

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	791
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)	791
	6a(2)	834
	6b	
	6c	
	6d	834
	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	66

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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>4</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>
---	--	--

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

<p>A Name of plan LABORERS INTL UNION OF N.A. LOCAL 1822 HEALTH CARE 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 TRUSTEES OF LABORERS INT'L UNION OF NA LOCAL UNION NO. 1822 HEALTH CAR</p>	<p>D Employer Identification Number (EIN) 16-6192220</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	G3293/C4559	177	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 574</p>	<p>(b) Total amount of fees paid 0</p>
--	---

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
ENV INSURANCE AGENCY, LLC. 7789 OSWEGO ROAD LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
574		FULLFILLMENT OF COMMISSION AGREEMENT	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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
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:				
	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) ▶ ACCIDENTAL DEATH/DISEMBLEMENT

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	12304
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>
---	--	--

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

<p>A Name of plan LABORERS INTL UNION OF N.A. LOCAL 1822 HEALTH CARE 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 TRUSTEES OF LABORERS INT'L UNION OF NA LOCAL UNION NO. 1822 HEALTH CAR</p>	<p>D Employer Identification Number (EIN) 16-6192220</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
EXCELLUS BLUECROSS BLUESHIELD

(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
15-0329043	55107	00113200	71	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 50934</p>	<p>(b) Total amount of fees paid 0</p>
---	--

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
AP BENEFIT ADVISORS LLC DBA ENV INS 7789 OSWEGO ROAD LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50934			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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
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:				
	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)	982371		
(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)			982371
b Benefit charges (1) Claims paid	9b(1)	1056811		
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))	9b(3)			1056811
(4) Claims charged	9b(4)			
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)	31141		
(B) Administrative service or other fees	9c(1)(B)	136276		
(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)			167417
(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	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<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>
---	--	--

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

<p>A Name of plan LABORERS INTL UNION OF N.A. LOCAL 1822 HEALTH CARE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS INT'L UNION OF NA LOCAL UNION NO. 1822 HEALTH CAR</p>	<p>D Employer Identification Number (EIN) 16-6192220</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
EXCELLUS BLUECROSS BLUESHIELD

(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
15-0329043	55107	00055146	73	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 3192	(b) Total amount of fees paid 0
---	---

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AP BENEFIT ADVISORS LLC DBA ENV INS 7789 OSWEGO ROAD LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3192			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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
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:				
	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)		25571
	(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)	25571
b	Benefit charges (1) Claims paid	9b(1)		26251
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	26251
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		2094
	(B) Administrative service or other fees	9c(1)(B)		7388
	(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)	9482
	(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	
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 INTL UNION OF N.A. LOCAL 1822 HEALTH CARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS INT'L UNION OF NA LOCAL UNION NO. 1822 HEALTH CAR		D Employer Identification Number (EIN) 16-6192220

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

METROPOLITAN 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
13-5581829	65978	0GA	109	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
---	--

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

AP BENEFIT ADVISORS LLC DBA ENV INS
7789 OSWEGO ROAD
LIVERPOOL, NY 13090

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
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	9477
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.
--	--	---

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

A Name of plan LABORERS INTL UNION OF N.A. LOCAL 1822 HEALTH CARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS INT'L UNION OF NA LOCAL UNION NO. 1822 HEALTH CAR	D Employer Identification Number (EIN) 16-6192220	

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

THE VANGUARD GROUP, INC. **PO BOX 2600**
VALLEY FORGE, PA 19482

23-1945930

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

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

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

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

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

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

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

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

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

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

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

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

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

RICHARD DADDARIO JR.

202 TWIN OAKS DRIVE, SUITE 200A
SYRACUSE, NY 13206

(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?
35	EMPLOYEE	157514	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)

CARRIE CHRISTMAN

202 TWIN OAKS DRIVE, SUITE 200A
SYRACUSE, NY 13206

(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?
35	EMPLOYEE	128442	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)

DARCANGELO & CO., LLP

120 LOMOND COURT
UTICA, NY 13502

13-2550103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOSEPH W. MCCARTHY & ASSOCIATES

7644 ROUTE 31 WEST
BALDWINVILLE, NY 13027

16-1120588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23112	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLITMAN & KING LLP

SUITE 300, 443 N FRANKLIN STREET
SYRACUSE, NY 13204

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	22326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY LLC

TWO JERICO PLAZA
JERICHO, NY 11753

26-4310844

(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 19 72	NONE	21665	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"/>

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)

KATHLEEN MECH

202 TWIN OAKS DRIVE, SUITE 200A
SYRACUSE, NY 13206

(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?
35	EMPLOYEE	9035	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 INTL UNION OF N.A. LOCAL 1822 HEALTH CARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS INT'L UNION OF NA LOCAL UNION NO. 1822 HEALTH CAR	D Employer Identification Number (EIN) 16-6192220

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	384790	465859
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7394	92774
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1576965	869744
(2) U.S. Government securities	1c(2)	0	283724
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	202421
(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)	9795171	11186213
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	790	790

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	25937	59648
f Total assets (add all amounts in lines 1a through 1e).....	1f	11791047	13161173
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	381386	368491
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	11036	53887
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	392422	422378
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11398625	12738795

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)	1863272	
(B) Participants.....	2a(1)(B)	15885	
(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)		1879157
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)		
(C) Corporate debt instruments.....	2b(1)(C)		
(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)		
(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)	353587	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	581562	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	603388	
(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)	776457	
(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)	
c Other income	2c	7857
d Total income. Add all income amounts in column (b) and enter total.....	2d	2995232

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	187960
(2) To insurance carriers for the provision of benefits	2e(2)	1161585
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1349545
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	23800
(5) Investment advisory and investment management fees	2i(5)	21665
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	4275
(8) Legal fees	2i(8)	22326
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	233451
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	305517
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	1655062

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1340170
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: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

LOCAL UNION NO. 1822 HEALTH CARE FUND

December 31, 2024

SUPPLEMENTAL SCHEDULE

D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report
on Supplemental Schedules Required by ERISA

Trustees

Laborers' International Union of North America
Local Union No. 1822 Health Care Fund

Our audit of Laborers' International Union of North America Local Union No. 1822 Health Care Fund as of and for the year ended December 31, 2024 was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

In our opinion, the 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

D'Arcangelo + Co., LLP

October 3, 2025

Utica, New York



D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report

To the Board of Trustees of
Laborers' International Union of North America
Local Union No. 1822 Health Care Fund

Opinion

We have audited the accompanying financial statements of Laborers' International Union of North America Local Union No. 1822 Health Care 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits 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 of Laborers' International Union of North America Local Union No. 1822 Health Care Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Laborers' International Union of North America Local Union No. 1822 Health Care 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' International Union of North America Local Union No. 1822 Health Care Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Laborers' International Union of North America Local Union No. 1822 Health Care Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' International Union of North America Local Union No. 1822 Health Care Fund's ability to continue as a going concern for a reasonable period of time.



LABORERS LOCAL NO. 1822 HEALTH CARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (SCHEDULE H, LINE 4)
2024 TAX YEAR

EIN: 16-6192220
 PN: 501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash - Money Market	Cash Checking Account	\$ 760,029	\$ 760,029
	Cash - Trustee Account	Cash Checking Account	33,067	33,067
	Cash - Escrow	Cash Checking Account	66,140	66,140
	Morgan Stanley # 232-119514-349	See Attached	8,722,932	11,187,487
	Morgan Stanley # 232-136176-349	See Attached	468,946	495,379
	Total		<u>\$ 10,051,114</u>	<u>\$ 12,542,102</u>

A
B

Account Detail

Consulting Group Advisor Retirement Account
 232-119514-349
 RICHARD DADDARIO JR.
 RPM Health or Welfare Trust

Investment Objectives (in order of priority): Capital Appreciation

Inform us if your investment objectives, as defined in the Expanded Disclosures, change.

Account Holder Votes Proxy: No

The account holder has delegated the authority to vote proxies for the account to Institutional Shareholder Services or a third-party or Morgan Stanley-affiliated portfolio manager, as applicable.

Investment Advisory Account

HOLDINGS

This section reflects positions purchased/sold on a trade date basis. "Market Value" and "Unrealized Gain/(Loss)" may not reflect the value that could be obtained in the market. Your actual investment return may differ from the unrealized gain/(loss) displayed. Fixed income securities are sorted by maturity or pre-refunding date, and alphabetically within date. Estimated Annual Income a) is calculated on a pre-tax basis; b) does not include any reduction for applicable non-US withholding taxes; c) may include return of principal or capital gains which could overstate such estimates; and d) for holdings that have a defined maturity date within the next 12 months, is reflected only through maturity date. Actual income or yield may be lower or higher than the estimates. Current Yield is an estimate for informational purposes only. It reflects the income generated by an investment, and is calculated by dividing the total estimated annual income by the current market value of the entire position. It does not reflect changes in its price. Structured Investments, identified on the Position Description Details line as "Asset Class: Struct Inv," may appear in various statement product categories. When displayed, the accrued interest, annual income and current yield for those with a contingent income feature (e.g., Range Accrual Notes or Contingent Income Notes) are estimates and assume specified accrual conditions are met during the relevant period and payment in full of all contingent interest. For Floating Rate Securities, the accrued interest, annual income and current yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period. For more information on how we price securities, go to www.morganstanley.com/wealth/disclosures/disclosures.asp.

CASH, BANK DEPOSIT PROGRAM AND MONEY MARKET FUNDS

Cash, Bank Deposit Program, and Money Market Funds are generally displayed on a settlement date basis. You have the right to instruct us to liquidate your bank deposit balance(s) or shares of any money market fund balance(s) at any time and have the proceeds of such liquidation remitted to you. Estimated Annual Income, Accrued Interest, and APY% will only be displayed for fully settled positions. Under the Bank Deposit Program, free credit balances held in an account(s) at Morgan Stanley Smith Barney LLC are automatically deposited into an interest-bearing deposit account(s), at Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association, each a national bank, FDIC member and an affiliate of Morgan Stanley. Under certain circumstances, deposits may be held at other FDIC insured Program Banks. For more information regarding the Bank Deposit Program and the Program Banks, go to https://www.morganstanley.com/content/dam/msdatcom/en/wealth-disclosures/pdfs/BDP_disclosure.pdf

Description	Market Value	7-Day Current Yield %	Est Ann Income	APY %
MORGAN STANLEY PRIVATE BANK NA	\$1,273.76	—	\$0.13	0.010
Percentage of Holdings				
CASH, BDP, AND MMFS	\$1,273.76	0.01%	\$0.13	
Market Value				
			Est Ann Income	

Account Detail **Consulting Group Advisor Retirement Account** **LABORERS LOCAL 1822 HEALTH CARE FND**
 232-119514-349 **RICHARD DADDARIO JR.**
 RPM Health or Welfare Trust

EXCHANGE-TRADED & CLOSED-END FUNDS

Estimated Annual Income for Exchange Traded Funds, is based upon historical distributions over the preceding 12-month period, while Estimated Annual Income for Closed End Funds may be based upon either (a) the most recent dividend or (b) sum of prior 12 months (depending upon whether there is an announced fixed rate). Current Yield is calculated by dividing the total Estimated Annual Income by the current Market Value of the position, and it is for informational purposes only. Distributions may consist of income, capital gains or the returns of capital distributions. EAI is based upon information provided by an outside vendor and is not verified by us. Depending upon market conditions, Current Yield may differ materially from published yields. Investors should refer to the Fund website for the most recent yield information.

