	61,688	61,346
	CONSTELLATION ENERGY GENERATIO	Bond	N/A	03/01/28	5.60%	25,000	24,997	25,497
	CSX CORP	Bond	N/A	03/01/28	3.80%	50,000	49,527	48,592
	DISCOVERY COMMUNICATIONS LLC	Bond	N/A	05/15/30	3.63%	85,000	96,191	75,606
	DOLLAR GENERAL CORP	Bond	N/A	04/03/30	3.50%	80,000	92,027	73,365
	DOMINION ENERGY INC	Bond	N/A	08/15/31	2.25%	45,000	44,936	37,470
	DUKE ENERGY FLORIDA LLC	Bond	N/A	11/15/33	5.88%	45,000	44,919	46,855
	EMERA US FINANCE LP	Bond	N/A	06/15/26	3.55%	80,000	89,287	78,365
	ENERGY TRANSFER LP	Bond	N/A	05/15/28	4.95%	90,000	88,672	89,882
	ENERGY TEXAS INC	Bond	N/A	03/30/29	4.00%	45,000	44,916	43,543
	EQUINIX INC	Bond	N/A	11/18/29	3.20%	60,000	63,601	55,153
	EXTRA SPACE STORAGE LP	Bond	N/A	07/01/26	3.50%	35,000	36,044	34,343
	EXTRA SPACE STORAGE LP	Bond	N/A	06/15/29	4.00%	5,000	4,974	4,784
	EXTRA SPACE STORAGE LP	Bond	N/A	10/15/31	2.40%	30,000	29,725	24,928
	FIFTH THIRD BANCORP	Bond	N/A	09/06/30	4.90%	85,000	85,342	83,839
	FORTIS INC/CANADA	Bond	N/A	10/04/26	3.06%	24,000	23,190	23,244
	GENERAL ELECTRIC CO	Bond	N/A	05/01/27	3.45%	60,000	66,016	58,186
	GENERAL MOTORS FINANCIAL CO IN	Bond	N/A	06/23/28	5.80%	60,000	59,987	61,195
	GOLDMAN SACHS GROUP INC/THE	Bond	N/A	05/22/25	3.75%	175,000	180,246	174,360
	HALLIBURTON CO	Bond	N/A	11/15/25	3.80%	2,000	2,093	1,983
	HCA INC	Bond	N/A	03/15/32	3.63%	165,000	147,601	145,434