Global Investment Manager Analysis (GIMA) status codes (FL, AL or NL), may be shown for certain exchange-traded funds and are not guarantees of performance. Refer to "GIMA Status in Investment Advisory Programs" in the June or December statement for a description of these status codes.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
VANGUARD INTL EQUITY INDEX FD (VEU)									
	11/3/16	1,617,000	\$44,100	\$57,410	\$71,309,54	\$92,831,97	\$21,522.43 LT A		
	6/28/17	177,000	50,460	57,410	8,931,42	10,161,57	1,230.15 LT A		
	10/4/18	201,000	50,905	57,410	10,231,91	11,539,41	1,307.50 LT A		
	12/27/18	17,000	44,485	57,410	756,25	975,97	219.72 LT A		
	3/26/19	846,000	50,016	57,410	42,313,37	48,568,86	6,255.49 LT A		
	9/4/19	527,000	49,257	57,410	25,958,39	30,255,07	4,296.68 LT A		
Purchases		3,385,000			159,500,88	194,332.85	34,831.97 LT		
		353,000			19,685,36	20,265,73	580.37 LT		
		119,000			6,936,29	6,831,79	(104.50) ST		
Total		3,857,000			186,122,53	221,430.37	35,412.34 LT (104.50) ST	7,177.88	3.24
Long Term Reinvestments									
Short Term Reinvestments									

GIMA Status: AL: Next Dividend Payable 03/2025; Asset Class: Equities

VANGUARD MID-CAP ETF INDEX (VO)									
	8/3/21	565,000	241,080	264,130	136,210,20	149,233,45	13,023.25 LT		
	1/9/23	118,000	210,780	264,130	24,872,04	31,167,34	6,295.30 LT		
Purchases		683,000			161,082,24	180,400.79	19,318.55 LT		
		19,000			4,128,55	5,018,47	889.92 LT		
		8,000			2,043,13	2,113,04	69.91 ST		
Total		710,000			167,253,92	187,532.30	20,208.47 LT 69.91 ST	2,798.82	1.49
Long Term Reinvestments									
Short Term Reinvestments									

GIMA Status: AL: Next Dividend Payable 03/2025; Asset Class: Equities

VANGUARD REAL ESTATE ETF (VMQ)									
	8/3/21	257,000	105,900	89,080	27,216,27	22,893,56	(4,322.71) LT		
	5/2/24	2,432,000	80,666	89,080	196,229,32	216,642,56	20,413.24 ST		
Purchases		2,689,000			223,445,59	239,536.12	(4,322.71) LT 20,413.24 ST		
		19,000			1,679,56	1,692,52	12.96 LT		
		83,000			7,353,44	7,393,64	40.20 ST		
Total		2,791,000			232,478,59	248,622.28	(4,309.75) LT 20,453.44 ST	9,581.50	3.85
Long Term Reinvestments									
Short Term Reinvestments									

GIMA Status: AL: Next Dividend Payable 03/2025; Asset Class: Alt

Account Detail

Consulting Group Advisor Retirement Account
 232-119514-349
 RPM Health or Welfare Trust
 LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO JR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
VANGUARD S&P 500 ETF (VOO)	8/3/21	1,257,000	404.750	538.810	508,770.75	677,284.17	168,513.42 LT		
	1/9/23	138,000	361.220	538.810	49,848.36	74,355.78	24,507.42 LT		
	Purchases	1,395,000			558,619.11	751,639.95	193,020.84 LT		
Long Term Reinvestments		48,000			18,536.85	25,862.88	7,326.03 LT		
Short Term Reinvestments		17,000			8,716.13	9,159.77	443.64 ST		
Total		1,460,000			565,872.09	766,662.60	200,346.87 LT	9,787.84	1.24
							443.64 ST		

GIMA Status: AL - Next Dividend Payable 03/2025; Asset Class: Equities

VANGUARD SHORT-TERM TREASURY (VGSH)	8/3/21	26,207,000	61.540	58.180	1,612,778.78	1,524,723.26	(88,055.52) LT		
	1/9/23	6,020,000	58.126	58.180	349,920.93	350,243.60	322.67 LT		
	5/2/24	6,938,000	57.645	58.180	399,941.01	403,652.84	3,711.83 ST		
	Purchases	39,165,000			2,362,640.72	2,278,619.70	(87,732.85) LT		
Long Term Reinvestments		1,508,000			87,726.11	87,735.44	3,711.83 ST		
Short Term Reinvestments		1,631,000			94,910.79	94,891.58	(19.21) ST		
Total		42,304,000			2,545,271.62	2,461,246.72	(87,723.52) LT	102,967.94	4.18
							3,692.62 ST		

GIMA Status: AL - Next Dividend Payable 01/2025; Asset Class: FI & Pref

VANGUARD SMALL CAP ETF (VB)	11/3/16	959,000	114.511	240.280	109,816.34	230,428.52	120,612.18 LT A		
	9/3/19	93,000	150.380	240.280	13,985.34	22,346.04	8,360.70 LT A		
	4/8/20	189,000	121.355	240.280	22,936.10	45,412.92	22,476.82 LT A		
	8/3/21	659,000	221.399	240.280	145,902.07	158,344.52	12,442.45 LT		
	1/9/23	131,000	189.990	240.280	24,888.69	31,476.68	6,587.99 LT		
	Purchases	2,031,000			317,528.54	488,008.68	170,480.14 LT		
Long Term Reinvestments		78,000			15,461.24	18,741.84	3,280.60 LT		
Short Term Reinvestments		27,000			6,202.89	6,487.56	284.67 ST		
Total		2,136,000			339,192.67	513,238.08	173,760.74 LT	6,689.95	1.30
							284.67 ST		

GIMA Status: AL - Next Dividend Payable 03/2025; Asset Class: Equities

VANGUARD TTL STK MKT ETF (VTI)	9/15/16	1,026,000	110.235	289.810	113,100.70	297,345.06	184,244.36 LT A		
	6/28/17	22,000	125.257	289.810	2,755.66	6,375.82	3,620.16 LT A		
	9/4/19	268,000	149.350	289.810	40,025.80	77,669.08	37,643.28 LT A		
	4/8/20	586,000	136.760	289.810	80,141.36	169,828.66	89,687.30 LT A		
		Purchases	1,902,000			236,023.52	551,218.62	315,195.10 LT	
Long Term Reinvestments		81,000			17,227.34	23,474.61	6,247.27 LT		
Short Term Reinvestments		25,000			6,889.17	7,245.25	356.08 ST		

Account Detail

Consulting Group Advisor Retirement Account
 232-119514-349
 RPM Health or Welfare Trust
 LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO JR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
----------------------	------------	----------	-----------	-------------	------------	--------------	------------------------	----------------	-----------------

GIMA Status: AL, Next Dividend Payable 03/2025; Asset Class: Equities

VANGUARD VALUE ETF INDEX (VTI)

	1/9/23	1,388,000	144.080	169.300	199,983.18	234,988.40	35,005.22 LT		
Purchases		1,388,000			199,983.18	234,988.40	35,005.22 LT		
Long Term Reinvestments		35,000			4,924.36	5,925.50	1,001.14 LT		
Short Term Reinvestments		32,000			5,320.16	5,417.60	97.44 ST		
Total		1,455,000			210,227.70	246,331.50	36,006.36 LT 97.44 ST	5,697.78	2.31

GIMA Status: AL, Next Dividend Payable 03/2025; Asset Class: Equities

EXCHANGE-TRADED & CLOSED-END FUNDS

Security Description	Percentage of Holdings	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
	46.90%	\$4,526,565.15	\$5,247,002.33	\$695,143.88 LT \$25,293.30 ST	\$152,079.10	2.90%

MUTUAL FUNDS

OPEN-END NON-SWEEP MONEY MARKET FUNDS

The Current Yield is an estimate for informational purposes only and, depending upon market conditions, may differ materially from published Money Market Fund yields. Current Yield is calculated by dividing the total estimated annual income (in most cases, as of the prior month-end) by the current market value of the entire position. Investors should refer to the fund website for the most recent yield information. For holders of money market fund shares with a floating net asset value, we will provide information which may be relevant to holders who have elected to use the NAV method of tax accounting pursuant to Treasury Regulation section 1.446-7. However, since this is supplemental data, it will not be furnished to the Internal Revenue Service.

Security Description	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Est Ann Income	Current Yield %
INVESTCO TREASURY PTF INSTL (TRPXX)	743,429.130	N/A	\$1.0000	N/A	\$743,429.13	\$33,625.30	4.52
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash</i>							
VANGUARD TREASURY MMKT INV (VUSXX)	68,504.050	N/A	1.0000	N/A	68,504.05	3,112.82	4.54
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash</i>							
OPEN-END NON-SWEEP MONEY MARKET FUNDS					\$811,933.18	\$36,738.12	4.53%

Account Detail

Consulting Group Advisor Retirement Account
232-119514-349
RPM Health or Welfare Trust

LABORERS LOCAL 1822 HEALTH CARE FND
RICHARD DADARIO JR.

OPEN-END MUTUAL FUNDS

Although share price is displayed only to three decimal places, calculation of Market Value is computed using the full share price in our data base, which may carry out beyond three decimal places. "Share Price" and "Market Value" reflect information available at the time of statement production and may differ from actual month-end values due to a delay in receiving the information from an outside source. Estimated Annual Income is based upon historical distributions over the preceding 12-month period, rather than on the most recent dividend. Current Yield is an estimate for informational purposes only. It is calculated by dividing the total estimated annual income by the current market value of the position, and it is for informational purposes only. Distributions may consist of income, capital gains or the returns of capital distributions. EAI is based upon information provided by an outside vendor and is not verified by us. Depending upon market conditions, Current Yield may differ materially from published Fund yields. Investors should refer to the Fund website for the most recent yield information.

"Total Purchases vs. Market Value" is provided to assist you in comparing your "Total Purchases," excluding reinvested distributions, with the current value of the mutual fund positions in your account.

"Cumulative Cash Distributions" when shown, may reflect distributions on shares no longer held in the account. It may not reflect all distributions received in cash; due to but not limited to: investments made prior to addition of this information on statements; securities transfers; timing of recent distributions; and certain adjustments made in your account.

"Net Value Increase/(Decrease)" reflects the difference between your total purchases, and the sum of the current value of the fund's shares, and cash distributions shown. This calculation is for informational purposes only and does not reflect your total unrealized gain or loss nor should it be used for tax purposes.

Global Investment Manager Analysis (GIMA) status codes (FL, AL or NL), may be shown for certain mutual funds and are not guarantees of performance. Refer to "GIMA Status in Investment Advisory Programs" in the June or December statement for a description of these codes.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
NUVEEN INTERNATIONAL VALUE I (NIGRRY)									
	5/10/19	5,520,352	\$23.230	\$27.890	\$128,237.78	\$153,962.62	\$25,724.84 LT A		
	9/4/19	1,076,716	22.290	27.890	24,000.00	30,029.61	6,029.61 LT A		
	12/30/19	445,669	24.220	27.890	10,794.10	12,429.71	1,635.61 LT A		
	12/30/20	309,775	24.770	27.890	7,673.12	8,639.62	966.50 LT A		
Purchases		7,352,512			170,705.00	205,061.56	34,356.56 LT		
Long Term Reinvestments		859,031			21,678.10	23,958.37	2,280.27 LT		
Short Term Reinvestments		203,698			5,679.10	5,681.14	2.04 ST		
Total		8,415,241			198,062.20	234,701.07	36,636.83 LT	2.04 ST	5.82335
Total Purchases vs Market Value					170,705.00	234,701.07			
Net Value Increase/(Decrease)						63,996.07			
<i>GIMA Status: AL; Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>									
NWLL MCKAY CONVERTIBLE I (MCKWX)									
	5/10/19	13,772,395	17.590	18.710	242,256.43	257,681.51	15,425.08 LT A		
	6/28/19	34,838	17.820	18.710	620.81	651.82	31.01 LT A		
	9/4/19	1,414,027	17.680	18.710	25,000.00	26,456.45	1,456.45 LT A		
	9/30/19	41,944	17.470	18.710	732.76	784.77	52.01 LT A		
	12/9/19	93,190	17.810	18.710	1,659.71	1,743.58	83.87 LT A		
	12/9/19	319,842	17.810	18.710	5,696.39	5,984.24	287.85 LT A		
	3/31/20	55,663	15.770	18.710	877.80	1,041.45	163.65 LT A		
	6/30/20	33,913	19.400	18.710	657.91	634.51	(23.40) LT A		
	9/30/20	25,398	20.850	18.710	529.55	475.20	(54.35) LT A		

Account Detail

Consulting Group Advisor Retirement Account
 232-119514-349
 RPM Health or Welfare Trust

LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO JR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
Long Term Reinvestments	12/7/20	110.445	22.180	18.710	2,449.67	2,066.43	(383.24) LT A		
	12/7/20	1,118.690	22.180	18.710	24,812.55	20,930.69	(3,881.86) LT A		
	12/7/20	94.262	22.180	18.710	2,090.73	1,763.64	(327.09) LT A		
	5/2/24	10,940.919	18.280	18.710	200,000.00	204,704.59	4,704.59 ST		
	Purchases		28,055.526			507,384.31	524,918.88	12,829.98 LT	
Short Term Reinvestments		5,989.658			116,020.08	112,066.50	(3,953.58) LT		
		1,728.001			32,995.68	32,330.90	(664.78) ST		
Total		35,773.185			656,400.07	669,316.29	8,876.40 LT	22,322.47	3.34
					507,384.31	669,316.29	161,931.98	4,039.81 ST	

Total Purchases vs Market Value Net Value Increase/(Decrease)

GIMA Status: FL - Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
VANGUARD 500 INDX ADMIRAL (VFIAX)	12/28/17	80.616	248.090	542.760	20,000.00	43,755.14	23,755.14 LT A		
	3/26/18	0.368	238.913	542.760	87.92	199.74	111.82 LT A		
	6/28/18	0.379	249.208	542.760	94.45	205.71	111.26 LT A		
	9/26/18	0.367	269.183	542.760	98.79	199.19	100.40 LT A		
	12/17/18	0.436	239.862	542.760	104.58	236.64	132.06 LT A		
	3/21/19	0.459	260.501	542.760	119.57	249.13	129.56 LT A		
	3/26/19	552.021	260.030	542.760	143,542.10	299,614.92	156,072.82 LT A		
	6/27/19	3.281	268.732	542.760	881.71	1,780.80	899.09 LT A		
	9/3/19	59.462	269.079	542.760	16,000.00	32,273.59	16,273.59 LT A		
	9/26/19	3.299	275.405	542.760	908.56	1,790.57	882.01 LT A		
	12/23/19	3.378	297.161	542.760	1,003.81	1,833.44	829.63 LT A		
	3/10/20	3.280	253.165	542.760	830.38	1,780.25	949.87 LT A		
	4/8/20	133.874	253.970	542.760	34,000.00	72,661.45	38,661.45 LT A		
	6/29/20	4.348	277.633	542.760	1,207.15	2,359.92	1,152.77 LT A		
9/29/20	3.584	309.160	542.760	1,108.03	1,945.25	837.22 LT A			
12/22/20	3.454	340.790	542.760	1,177.09	1,874.69	697.60 LT A			
Purchases		852.606			221,164.14	462,760.43	241,596.29 LT		
Long Term Reinvestments		40.225			15,466.64	21,832.52	6,365.88 LT		
Short Term Reinvestments		11.652			6,016.63	6,324.24	307.61 ST		
Total		904.483			242,647.41	490,917.19	247,962.17 LT	6,064.56	1.24
					221,164.14	490,917.19	269,753.05	307.61 ST	

Total Purchases vs Market Value Net Value Increase/(Decrease)

Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities

Account Detail

Consulting Group Advisor Retirement Account
 232-119514-349
 RPM Health or Welfare Trust
 LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO JR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
VANGUARD GROWTH INDEX ADM (VIGAW)	3/26/19	606.954	80.140	211.220	48,641.29	128,200.82	79,559.53 LT A		
	3/27/19	19.819	79.520	211.220	1,576.01	4,186.17	2,610.16 LT A		
	6/26/19	18.146	83.328	211.220	1,512.07	3,832.80	2,320.73 LT A		
	9/3/19	707.214	84.840	211.220	60,000.00	149,377.74	89,377.74 LT A		
	9/13/19	17.920	86.619	211.220	1,552.21	3,785.06	2,232.86 LT A		
	12/23/19	21.975	93.431	211.220	2,053.15	4,641.56	2,588.41 LT A		
	3/25/20	20.755	77.579	211.220	1,610.16	4,383.87	2,773.71 LT A		
	4/8/20	1,508.243	85.530	211.220	129,000.00	318,571.09	189,571.09 LT A		
	6/25/20	19.769	102.332	211.220	2,023.00	4,175.61	2,152.61 LT A		
	9/25/20	17.474	112.261	211.220	1,961.64	3,690.86	1,729.22 LT A		
	12/24/20	17.315	128.732	211.220	2,229.00	3,657.27	1,428.27 LT A		
	Purchases		2,975.584			252,158.53	628,502.85	376,344.32 LT	
Long Term Reinvestments		72.753			9,894.58	15,366.89	5,472.31 LT		
Short Term Reinvestments		15.019			2,949.49	3,172.31	222.82 ST		
Total		3,063.356			265,002.60	647,042.05	381,816.63 LT	2,959.20	0.46
					252,158.53	647,042.05	222.82 ST		
						394,883.52			

Total Purchases vs Market Value
Net Value Increase/(Decrease)

Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
VANGUARD MID CAP INDEX ADM (VINMAX)	3/26/19	725.709	197.920	326.870	143,632.40	237,212.50	93,580.10 LT A		
	3/28/19	2.475	196.521	326.870	486.39	809.00	322.61 LT A		
	6/27/19	2.514	203.278	326.870	511.04	821.75	310.71 LT A		
	9/3/19	73.957	202.821	326.870	15,000.00	24,174.32	9,174.32 LT A		
	9/16/19	2.539	208.976	326.870	530.59	829.92	299.33 LT A		
	12/24/19	4.485	219.984	326.870	986.63	1,466.01	479.38 LT A		
	3/10/20	4.051	181.570	326.870	735.54	1,324.15	588.61 LT A		
	4/8/20	148.512	175.070	326.870	26,000.00	48,544.12	22,544.12 LT A		
	6/25/20	3.946	198.274	326.870	782.39	1,289.83	507.44 LT A		
	9/25/20	3.754	210.325	326.870	789.56	1,227.07	437.51 LT A		
	12/24/20	4.386	255.928	326.870	1,122.50	1,433.65	311.15 LT A		
	Purchases		976.328			190,577.04	319,132.32	128,555.28 LT	
Long Term Reinvestments		43.769			11,834.76	14,306.77	2,472.01 LT		
Short Term Reinvestments		15.783			4,978.86	5,158.99	180.13 ST		
Total		1,035.880			207,390.66	338,598.10	131,027.29 LT	5,026.09	1.48
						190,577.04	338,598.10	180.13 ST	
						148,021.06			

Total Purchases vs Market Value
Net Value Increase/(Decrease)

Account Detail

Consulting Group Advisor Retirement Account
 232-119514-349
 RPM Health or Welfare Trust

LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO JR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>									
VANGUARD REIT INDEX ADMIRAL (VGSIX)									
	3/26/19	2,329,047	123.340	126.310	287,264.67	294,181.92	6,917.25 LT A		
	3/28/19	16,641	122.140	126.310	2,032.53	2,101.92	69.39 LT A		
	6/27/19	22,572	121.930	126.310	2,752.20	2,851.07	98.87 LT A		
	9/4/19	187,688	133.200	126.310	25,000.00	23,706.87	(1,293.13) LT A		
	9/24/19	20,473	131.512	126.310	2,692.44	2,585.94	(106.50) LT A		
	12/18/19	27,643	126.412	126.310	3,494.40	3,491.59	(2.81) LT A		
	3/10/20	20,319	117.663	126.310	2,390.79	2,566.49	175.70 LT A		
	6/25/20	25,956	108.702	126.310	2,821.47	3,278.50	457.03 LT A		
	9/25/20	20,542	107.913	126.310	2,216.74	2,594.66	377.92 LT A		
	12/24/20	42,972	117.800	126.310	5,062.12	5,427.79	365.67 LT A		
Purchases		2,713,853			335,727.36	342,786.75	7,059.39 LT		
Long Term Reinvestments		310,151			39,034.46	39,175.17	140.71 LT		
Short Term Reinvestments		119,681			14,932.89	15,116.91	184.02 ST		
Total		3,143,685			389,694.71	397,078.85	7,200.10 LT	15,294.03	3.85
					335,727.36	397,078.85	61,351.49		