LABORERS' NATIONAL HEALTH AND WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-1601994
Plan No. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	Corporate bonds (continued)							
	HEALTHCARE REALTY HOLDINGS LP	Bond	N/A	02/15/30	3.10%	75,000	\$ 74,656	\$ 67,338
	HESS CORP	Bond	N/A	04/01/27	4.30%	85,000	84,203	84,125
	HUMANA INC	Bond	N/A	02/03/27	1.35%	40,000	38,378	37,195
	HUNTINGTON BANCSHARES INC/OH	Bond	N/A	01/15/31	5.27%	85,000	85,112	85,119
	INTERNATIONAL BUSINESS MACHINE	Bond	N/A	05/15/29	3.50%	100,000	99,907	94,777
	INTERSTATE POWER AND LIGHT CO	Bond	N/A	09/26/28	4.10%	40,000	39,899	38,838
	JB HUNT TRANSPORT SERVICES INC	Bond	N/A	03/01/26	3.88%	40,000	42,476	39,601
	KEURIG DR PEPPER INC	Bond	N/A	03/15/34	5.30%	85,000	84,701	84,986
	KINDER MORGAN INC	Bond	N/A	02/01/29	5.00%	55,000	54,909	54,825
	KINDER MORGAN INC	Bond	N/A	02/01/33	4.80%	65,000	61,971	61,810
	KROGER CO/THE	Bond	N/A	05/01/30	2.20%	60,000	59,872	52,021
	L3HARRIS TECHNOLOGIES INC	Bond	N/A	06/15/28	4.40%	85,000	82,772	83,495
	MARATHON PETROLEUM CORP	Bond	N/A	04/01/28	3.80%	85,000	81,204	82,017
	MARRIOTT INTERNATIONAL INC/MD	Bond	N/A	04/15/28	4.00%	85,000	81,915	82,675
	MARTIN MARIETTA MATERIALS INC	Bond	N/A	06/01/27	3.45%	30,000	33,348	29,095
	MARTIN MARIETTA MATERIALS INC	Bond	N/A	12/15/27	3.50%	40,000	38,382	38,608
	MARVELL TECHNOLOGY INC	Bond	N/A	02/15/29	5.75%	80,000	82,006	81,986
	MCDONALD'S CORP	Bond	N/A	01/30/26	3.70%	25,000	26,879	24,809
	META PLATFORMS INC	Bond	N/A	08/15/34	4.75%	95,000	92,576	92,530
	METLIFE INC	Bond	N/A	12/15/32	6.50%	95,000	105,746	103,387
	MID-AMERICA APARTMENTS LP	Bond	N/A	06/01/27	3.60%	45,000	50,930	43,930
	MITSUBISHI UFJ FINANCIAL GROUP	Bond	N/A	02/25/30	2.56%	205,000	205,234	182,005
	MORGAN STANLEY	Bond	N/A	01/16/30	5.17%	425,000	421,009	425,701
	MORGAN STANLEY	Bond	N/A	07/19/35	5.32%	24,000	24,000	23,615
	MPLX LP	Bond	N/A	06/01/34	5.50%	40,000	39,143	39,462
	NISOURCE INC	Bond	N/A	02/15/31	1.70%	15,000	14,989	12,268
	NISOURCE INC	Bond	N/A	09/01/29	2.95%	25,000	24,957	22,882
	NNN REIT INC	Bond	N/A	06/15/34	5.50%	25,000	24,692	24,902
	NORTHERN TRUST CORP	Bond	N/A	05/01/30	1.95%	30,000	29,886	25,898
	NOV INC	Bond	N/A	12/01/29	3.60%	85,000	78,747	79,237
	NUTRIEN LTD	Bond	N/A	04/01/29	4.20%	10,000	9,968	9,699
	OHIO POWER CO	Bond	N/A	06/01/33	5.00%	25,000	24,882	24,183
	PACIFIC GAS AND ELECTRIC CO	Bond	N/A	05/15/34	5.80%	40,000	39,950	40,914
	PACIFIC GAS AND ELECTRIC CO	Bond	N/A	06/15/28	3.00%	115,000	105,600	107,735
	PARAMOUNT GLOBAL	Bond	N/A	01/15/31	4.95%	80,000	94,415	74,694
	PFIZER INVESTMENT ENTERPRISES	Bond	N/A	05/19/33	4.75%	85,000	83,479	82,327
	PG&E ENERGY RECOVERY FUNDING L	Bond	N/A	01/15/38	2.28%	25,000	24,999	19,692
	PHILIP MORRIS INTERNATIONAL IN	Bond	N/A	02/15/28	4.88%	85,000	85,324	85,198
	PHILLIPS 66 CO	Bond	N/A	06/30/33	5.30%	65,000	64,694	64,387
	PNC FINANCIAL SERVICES GROUP I	Bond	N/A	06/12/29	5.58%	105,000	105,412	106,824
	PNC FINANCIAL SERVICES GROUP I	Bond	N/A	01/21/28	5.30%	19,000	19,000	19,161
	PPL CAPITAL FUNDING INC	Bond	N/A	04/15/30	4.13%	95,000	110,894	90,476
	PRINCIPAL FINANCIAL GROUP INC	Bond	N/A	11/15/26	3.10%	25,000	25,032	24,279
	PRINCIPAL FINANCIAL GROUP INC	Bond	N/A	05/15/29	3.70%	5,000	4,980	4,762
	PRINCIPAL FINANCIAL GROUP INC	Bond	N/A	06/15/30	2.13%	12,000	12,488	10,342
	PROLOGIS LP	Bond	N/A	09/15/28	4.00%	85,000	99,705	82,821
	PUBLIC SERVICE CO OF OKLAHOMA	Bond	N/A	08/15/31	2.20%	30,000	29,901	24,820
	REYNOLDS AMERICAN INC	Bond	N/A	06/12/25	4.45%	41,000	42,259	40,886
	ROPER TECHNOLOGIES INC	Bond	N/A	12/15/26	3.80%	80,000	82,435	78,758
	RTX CORP	Bond	N/A	05/04/27	3.13%	140,000	152,193	135,106