Total Purchases vs Market Value Net Value Increase/(Decrease)

Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Alt

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
VANGUARD SH TM FEDERAL ADM (VSGDY)									
	3/26/19	63,243,766	10.630	10.150	672,281.24	641,924.22	(30,357.02) LT A		
	3/27/19	1,988,410	10.640	10.150	21,156.68	20,182.36	(974.32) LT A		
	3/29/19	34,844	10.630	10.150	370.39	353.67	(16.72) LT A		
	4/30/19	254,897	10.620	10.150	2,707.01	2,587.20	(119.81) LT A		
	5/31/19	286,680	10.680	10.150	3,061.74	2,909.80	(151.94) LT A		
	6/28/19	277,696	10.710	10.150	2,974.12	2,818.61	(155.51) LT A		
	7/31/19	208,818	10.690	10.150	2,232.26	2,119.50	(112.76) LT A		
	8/30/19	197,741	10.780	10.150	2,131.65	2,007.07	(124.58) LT A		
	9/4/19	8,148,148	10.800	10.150	88,000.00	82,703.70	(5,296.30) LT A		
	9/30/19	202,934	10.740	10.150	2,179.51	2,059.78	(119.73) LT A		
	10/31/19	220,716	10.750	10.150	2,372.70	2,240.27	(132.43) LT A		
	11/29/19	196,431	10.730	10.150	2,107.70	1,993.77	(113.93) LT A		
	12/31/19	210,225	10.730	10.150	2,255.71	2,133.78	(121.93) LT A		
	1/31/20	217,908	10.790	10.150	2,351.23	2,211.77	(139.46) LT A		
	2/28/20	201,544	10.880	10.150	2,192.80	2,045.67	(147.13) LT A		
	3/31/20	216,571	10.940	10.150	2,369.29	2,198.20	(171.09) LT A		
	4/30/20	175,135	10.940	10.150	1,915.98	1,777.62	(138.36) LT A		
	5/29/20	129,540	10.980	10.150	1,422.35	1,314.83	(107.52) LT A		

Account Detail

Consulting Group Advisor Retirement Account
 232-119514-349
 RPM Health or Welfare Trust

LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO JR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %	
Long Term Reinvestments	6/30/20	98,988	11.010	10.150	1,089,886	1,004.73	(85.13) LT A			
	7/31/20	110,207	11.010	10.150	1,213,388	1,118.60	(94.78) LT A			
	8/31/20	115,588	11.020	10.150	1,273.78	1,173.22	(100.56) LT A			
	9/30/20	81,843	11.020	10.150	901.91	830.71	(71.20) LT A			
	10/30/20	62,861	11.020	10.150	692.73	638.04	(54.69) LT A			
	11/30/20	51,840	11.030	10.150	571.79	526.18	(45.61) LT A			
	12/29/20	386,159	11.010	10.150	4,251.61	3,919.51	(332.10) LT A			
	12/31/20	49,923	11.010	10.150	549.65	506.72	(42.93) LT A			
	Purchases		77,369.413			824,627.07	785,299.53	(39,327.54) LT		
	Long Term Reinvestments		7,055,051			72,312.88	71,608.77	(704.11) LT		
Short Term Reinvestments		3,473,473			35,091.26	35,255.75	164.49 ST			
Total		87,897,937			932,031.21	892,164.06	(40,031.65) LT	31,731.16	3.56	

Total Purchases vs Market Value Net Value Increase/(Decrease)

Enrolled In Dividend Reinvestment: Capital Gains Reinvest: Asset Class: FI & Pref

VANGUARD SH TM TSY ADM (VFIRX)

3/26/19	63,477,693	10,520	9,810	667,785.33	622,716.17	(45,069.16) LT A		
3/27/19	2,009,182	10,530	9,810	21,156.69	19,710.08	(1,446.61) LT A		
3/29/19	38,037	10,520	9,810	400.15	373.14	(27.01) LT A		
4/30/19	280,901	10,510	9,810	2,952.27	2,755.64	(196.63) LT A		
5/31/19	341,296	10,570	9,810	3,607.50	3,348.11	(259.39) LT A		
6/28/19	323,854	10,590	9,810	3,429.61	3,177.01	(252.60) LT A		
7/31/19	220,568	10,560	9,810	2,329.20	2,163.77	(165.43) LT A		
8/30/19	191,809	10,640	9,810	2,040.85	1,881.65	(159.20) LT A		
9/4/19	8,169,014	10,650	9,810	87,000.00	80,138.03	(6,861.97) LT A		
9/30/19	198,883	10,600	9,810	2,108.16	1,951.04	(157.12) LT A		
10/31/19	199,539	10,610	9,810	2,117.11	1,957.48	(159.63) LT A		
11/29/19	180,460	10,590	9,810	1,911.07	1,770.31	(140.76) LT A		
12/31/19	179,760	10,590	9,810	1,903.66	1,763.45	(140.21) LT A		
1/31/20	163,473	10,640	9,810	1,739.35	1,603.67	(135.68) LT A		
2/28/20	122,498	10,740	9,810	1,315.63	1,201.71	(113.92) LT A		
3/31/20	216,986	10,830	9,810	2,349.96	2,128.63	(221.33) LT A		
4/30/20	147,359	10,850	9,810	1,598.85	1,445.59	(153.26) LT A		
5/29/20	17,188	10,890	9,810	187.00	168.61	(18.39) LT A		
6/30/20	9,693	10,890	9,810	105.56	95.09	(10.47) LT A		
7/31/20	9,353	10,910	9,810	102.04	91.75	(10.29) LT A		
8/31/20	104,067	10,920	9,810	1,136.41	1,020.90	(115.51) LT A		

Account Detail

Consulting Group Advisor Retirement Account
 232-119514-349
 RPM Health or Welfare Trust
 LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO JR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
Long Term Reinvestments	9/30/20	67.117	10.920	9.810	732.92	658.42	(74.50) LT A		
Short Term Reinvestments	10/30/20	36.455	10.910	9.810	397.72	357.62	(40.10) LT A		
	11/30/20	29.811	10.920	9.810	325.54	292.45	(33.09) LT A		
	12/29/20	1,231.439	10.770	9.810	13,262.60	12,080.42	(1,182.18) LT A		
	12/29/20	242.886	10.770	9.810	2,615.88	2,382.71	(233.17) LT A		
	12/31/20	30.875	10.770	9.810	332.52	302.88	(29.64) LT A		
Purchases		78,240.196			824,943.58	767,536.33	(57,407.25) LT		
Long Term Reinvestments		7,128.662			71,269.30	69,932.17	(1,337.13) LT		
Short Term Reinvestments		4,454.863			43,740.30	43,702.21	(38.09) ST		
Total		89,823.721			939,953.18	881,170.70	(58,744.38) LT (38.09) ST	39,612.26	4.50

Total Purchases vs Market Value
Net Value Increase/(Decrease)
 824,943.58
 881,170.70
 56,227.12

Enrolled In Dividend Reinvestment: Capital Gains Reinvest; Asset Class: FI & Pref

VANGUARD VALUE INDEX ADM (VVIAX)	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
	3/26/19	2,664.640	42.110	66.040	112,207.99	175,972.83	63,764.84 LT A		
	3/27/19	93.553	41.630	66.040	3,894.61	6,178.24	2,283.63 LT A		
	6/26/19	87.056	42.850	66.040	3,730.34	5,749.18	2,018.84 LT A		
	9/3/19	1,303.936	42.180	66.040	55,000.00	86,111.93	31,111.93 LT A		
	9/13/19	87.992	43.900	66.040	3,862.87	5,810.99	1,948.12 LT A		
	12/23/19	115.076	46.750	66.040	5,379.81	7,599.62	2,219.81 LT A		
	3/25/20	136.434	33.200	66.040	4,529.60	9,010.10	4,480.50 LT A		
	4/8/20	2,904.788	37.180	66.040	108,000.00	191,832.20	83,832.20 LT A		
	6/24/20	144.873	38.190	66.040	5,532.71	9,567.41	4,034.70 LT A		
	9/24/20	129.719	39.690	66.040	5,148.53	8,566.64	3,418.11 LT A		
	12/23/20	125.338	45.650	66.040	5,721.70	8,277.32	2,555.62 LT A		
Purchases		7,793.405			313,008.16	514,676.46	201,668.30 LT		
Long Term Reinvestments		730.591			39,094.17	48,248.23	9,154.06 LT		
Short Term Reinvestments		202.373			13,082.88	13,364.71	281.83 ST		
Total		8,726.369			365,185.21	576,289.41	210,822.36 LT 281.83 ST	13,272.81	2.30

Total Purchases vs Market Value
Net Value Increase/(Decrease)
 313,008.16
 576,289.41
 263,281.25

Enrolled In Dividend Reinvestment: Capital Gains Reinvest; Asset Class: Equities

OPEN-END MUTUAL FUNDS	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
	\$4,196,367.25	\$5,127,277.72	\$925,665.75 LT	\$142,105.93	2.77%
			\$5,344.66 ST		

Morgan Stanley

CLIENT STATEMENT | For the Period December 1-31, 2024

Page 17 of 24

Account Detail Consulting Group Advisor Retirement Account
232-119514-349
RPM Health or Welfare Trust LABORERS LOCAL 1822 HEALTH CARE FND
RICHARD DADDARIO JR.

MUTUAL FUNDS	Percentage of Holdings	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
	53.09%	\$4,196,367.25	\$5,939,210.90	\$925,565.75 LT \$5,344.66 ST	\$178,844.05	3.01%

TOTAL VALUE	Percentage of Holdings	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
	100.00%	\$8,722,932.40	\$11,187,486.99	\$1,620,709.63 LT \$30,637.96 ST	\$330,923.28	2.96%

Unrealized Gain/(Loss) totals only reflect positions that have both cost basis and market value information available. Cash, MMF, Deposits and positions stating 'Please Provide' or 'Pending Corporate Actions' are not included.
A - You executed this transaction elsewhere and later transferred the security to this account. Another financial institution has provided the transaction detail for this position.

ALLOCATION OF ASSETS

	Cash	Equities	Fixed Income & Preferred Securities	Alternatives	Structured Investments	Other
Cash, BDP, MMF's	\$1,273.76	—	—	—	—	—
ETFs & CEFs	—	\$2,537,133.33	\$2,461,246.72	\$248,622.28	—	—
Mutual Funds	811,933.18	2,956,864.11	1,773,334.76	397,078.85	—	—
TOTAL ALLOCATION OF ASSETS	\$813,206.94	\$5,493,997.44	\$4,234,581.48	\$645,701.13	—	—

ACTIVITY

CASH FLOW ACTIVITY BY DATE

Activity Date	Settlement Date	Activity Type	Description	Comments	Quantity	Price	Credits/(Debits)
12/2		Dividend	VANGUARD SH TM TSY ADM				\$3,022.91
12/2		Dividend	DIV PAYMENT				258.42
12/2		Dividend	VANGUARD SH TM FEDERAL ADM				2,600.92
12/2		Dividend	DIV PAYMENT				258.42
12/2		Dividend Reinvestment	VANGUARD SH TM TSY ADM		307.206	9.8400	(3,022.91)
12/2		Dividend Reinvestment	VANGUARD SH TM FEDERAL ADM		255.493	10.1800	(2,600.92)
12/2		Dividend Reinvestment	VANGUARD TREASURY MMKT INV		258.420	1.0000	(258.42)
12/4		Dividend	VANGUARD SHORT-TERM TREASURY				8,403.00

Account Detail

Consulting and Evaluation Services Retirement Account
 232-136176-349
 RPM Health or Welfare Trust

LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO SR.

Investment Objectives (in order of priority): Capital Appreciation, Income, Aggressive Income, Speculation
 Inform us if your investment objectives, as defined in the Expanded Disclosures, change.
 Investment Advisory Account
 Manager: ATALANTIA SOSNOFF CAPITAL LLC

Account Holder Votes Proxy: No

The account holder has delegated the authority to vote proxies for the account to Institutional Shareholder Services or a third-party or Morgan Stanley-affiliated portfolio manager, as applicable.

HOLDINGS

This section reflects positions purchased/sold on a trade date basis. "Market Value" and "Unrealized Gain/(Loss)" may not reflect the value that could be obtained in the market. Your actual investment return may differ from the unrealized gain/(loss) displayed. Fixed income securities are sorted by maturity or pre-refunding date, and alphabetically within date. Estimated Annual Income a) is calculated on a pre-tax basis, b) does not include any reduction for applicable non-US withholding taxes, c) may include return of principal or capital gains which could overstate such estimates, and d) for holdings that have a defined maturity date within the next 12 months, is reflected only through maturity date. Actual income or yield may be lower or higher than the estimates. Current Yield is an estimate for informational purposes only. It reflects the income generated by an investment, and is calculated by dividing the total estimated annual income by the current market value of the entire position. It does not reflect changes in its price. Structured Investments, identified on the Position Description Details line as "Asset Class: Struct Inv," may appear in various statement product categories. When displayed, the accrued interest, annual income and current yield for those with a contingent income feature (e.g., Range Accrual Notes or Contingent Income Notes) are estimates and assume specified accrual conditions are met during the relevant period and payment in full of all contingent interest. For Floating Rate Securities, the accrued interest, annual income and current yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period. For more information on how we price securities, go to www.morganstanley.com/wealthdisclosures/disclosures.asp.

CASH, BANK DEPOSIT PROGRAM AND MONEY MARKET FUNDS

Cash, Bank Deposit Program, and Money Market Funds are generally displayed on a settlement date basis. You have the right to instruct us to liquidate your bank deposit balance(s) or shares of any money market fund balance(s) at any time and have the proceeds of such liquidation remitted to you. Estimated Annual Income, Accrued Interest, and APY% will only be displayed for fully settled positions. Under the Bank Deposit Program, free credit balances held in an account(s) at Morgan Stanley Smith Barney LLC are automatically deposited into an interest-bearing deposit account(s), at Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association, each a national bank, FDIC member and an affiliate of Morgan Stanley. Under certain circumstances, deposits may be held at other FDIC insured Program Banks. For more information regarding the Bank Deposit Program and the Program Banks, go to https://www.morganstanley.com/content/dam/msdotcom/wealth-disclosures/pdfs/BDP_disclosure.pdf

Description	Market Value	Current Yield % 7-Day	Est Ann Income	APY %
MORGAN STANLEY BANK N.A.	\$9,234.10	—	\$0.92	0.010
	Percentage of Holdings		Est Ann Income	
CASH, BDP, AND MMFS	1.869%		\$9,234.10	\$0.92

CORPORATE FIXED INCOME

CORPORATE BONDS

Security Description	Trade Date	Face Value	Orig Unit Cost	Adj Unit Cost	Unit Price	Orig Total Cost	Adj Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
TRUIST FINANCIAL CORP FND TO 102025 VAR THRAFTR	10/4/24	10,000,000	\$101.273	\$100.776	\$10.127.30	\$10,127.30	\$10,127.30	\$10,077.60	\$(49.70) ST	\$590.00	5.85
5.9000%			\$101.273							\$103.25	
Coupon Rate 5.9000%; Matures 10/28/2026; CUSIP 89788MA1											
Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 10/28/25; Floating Rate; Moody BAA1 S&P A-; Issued 10/28/22; Asset Class: FI & Pref											

Account Detail

Consulting and Evaluation Services Retirement Account
 232-136176-349
 RPM Health or Welfare Trust

LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO SR.

Security Description	Trade Date	Face Value	Adj Unit Cost	Orig Unit Cost	Unit Price	Orig Total Cost	Adj Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
BANK OF AMERICA CORP FXD TO 012026 VAR THRAFTR 5.08% Coupon Rate 5.080%; Matures 01/20/2027; CUSIP 060516LE7 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 01/20/26; Floating Rate; Moody A1	10/8/24	10,000.000	100.580	100.580	100.285	10,058.00	10,058.00	10,028.50	(29.50) ST	508.00	5.07
HORMEL FOODS CORP Coupon Rate 4.800%; Matures 03/30/2027; CUSIP 440452AK6 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 02/28/27; Yield to Call 4.535%; Moody A1	10/9/24	10,000.000	101.291	101.291	100.534	10,129.10	10,129.10	10,053.40	(75.70) ST	480.00	4.77
JOHN DEERE CAPITAL CORP Coupon Rate 4.950%; Matures 07/14/2028; CUSIP 24422EXB0 Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.642%; Moody A1	—	10,000.000	—	—	100.993	—	—	10,099.25	N/A	495.00	4.90
RTX CORP Coupon Rate 4.125%; Matures 11/16/2028; CUSIP 913017CV3 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 08/16/28; Yield to Maturity 4.866%; Moody BAA1	—	10,000.000	—	—	97.407	—	—	9,740.70	N/A	412.50	4.23
LOCKHEED MARTIN CORP Coupon Rate 4.500%; Matures 02/15/2029; CUSIP 539830CC1 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 01/15/29; Yield to Maturity 4.790%; Moody A2	10/4/24	10,000.000	101.641	101.641	98.924	10,164.10	10,164.10	9,892.35	(271.75) ST	450.00	4.55
ABBVIE INC Coupon Rate 4.800%; Matures 03/15/2029; CUSIP 00287VDD5 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 02/15/29; Yield to Maturity 4.809%; Moody A3	10/9/24	10,000.000	101.991	101.991	99.959	10,199.10	10,199.10	9,995.90	(203.20) ST	480.00	4.80
UNITEDHEALTH GROUP INC Coupon Rate 4.700%; Matures 04/15/2029; CUSIP 91324PEZ1 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 03/15/29; Yield to Maturity 4.805%; Moody A2	10/29/24	10,000.000	100.600	100.600	99.590	10,060.00	10,060.00	9,959.00	(101.00) ST	470.00	4.72
GEORGIA POWER CO Coupon Rate 4.550%; Matures 03/15/2030; CUSIP 373334KN6 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 07/15/30; Yield to Maturity 4.892%; First Coupon 09/15/25; Moody A3	12/2/24	10,000.000	99.765	99.765	98.437	9,976.50	9,976.50	9,843.65	(132.85) ST	455.00	4.62
GOLDMAN SACHS GROUP INC/THE FXD TO 072029 VAR THRAFTR 5.0499% Coupon Rate 5.0499%; Matures 07/23/2030; CUSIP 38141GB29 Interest Paid Semi-Annually; Callable \$100.00 on 07/23/29; First Coupon 01/23/25; Floating Rate; Moody A2	10/9/24	10,000.000	101.405	101.405	99.490	10,140.50	10,140.50	9,949.00	(191.50) ST	504.90	5.07
CITIZENS FINL GRP INC FXD TO 072031 VAR THRAFTR 5.718% Coupon Rate 5.718%; Matures 07/23/2032; CUSIP 174610BH7 Interest Paid Semi-Annually; Callable \$100.00 on 07/23/31; First Coupon 01/23/25; Floating Rate; Moody BAA1	12/6/24	10,000.000	102.791	102.791	100.372	10,279.10	10,279.10	10,037.20	(241.90) ST	571.80	5.70
DUKE ENERGY CAROLINAS LLC Coupon Rate 4.950%; Matures 01/15/2033; CUSIP 26442CB12 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 10/15/32; Yield to Maturity 5.196%; Moody AAS	10/23/24	10,000.000	100.580	100.580	98.400	10,058.00	10,058.00	9,840.00	(218.00) ST	495.00	5.03
13HARRIS TECHNOLOGIES INC Coupon Rate 5.400%; Matures 07/31/2033; CUSIP 502431AQ2 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 04/30/33; Yield to Call 5.413%; Moody BAA2	10/29/24	10,000.000	101.714	101.714	99.912	10,171.40	10,171.40	9,991.15	(180.25) ST	540.00	5.40

Account Detail **Consulting and Evaluation Services Retirement Account** **LABORERS LOCAL 1822 HEALTH CARE FND**
RPM Health or Welfare Trust **232-136176-349** **RICHARD DADDARIO SR.**