LABORERS' NATIONAL HEALTH AND WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-1601994
Plan No. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
Corporate bonds (continued)								
	SAN DIEGO GAS & ELECTRIC CO	Bond	N/A	10/01/30	1.70%	120,000	\$ 98,698	\$ 100,667
	SANTANDER DRIVE AUTO RECEI 2 C	Bond	N/A	06/17/30	5.84%	70,000	69,993	71,371
	SOUTHERN CO GAS CAPITAL CORP	Bond	N/A	09/15/33	5.75%	115,000	119,548	117,953
	STATE STREET CORP	Bond	N/A	02/20/29	4.53%	25,000	25,000	24,718
	SUMITOMO MITSUI FINANCIAL GROU	Bond	N/A	03/09/26	3.78%	190,000	207,497	188,053
	TAKE-TWO INTERACTIVE SOFTWARE	Bond	N/A	03/28/28	4.95%	120,000	120,571	119,976
	THE CAMPBELL'S COMPANY	Bond	N/A	03/15/25	3.95%	10,000	9,973	9,977
	T-MOBILE USA INC	Bond	N/A	02/15/31	2.55%	125,000	123,903	107,590
	TORONTO-DOMINION BANK/THE	Bond	N/A	07/17/28	5.52%	140,000	140,000	142,279
	TOTALENERGIES CAPITAL INTERNAT	Bond	N/A	02/19/29	3.46%	40,000	40,000	38,108
	TRUIST FINANCIAL CORP	Bond	N/A	07/28/26	4.26%	135,000	135,000	134,469
	US BANCORP	Bond	N/A	01/23/30	5.38%	125,000	125,070	126,084
	VENTAS REALTY LP	Bond	N/A	01/15/29	4.40%	85,000	84,992	82,731
	VMWARE LLC	Bond	N/A	08/15/31	2.20%	125,000	125,055	103,716
	WEC ENERGY GROUP INC	Bond	N/A	09/12/26	5.60%	19,000	18,997	19,242
	WELLTOWER OP LLC	Bond	N/A	06/01/25	4.00%	48,000	50,843	47,823
	WESTPAC BANKING CORP	Bond	N/A	05/13/26	2.85%	75,000	72,689	73,330
	WILLIAMS COS INC/THE	Bond	N/A	03/15/29	4.90%	85,000	84,617	84,373
	WP CAREY INC	Bond	N/A	02/01/31	2.40%	70,000	69,533	59,506
	XILINX INC	Bond	N/A	06/01/30	2.38%	75,000	66,137	66,094
	ZIMMER BIOMET HOLDINGS INC	Bond	N/A	11/24/31	2.60%	115,000	114,970	98,134
	ZOETIS INC	Bond	N/A	11/13/25	4.50%	45,000	<u>49,929</u>	<u>44,942</u>
	Total corporate bonds						<u>10,968,881</u>	<u>10,473,360</u>
Mutual funds								
	JP MORGAN MORTGAGE-BACKED SECURITIES FUND	MF	N/A	N/A	N/A	1,558,894	17,006,540	15,651,294
	VANGUARD RUSSELL 1000 INDEX FUND INST	MF	N/A	N/A	N/A	53,007	<u>9,559,264</u>	<u>27,360,452</u>
	Total mutual funds						<u>26,565,804</u>	<u>43,011,746</u>
	Total assets (held at year end)						<u>\$ 56,686,707</u>	<u>\$ 71,748,373</u>

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

1a Name of plan LABORERS' NATIONAL HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	08/01/1988
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES LABORERS' NATIONAL H&W FUND 905 16TH STREET, NW WASHINGTON DC 20006	2b Employer Identification Number (EIN)	52-1601994
	2c Plan Sponsor's telephone number	202-737-1664
	2d Business code (see instructions)	238900

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

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

SIGN HERE	<i>Michael Sabitoni</i>	7/24/2025	MICHAEL F. SABITONI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>James Grosso</i>	7/25/2025	JAMES F. GROSSO
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	2,047
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,043
a (2) Total number of active participants at the end of the plan year	6a(2)	2,030
b Retired or separated participants receiving benefits	6b	2
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,032
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	56

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 4Q

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____



LABORERS' NATIONAL HEALTH AND WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

E.I.N. 52-1601994
Plan No. 501

(a) Identity of Party Involved	(b) Description of Assets (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	EB TEMP INV FD	\$ 6,691,343	\$ 4,965,541	N/A	N/A	\$ 4,965,541	\$ 4,965,541	N/A