Security Description	Trade Date	Face Value	Orig Unit Cost	Adj Unit Cost	Unit Price	Orig Total Cost	Adj Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
TRUIST FINANCIAL CORP FXD TO 102032 VAR THRATFR	10/21/24	10,000.000	105.780	105.780	104.199	10,578.00	10,578.00	10,419.90	(158.10) ST	612.30	5.88
Coupon Rate: 6.1230%; Matures: 10/28/2033; CUSIP 89788MAK8 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 10/28/32; Floating Rate; Moody BAA1 S&P A-; Issued 10/28/22; Asset Class: FI & Pref											
EVERSOURCE ENERGY	10/29/24	10,000.000	100.768	100.768	99.385	10,076.80	10,076.80	9,938.45	(138.35) ST	550.00	5.53
Coupon Rate: 5.500%; Matures: 01/01/2034; CUSIP 30040MAX6 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 10/01/33; Yield to Maturity 5.588%; Moody BAA2 S&P BBB; Issued 01/19/24; Asset Class: FI & Pref											
CENTERPOINT ENERGY HOUSTON ELECTRIC LLC	—	10,000.000	—	—	98.866	Please Provide	Please Provide	9,886.55	N/A	515.00	5.21
Coupon Rate: 5.150%; Matures: 03/01/2034; CUSIP 15189MBE7 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/01/33; Yield to Maturity 5.307%; Moody A2 S&P A; Issued 02/29/24; Asset Class: FI & Pref											
PNC FINL SVC GRP INC/THE FXD TO 072034 VAR THRATFR	10/15/24	10,000.000	102.835	102.835	99.333	10,283.50	10,283.50	9,933.30	(350.20) ST	540.10	5.44
Coupon Rate: 5.401%; Matures: 07/23/2035; CUSIP 693475BZ7 Interest Paid Semi-Annually; Callable \$100.00 on 07/23/34; First Coupon 07/23/25; Floating Rate; Moody A3 S&P A-; Issued 07/23/24; Asset Class: FI & Pref											
WACHOVIA CORP	10/3/24	10,000.000	104.150	104.150	99.995	10,415.00	10,415.00	9,999.45	(415.55) ST	550.00	5.50
Coupon Rate: 5.500%; Matures: 08/01/2035; CUSIP 929903AM4 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 5.500%; Moody A3 S&P BBB; Issued 08/01/05; Asset Class: FI & Pref											
GOLDMAN SACHS GROUP INC/THE FXD TO 102034 VAR THRATFR	10/16/24	10,000.000	100.000	100.000	95.766	10,000.00	10,000.00	9,576.60	(423.40) ST	501.60	5.24
Coupon Rate: 5.016%; Matures: 10/23/2035; CUSIP 38141GB78 Interest Paid Semi-Annually; Callable \$100.00 on 10/23/34; First Coupon 04/23/25; Floating Rate; Moody A2 S&P BBB+; Issued 10/23/24; Asset Class: FI & Pref											
NATIONAL RURAL UTIL CO FXD TO 042026 VAR THRATFR	10/9/24	10,000.000	99.113	99.113	98.399	9,911.30	9,911.30	9,839.90	(71.40) ST	525.00	5.34
Coupon Rate: 5.2500%; Matures: 04/20/2046; CUSIP 637432NK7 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 04/20/26; Floating Rate; Moody A3 S&P BBB; Issued 04/20/16; LIBOR Linked; Asset Class: FI & Pref											
CORPORATE FIXED INCOME		200,000.000				\$172,627.70	\$172,627.70	\$199,101.85	(\$13,252.35) ST	\$10,246.20	5.15%
TOTAL CORPORATE FIXED INCOME								\$202,421.02			

(Includes accrued interest)

Account Detail

Consulting and Evaluation Services Retirement Account
 232-136176-349
 RPM Health or Welfare Trust
 LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO SR.

Security Description	Trade Date	Face Value	Orig Unit Cost	Adj Unit Cost	Unit Price	Orig Total Cost	Adj Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
GOVERNMENT NATIONAL MTG ASSN POOL 733966											
Coupon Rate 4.000%; Matures 10/15/2040; CUSIP 3620AMMP4	10/8/24	141,000.000	96.781	96.781	94.408	19,318.86	19,124.74	18,655.76	(468.98) ST	790.43	4.24
Interest Paid Monthly; Factor .1401474; Issued 10/01/10; Current Face 19,760,783; Asset Class: FI & Pref										65.87	
FED FARM CR BK											
Coupon Rate 5.720%; Matures 10/28/2044; CUSIP 3133ERVX3	10/31/24	10,000.000	100.000	100.000	100.059	10,000.00	10,000.00	10,005.90	5.90 ST	572.00	5.72
Interest Paid Semi-Annually; Callable \$100.00 on 10/28/25; Yield to Call 5.634%; First Coupon 04/28/25; Moody AAA S&P AA+; Issued 10/28/24; Asset Class: FI & Pref										100.10	
FEDERAL NATIONAL MTG ASSN POOL AS4168											
Coupon Rate 4.000%; Matures 12/01/2044; CUSIP 3138WDT27	10/8/24	110,000.000	96.250	96.250	92.931	14,391.10	14,177.59	13,688.70	(488.89) ST	589.20	4.30
Interest Paid Monthly; Yield to Maturity 4.543%; Factor 1.339087; Issued 12/01/14; Current Face 14,729,957; Asset Class: FI & Pref										49.10	
FEDERAL NATIONAL MTG ASSN POOL FS5752											
Coupon Rate 6.000%; Matures 09/01/2053; CUSIP 3140XNMA1	10/8/24	24,000.000	102.844	102.844	101.021	22,214.32	21,859.47	21,472.04	(387.43) ST	1,275.30	5.94
Interest Paid Monthly; Yield to Maturity 5.925%; Factor 8856262; Issued 09/01/23; Current Face 21,255,029; Asset Class: FI & Pref										106.27	
FEDERAL NATIONAL MTG ASSN POOL MA5166											
Coupon Rate 6.000%; Matures 10/01/2053; CUSIP 31418EW48	10/8/24	12,000.000	101.719	101.719	100.577	10,804.51	10,177.68	10,063.44	(114.24) ST	600.34	5.97
Interest Paid Monthly; Yield to Maturity 5.957%; Factor .8338089; Issued 09/01/23; Current Face 10,005,707; Asset Class: FI & Pref										50.03	
GNMA REMIC TRUST 2023-189 AV											
Coupon Rate 6.000%; Matures 12/20/2053; CUSIP 38384GMM9	10/23/24	25,000.000	101.625	101.625	99.826	25,406.25	25,406.25	24,956.50	(449.75) ST	1,500.00	6.01
Interest Paid Monthly; Yield to Maturity 6.013%; Issued 12/01/23; Asset Class: FI & Pref										125.00	
FEDERAL AGENCIES											
		970,000,000				\$137,633.83	\$135,869.42	\$133,500.97	\$(2,368.45) ST	\$7,183.49	5.38%
										\$667.06	
GOVERNMENT SECURITIES											
		1,120,000,000				\$288,848.47	\$287,084.06	\$282,308.49	\$(4,775.57) ST	\$12,508.49	4.43%
										\$1,415.63	
TOTAL GOVERNMENT SECURITIES											
(Includes accrued interest)										\$283,724.12	57.27%

Account Detail

Consulting and Evaluation Services Retirement Account
 232-136176-349
 RPM Health or Welfare Trust
 LABORERS LOCAL 1822 HEALTH CARE FND
 RICHARD DADDARIO SR.

Percentage of Holdings	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
------------------------	------------	--------------	------------------------	----------------	-----------------

TOTAL VALUE \$459,711.76 \$490,644.44 \$(8,027.92) ST \$22,755.61 4.59%

\$4,734.80

TOTAL VALUE (includes accrued interest) 100.00% \$495,379.24

Unrealized Gain/(Loss) totals only reflect positions that have both cost basis and market value information available. Cash, MMF, Deposits and positions stating 'Please Provide' or 'Pending Corporate Actions' are not included.

ALLOCATION OF ASSETS (^ includes accrued interest)

Asset Class	Cash	Equities	Fixed Income & Preferred Securities	Alternatives	Structured Investments	Other
Cash, BDP, MMF5	\$9,234.10	—	—	—	—	—
Corporate Fixed Income ^	—	—	\$202,421.02	—	—	—
Government Securities ^	—	—	283,724.12	—	—	—
TOTAL ALLOCATION OF ASSETS ^	\$9,234.10	—	\$486,145.14	—	—	—

ACTIVITY

CASH FLOW ACTIVITY BY DATE

Activity Date	Settlement Date	Activity Type	Description	Comments	Quantity	Price	Credits/(Debits)
12/13	12/5	Bought	GEORGIA POWER CO 4.550% DUE2030-03-15 [373334KV6]	ACTED AS AGENT; STEP-OUT TRADE UNSOLICITED TRADE a/o 12/02/24	10,000.000	\$99.7650	\$(9,976.50)
12/15	12/6	Bought	FED HOME LN BK 5.750% DUE2039-11-22 [3130B3QW6]	ACTED AS AGENT; STEP-OUT TRADE UNSOLICITED TRADE ACCRUED INTEREST 22.36	10,000.000	100.0000	(10,022.36)
12/16	12/9	Bought	CITIZENS FINL GRP INC FXD TO 07 5.718% DUE2032-07-23 [174610BH7]	ACTED AS AGENT; STEP-OUT TRADE UNSOLICITED TRADE ACCRUED INTEREST 216.01	10,000.000	102.7910	(10,495.11)
12/12	12/10	Sold	UNITED STATES TREASURY BILL DUE2024-12-19 [912797LO8]	ACTED AS AGENT; STEP-OUT TRADE UNSOLICITED TRADE a/o 12/10/24	10,000.000	99.8888	9,988.88
12/12	12/11	Bought	FED FARM CR BK 5.870% DUE2039-11-29 [3133ERF22]	ACTED AS AGENT; STEP-OUT TRADE UNSOLICITED TRADE ACCRUED INTEREST 9.78 a/o 12/10/24	5,000.000	100.1000	(5,014.78)
12/16		Interest Income	UNITED STATES TREASURY NOTE	4.125% DUE2026-06-15 [91282CHH7]			515.63
12/16		Interest Income	GNMA POOL 733966 4000 400C15	4.000% DUE2040-10-15 [3620AMMP4]			66.21

LABORERS'
INTERNATIONAL UNION
OF NORTH AMERICA
LOCAL UNION NO. 1822
HEALTH CARE FUND

For the Year Ended
December 31, 2024

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULES

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1-3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-16
SUPPLEMENTAL SCHEDULES	
Schedules of Self-Funded Claims	17
Schedules of Personal Account Withdrawals	18
Schedules of Administrative Expenses	19

D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report

To the Board of Trustees of
Laborers' International Union of North America
Local Union No. 1822 Health Care Fund

Opinion

We have audited the accompanying financial statements of Laborers' International Union of North America Local Union No. 1822 Health Care 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits 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 of Laborers' International Union of North America Local Union No. 1822 Health Care Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Laborers' International Union of North America Local Union No. 1822 Health Care 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' International Union of North America Local Union No. 1822 Health Care Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Laborers' International Union of North America Local Union No. 1822 Health Care Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' International Union of North America Local Union No. 1822 Health Care Fund's ability to continue as a going concern for a reasonable period of time.



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

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of self-funded claims, schedules of personal account withdrawals, and schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards. 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.

D'Arcangelo + Co., LLP

October 3, 2025

Utica, New York



**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
Assets		
Investments at Fair Value		
Invested Cash	\$ 869,744	\$ 1,576,965
U.S. Government Agency Debt Obligations	283,724	0
Corporate Debt Obligations	202,421	0
Exchange Traded Funds	5,247,002	4,128,676
Mutual Funds	<u>5,939,211</u>	<u>5,666,495</u>
Total Investments at Fair Value	<u>12,542,102</u>	<u>11,372,136</u>
Receivables		
Employer Contributions	<u>465,859</u>	<u>384,790</u>
Total Receivables	<u>465,859</u>	<u>384,790</u>
Other Assets		
Property - Net of Accumulated Depreciation	2,785	5,345
Intangible Assets - Net of Accumulated Amortization	12,991	20,592
Prepaid Expenses	92,774	7,394
Right of Use Asset, Net	43,872	0
Security Deposit	<u>790</u>	<u>790</u>
Total Other Assets	<u>153,212</u>	<u>34,121</u>
Total Assets	<u>13,161,173</u>	<u>11,791,047</u>
Liabilities		
Current Liabilities		
Accounts Payable	214,334	216,665
Reciprocity Payable	154,157	164,721
Payroll Taxes Payable	357	1,002
Current Operating Lease Liability	10,050	0
Due to Affiliated Entities	<u>9,658</u>	<u>10,034</u>
Total Liabilities	<u>388,556</u>	<u>392,422</u>
Long Term Operating Lease Liability	<u>33,822</u>	<u>0</u>
Net Assets Available for Benefits	<u>\$ 12,738,795</u>	<u>\$ 11,398,625</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment Income		
Net Appreciation in		
Fair Value of Investments	\$ 754,630	\$ 717,249
Interest and Dividends	<u>353,587</u>	<u>280,849</u>
Total Investment Income	1,108,217	998,098
Investment Expenses	<u>(21,665)</u>	<u>(18,193)</u>
Net Investment Income	1,086,552	979,905
Employer Contributions	1,863,272	1,865,300
Participant Contributions	15,885	20,434
Other Income	<u>7,858</u>	<u>0</u>
Total Additions	<u>2,973,567</u>	<u>2,865,639</u>
Deductions		
Insurance Premiums		
Group Health Insurance	1,139,892	1,286,324
Group Vision Insurance	9,389	11,688
Group Life/AD & D - Actives	<u>12,304</u>	<u>12,873</u>
Total Insurance Premiums	<u>1,161,585</u>	<u>1,310,885</u>
Benefits Paid		
Self-Funded Claims	5,000	20,000
Personal Account Withdrawals	<u>182,960</u>	<u>153,087</u>
Total Benefits Paid	<u>187,960</u>	<u>173,087</u>
Administrative Expenses	<u>283,852</u>	<u>275,093</u>
Total Deductions	<u>1,633,397</u>	<u>1,759,065</u>
Net Increase	1,340,170	1,106,574
Net Assets Available for Benefits, Beginning of Year	<u>11,398,625</u>	<u>10,292,051</u>
Net Assets Available for Benefits, End of Year	<u>\$ 12,738,795</u>	<u>\$ 11,398,625</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

Laborers' International Union of North America Local Union No. 1822 Health Care Fund (formerly known as Laborers' International Union of North America Local Union No. 322 Health Care Fund) is a collectively bargained health benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Its purpose is to provide various benefits to members whose employers are subject to union agreements requiring contributions to the Fund. Contributing employers primarily represent laborers in the northern region of New York State. Approximately 28% of total employer contributions are derived from the Fund's five largest contributing employers.

Basis of Accounting

The financial statements reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred.

Basis of Presentation

The Fund follows Financial Accounting Standards Board authoritative literature on Accounting and Reporting by Health and Welfare Benefit Plans for reporting purposes. These provisions require that the Fund include all claims related liabilities in a statement of benefit obligations at year end and changes in benefit obligations for the year then ended.

Contributions Receivable

Contributions receivable from participating employers are valued at cost and are accrued based upon reports received from them subsequent to the year-end, which include contributions due in the current year. Contributions receivable are considered fully collectible at year end, and no allowance for uncollectible accounts has been recorded.

Investment Valuation and Income Recognition

Investments are recorded 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the statements of changes in net assets available for benefits includes the Fund's gains and losses on investments bought and sold as well as held during the year.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)**

Plan Benefit Obligations

Plan benefit obligations at December 31, 2024 and 2023 are for personal account liability and postretirement obligations. Personal account balances are based on actual balances of participants. Postretirement obligations have been estimated by the Fund's actuary in accordance with accepted actuarial principles based on the current benefit experience of the Plan. Such estimated amounts are reported in the accompanying statements of benefit obligations.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Leases and Right of Use Assets

The Fund determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property or equipment (an identified asset) in exchange for consideration. The Fund determines these assets are leased because the Fund has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Fund determines it does not have the right to control and direct the use of the identified asset. The Fund's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

Leases result in the recognition of Right of Use (ROU) assets and lease liabilities on the statements of financial position. ROU assets represent the right to use an underlying asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Fund determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs and lease incentives. The Fund uses the risk-free rate (or incremental borrowing rate) using a period comparable to the lease term when the actual rate is not readily determinable. The Fund uses this rate at the commencement date to determine the present value of the lease payments.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)**

The lease term may include options to extend or to terminate the lease that the Fund is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

The Fund has certain leases that are for a period of 12 months or less or contain renewals for a period of 12 months or less. The Fund does not include short term leases within the statements of net assets available for benefits since it has elected the practical expedient to not include these leases within the operating right of use asset and lease liabilities. Lease expense on such leases is recognized on a straight-line basis over the lease term. See Note 10 for additional operating lease details.

Property and Intangible Assets

Property and intangible assets consisting of office furniture, equipment, and computer software are recorded at cost. Depreciation and amortization are determined using the straight-line method over estimated useful lives of the assets ranging from 5 to 10 years. Depreciation and amortization expense totaled \$10,160 for both of the years ending December 31, 2024 and 2023.

NOTE 2 CONCENTRATIONS OF CREDIT RISK

Contributions Receivable - Contributing employers primarily represent laborers in the northern region of New York State. Contributions are pursuant to collective bargaining agreements, and no collateral is required.

Investments - The Fund may invest in various types of 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.

NOTE 3 DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan provides health, disability, death and ancillary benefits covering employees of employers with union agreements providing for health fund contributions to the Plan.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 3 DESCRIPTION OF PLAN (Continued)

Eligibility - To be eligible for benefits based on covered employment, bargaining unit employees who are employed by contributing employers shall be covered for specific periods. Eligibility is determined based upon participants having sufficient personal account balances in which to pay insurance premiums and obtain reimbursement for ancillary benefits.

Plan Benefits - The Plan provides health benefits (hospital, surgical, major medical, prescription drugs, vision, disability, and dental) to eligible active participants, including their spouses and dependents, and life insurance benefits for active participants with the required years of service. In addition, certain supplemental benefits are paid out of participant personal accounts.

Effective January 1, 2017, the Plan was redesigned to provide fully-insured benefits, administered by Excellus BlueCross BlueShield. There are three plans available to eligible participants, including the Signature Hybrid 1, the Signature Hybrid 5, and the Signature Deductible 3, with three tier payment options available for each of the plans (single, 2-person, and family). Optical (vision) benefits are also available, administered by Davis Vision. Insurance premium costs are funded by participants' personal accounts each month so long as they remain eligible and their account balances are sufficient to cover the total monthly charge. If a participants' account balance is below \$3,000, participants are only allowed to use the monies to pay for health, dental and vision premiums.

Financing of the Plan - Financing comes from employers' and participants' contributions and investment income. The total contribution rate to the plan for each hour of covered employment for building trades during 2023 and 2024 was \$9.60. For highway-heavy trades, effective July 1, 2021, the total contribution rate was \$9.95 per hour of covered employment and increased to \$10.20 effective July 1, 2023. There were no changes to either rate during 2024.

Also, terminated participants may avail themselves of the provisions for self-pay under COBRA, pursuant to rates established by the trustees. Covered retirees are not required to contribute.

A portion of the contribution for each hour of covered employment is added to each participant's health reimbursement account (HRA) with the remaining portion of the contribution amount per hour going towards general administration expenses of the Plan. The rate in effect for building trades during both 2023 and 2024 was \$9.10 per hour. The rate for highway-heavy was \$9.45 during 2022 and increased to \$9.70 per hour effective July 1, 2023. There were no changes to either rate during 2024. No further contributions will be made to each participant's wage replacement account (WRA). However, existing balances will remain accessible until the balances reach \$0. Subject to restrictions and limitations, the personal accounts are now used to pay health, dental, and vision insurance premiums in addition to the ancillary benefits previously outlined.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 3 DESCRIPTION OF PLAN (Continued)

The trustees reserve the right to amend or modify the eligibility rules and benefits for participants and/or benefits. In accordance with the rules and regulations of the Plan and Trust Agreement, no participant or dependent has a vested interest in any account balance or benefits provided. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

NOTE 4 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative guidance on fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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 Fund has the ability to access.

Level 2: Inputs to the valuation methodology include the following:

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

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

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

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

The following is a description 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:

Invested Cash: Valued at cost which approximates fair value.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended 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.

U.S. Government and Agency Debt Obligations: Bonds, notes, and government securities for which no sale was reported on that date are valued at the last reported bid price.

Corporate Debt Obligations: Corporate bonds traded in the over-the-counter market and listed securities for which no sale was reported on the last business day of the plan year are valued at the average of the last reported bid and asked prices.

Exchange Traded Funds: Fair values of securities traded on a national securities exchange are based on the last reported sales price on the last business day of the year.

All assets have been valued using a market approach.

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

The following table sets forth by level, within the fair value hierarchy, the Fund's assets measured at fair value on a recurring basis as of December 31, 2024 and 2023:

<u>Investments</u>	<u>Total</u>	2024		
		<u>Fair Value Measurements at Reporting Date Using the Above Criteria</u>		
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Invested Cash	\$ 869,744	\$ 869,744	\$ 0	\$ 0
U.S. Government Agency Debt Obligations	283,724	0	283,724	0
Corporate Debt Obligations	202,421	0	202,421	0
Exchange Traded Funds	5,247,002	5,247,002	0	0
Mutual Funds	5,939,211	5,939,211	0	0
Total	<u>\$ 12,542,102</u>	<u>\$12,055,957</u>	<u>\$ 486,145</u>	<u>\$ 0</u>

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

2023

Investments	Total	Fair Value Measurements at Reporting Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
Invested Cash	\$ 1,576,965	\$ 1,576,965	\$ 0	\$ 0
Exchange Traded Funds	4,128,676	4,128,676	0	0
Mutual Funds	5,666,495	5,666,495	0	0
Total	\$ 11,372,136	\$11,372,136	\$ 0	\$ 0

NOTE 5 TAX STATUS

The trust established under the Plan to hold the Plan's assets obtained its latest determination letter on September 29, 1958, in which the Internal Revenue Service stated that the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 RELATED-PARTY TRANSACTIONS

The Fund has common trustees and members and shares certain personnel costs with Laborers' International Union of North America Local Union No. 1822 Pension Fund (Pension Fund) and Laborers Local No. 1822 Defined Contribution Fund (Defined Contribution Fund). The Fund acts as common paymaster and bills the Pension and Defined Contribution Funds for personnel costs.

The allocation of these costs is based upon estimated time spent for each employee and is summarized below:

	2024	2023
Salaries and Wages	\$ 185,881	\$ 177,897
Payroll Taxes	15,398	14,649
Employee Benefits	109,109	108,275
Gross Administrative Costs	\$ 310,388	\$ 300,821
Health Care Fund	\$ 155,194	\$ 150,435
Pension Fund	108,636	105,270
Defined Contribution Fund	46,558	45,116
Total Costs Allocated	\$ 310,388	\$ 300,821

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 7 PENSION PLANS

The Fund contributes to a multiemployer defined benefit pension plan under the terms of a participation agreement that cover its employees. The risks of participating in multiemployer plans are different from single-employer plans in the following aspects:

- a. Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- c. If the Fund chooses to stop participating in its multiemployer plan, the Fund may be required to pay that plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Fund’s participation in this multiemployer defined benefit pension plan for the years ended December 31, 2024 and 2023 is outlined in the table below. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the Plan’s year-end at December 31, 2023, and December 31, 2022, respectively. The zone status is based on information that the Fund received from the Plan and is certified by the Plan’s actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The “FIP/RP Status Pending/Implemented” column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented.

Pension Fund	EIN/Pension Plan Number	Protection Act Zone Status		FIP/RP Status Pending/Implemented	Contributions		Surcharge Imposed
		2023	2022		2024	2023	
Laborers’ International Union Of North America Local Union No. 1822 Pension Fund	16-6147773	Critical	Critical & Declining	Yes	\$ 49,504	\$ 49,504	No

The Collective Bargaining Agreements with the Building Trades and Heavy-Highway Trades will expire on June 30, 2025.

The Fund also contributes to a noncontributory defined contribution plan (Laborers’ Local No. 1822 Defined Contribution Fund), which also covers specific full-time employees of the Fund. The funding of this multi-employer plan is based on an hourly rate for all hours worked. Contributions to this plan in 2024 and 2023 were \$25,162 and \$23,891, respectively.

NOTE 8 FIDELITY BOND COVERAGE

The Fund presently carries fidelity bond insurance in the amount of \$500,000, the maximum amount required.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 9 BENEFIT OBLIGATIONS

Postretirement Benefits

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postretirement benefits include death benefits expected to be paid to or for (1) currently retired employees and their spouses and (2) active employees and their spouses after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. However, such benefits do not vest, and the trustees reserve the right to amend the Plan to modify or discontinue any benefits.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical data to estimate future annual death benefit costs and to adjust such estimates for the time value of money (through discounts for interest) between the valuation date and the expected date of payment.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Mortality	PRI-2012 Blue Collar (sex distinct) using Scale MP-2021 generational mortality improvement
Weighted-Average Discount Rate	5.25% (Last Year 4.75% was used)
Retirement Rate	50% at Age 62, 100% by Age 65
Turnover	Sarason T-6 Unisex Table
Age at Hire	Age 25
Average Retiree Benefit	\$4,680

The actuarial method utilized is the "Projected Unit Credit" method.

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

Other Plan Benefits

Plan obligations for personal account balances are based upon actual balances of participants at December 31, 2024 and 2023.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 9 BENEFIT OBLIGATIONS (Continued)

Benefit obligations at December 31, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Postemployment Benefit Obligations, Net of Amounts		
Currently Payable		
Personal Account Balances	\$ <u>7,904,576</u>	\$ <u>7,424,761</u>
Postretirement Benefit Obligations, Net of Amounts		
Currently Payable		
Retired Participants	284,006	300,640
Other Participants Fully Eligible for Benefits	18,166	17,339
Participants Not Yet Fully Eligible for Benefits	<u>10,389</u>	<u>17,818</u>
Total Postretirement Benefit Obligations, Net of Amounts Currently Payable	<u>312,561</u>	<u>335,797</u>
Total Benefit Obligations	\$ <u>8,217,137</u>	\$ <u>7,760,558</u>

The changes in benefit obligations for the years ended December 31, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Postemployment Benefit Obligations, Net of Amounts Currently Payable		
Balance at Beginning of Year	\$ 7,424,761	\$ 6,937,305
Net Change During the Year	<u>479,815</u>	<u>487,456</u>
Balance at End of Year	<u>7,904,576</u>	<u>7,424,761</u>
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Balance at Beginning of Year	335,797	399,707
Increase (Decrease) Due to Benefits Accumulated	1,695	2,153
Increase (Decrease) Due to Net Benefits and Costs Paid	(13,736)	(15,412)
Increase (Decrease) Due to the Passage of Time	15,705	13,795
Increase (Decrease) Due to Changes in Assumptions	(18,527)	(58,098)
Experience (Gain) Loss	<u>(8,373)</u>	<u>(6,348)</u>
Balance at End of Year	<u>312,561</u>	<u>335,797</u>
Total Benefit Obligations at Year End	\$ <u>8,217,137</u>	\$ <u>7,760,558</u>

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOTE 10 OPERATING LEASE

The Fund entered into a five-year lease with ZNV Properties, LLC commencing on May 1, 2018, which continued on a month to month basis upon expiration in 2023. The lease covering 1,485 square feet required an annual base rent of \$18,960 (\$12.77 per square foot) through October 31, 2023. Effective November 1, 2024, the lease was renewed for an additional five years requiring an annual base rent of \$20,100 (\$13.54 per square foot). The Fund is responsible for utility costs, and the landlord is responsible for real estate taxes. The Fund may terminate the lease with a 60-day notice. The Fund splits the rental costs with the Pension Fund, Defined Contribution Fund, and Training and Education Fund. The Fund's share of rent expense under this lease was \$9,575 and \$9,480 for the years ended December 31, 2024 and 2023, respectively.

The following summarizes the line items on the statements of net assets available for benefits which include amounts for operating leases as of December 31, 2024:

Operating Lease Right-of-Use Assets:	\$	43,872
Operating Lease Liabilities:	\$	43,872
Lease Expense		
Operating Lease Expense	\$	9,575
Other Information		
Operating Lease- Cash Flows (Fixed Payments)	\$	10,050
Operating Lease- Cash Flows (Liability Reduction)	\$	10,050
Weighted-Average Remaining Lease Term Operating Leases		4.8 Years
Weighted-Average Discount Rate Operating Leases		4.22%

NOTE 11 RISKS AND UNCERTAINTIES

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest 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

Management has evaluated subsequent events through October 3, 2025, the date on which the financial statements were available to be issued.

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

SCHEDULES OF SELF-FUNDED CLAIMS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Self-Funded Claims		
Retiree Death Benefits	<u>\$ 5,000</u>	<u>\$ 20,000</u>
Total Self-Funded Claims	<u><u>\$ 5,000</u></u>	<u><u>\$ 20,000</u></u>

See Independent Auditor's Report

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

SCHEDULES OF PERSONAL ACCOUNT WITHDRAWALS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Personal Account Withdrawals		
Health Care	\$ 175,740	\$ 152,262
Unemployment	2,600	175
Holiday	53	0
Vacation	<u>4,567</u>	<u>650</u>
Total Personal Account Withdrawals	<u>\$ 182,960</u>	<u>\$ 153,087</u>

See Independent Auditor's Report

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL UNION NO. 1822 HEALTH CARE FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

For the Years Ended December 31, 2024 and 2023

	2024	2023
Administrative Expenses		
Salaries and Wages	\$ 185,881	\$ 177,897
Payroll Taxes	15,398	14,649
Employee Benefits	109,109	108,275
Accounting and Audit Fees	23,800	23,650
Legal Fees	22,326	33,567
Actuarial Fees	4,275	6,500
Payroll Audit Fees	23,112	13,471
Rent Expense	9,575	9,480
Amortization	7,600	7,600
Depreciation	2,560	2,560
Conference Costs	3,444	0
Fiduciary Liability Insurance	10,568	15,083
General Insurance	3,345	666
Fidelity Bond	431	452
Telephone and Fax Expense	1,805	1,850
Membership Dues	1,340	0
Equipment Lease Expense	1,020	1,018
Printing and Office Expenses	12,457	7,238
Postage	1,000	1,523
Total Administrative Expenses	439,046	425,479
Less: Reimbursed Personnel Costs	(155,194)	(150,386)
Net Administrative Expenses	\$ 283,852	\$ 275,093

See Independent Auditor's Report

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 4085 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

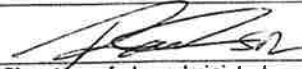
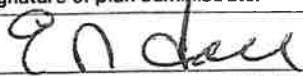
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final 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 INTL UNION OF N.A. LOCAL 1822 HEALTH CARE FUND	1b Three-digit plan number (PN) ▶ 501
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) TRUSTEES OF LABORERS INT'L UNION OF NA LOCAL UNION 202 TWIN OAKS DRIVE, SUITE 200A SYRACUSE NY 132061221	1c Effective date of plan 03/31/1954 2b Employer Identification Number (EIN) 16-6192220 2c Plan Sponsor's telephone number 3152145775 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.

X SIGN HERE		10/6/2025	RICHARD DADDARIO SR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
X SIGN HERE		10/6/2025	KARL R HALL
	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:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	791
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)	791
a (2) Total number of active participants at the end of the plan year	6a(2)	834
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	834
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	66

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

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

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

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

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

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 _____