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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                 |
| 1a      | Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                                                                                                                                                                                                                                                                           |
| 1b      | Three-digit plan number (PN) ▶ 501                                                                                                                                                                                                                                                                                                                                                     |
| 1c      | Effective date of plan<br>07/19/1954                                                                                                                                                                                                                                                                                                                                                   |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR<br><br>1123 PARK VIEW DRIVE, STE 200<br>COVINA, CA 91724 |
| 2b      | Employer Identification Number (EIN)<br>51-6146048                                                                                                                                                                                                                                                                                                                                     |
| 2c      | Plan Sponsor's telephone number<br>626-279-3000                                                                                                                                                                                                                                                                                                                                        |
| 2d      | Business code (see instructions)<br>236200                                                                                                                                                                                                                                                                                                                                             |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/10/2025 | JON P PRECIADO                                               |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/08/2025 | JEROME DI PADOVA                                             |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                        |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 26153                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 25110<br><b>6a(2)</b> 27764<br><b>6b</b> 0<br><b>6c</b> 1002<br><b>6d</b> 28766<br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 1886                                                                                                                                                                                                                                                                                                           |

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4L 4Q

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

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 5
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                  |                                                      |     |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                       |                                                      |     |
| A Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                   | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR | D Employer Identification Number (EIN)<br>51-6146048 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>SIMNSA |               |                                       |                                                                             |                         |            |
|-----------------------------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
| (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     |
| 98-0197925                              | 62149         | 244                                   | 1294                                                                        | 06/01/2023              | 05/31/2024 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 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

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

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

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

---

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

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

---

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

---

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

---

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

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| (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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 2294754 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |         |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                  |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                       |                                                      |
| A Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                   | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR | D Employer Identification Number (EIN)<br>51-6146048 |

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

1 Coverage Information:

(a) Name of insurance carrier  
KAISER FOUNDATION HEALTH PLAN INC

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1340523 | 00000         | 115155                                | 24463                                                                       | 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 | (b) Total amount of fees paid |
| 0                                    | 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

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

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

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

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

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

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

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

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

---

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

---

(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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 137470666 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |           |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                  |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                       |                                                      |
| A Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                   | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR | D Employer Identification Number (EIN)<br>51-6146048 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>DELTA DENTAL OF CALIFORNIA |
|-------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1461312 | N/A           | 75419                                 | 7160                                                                        | 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 | (b) Total amount of fees paid |
| 0                                    | 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 |
|--------------------------------------------------------------------------------------------------|

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 1260305 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |         |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                  |                                                      |     |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                       |                                                      |     |
| A Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                   | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR | D Employer Identification Number (EIN)<br>51-6146048 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>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         | G3339                                 | 25392                                                                       | 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 | (b) Total amount of fees paid |
| 0                                    | 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 |
|--------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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| (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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

|                                                                                                                                                    |                 |        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    | 590818 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |        |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |        |  |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 | <b>9a(4)</b>    | 590818 |  |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    | 325000 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    | -10000 |  |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        | <b>9b(3)</b>    | 315000 |  |
| (4) Claims charged .....                                                                                                                           | <b>9b(4)</b>    | 315000 |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |        |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |        |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |        |  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |        |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> | 63992  |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> | 13884  |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> | 19354  |  |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |        |  |
| (H) Total retention .....                                                                                                                          | <b>9c(1)(H)</b> | 97230  |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |        |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                | <b>9d(1)</b>    |        |  |
| (2) Claim reserves .....                                                                                                                           | <b>9d(2)</b>    | 120000 |  |
| (3) Other reserves .....                                                                                                                           | <b>9d(3)</b>    |        |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           | <b>9e</b>       |        |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                  |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                       |                                                      |
| A Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                   | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR | D Employer Identification Number (EIN)<br>51-6146048 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
ULLICO

| (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         | C4602                                 | 25392                                                                       | 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 | (b) Total amount of fees paid |
| 0                                    | 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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 75015 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |       |

**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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2024</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                                                                                                     | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 501                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR                                                                                   | <b>D</b> Employer Identification Number (EIN)<br>51-6146048                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| SCHRODER INVESTMENT MANAGEMENT INC                                                                                |
| 13-4064414                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| U.S. BANCORP ASSET MANAGEMENT                                                                                     |
| 41-2003732                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| METROPOLITAN WEST ASSET MANAGEMENT                                                                                |
| 95-4597302                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ABS INVESTMENT MANAGEMENT                                                                                         |
| 13-4205457                                                                                                        |

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

CARILLON TOWER ADVISERS

47-2484936

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

FIDELITY MANAGEMENT & RESEARCH

04-2033129

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

POINT BONITA CAPITAL FUND LLC

85-3041987

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

INVESCO SENIOR SECURED MANAGEMENT

13-3573730

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

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

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

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

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

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

PACIFIC SOUTHWEST ADMINISTRATORS

46-4942970

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 13 36<br>50         | NONE                                                                                              | 8113530                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ANTHEM BLUE CROSS LIFE AND HEALTH

95-4331852

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 15 49<br>62 50      | NONE                                                                                              | 4768068                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CLTFSC, LLC

95-4773932

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50 15               | NONE                                                                                              | 1567309                                                                | 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)

OPTUMRX

33-0441200

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 99                  | NONE                                                                                              | 252768                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 99764                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

NATIONAL INVESTMENT SERVICES

84-3937993

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 193772                                                                 | 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)

REICH, ADELL & CVITAN

95-3082677

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 176792                                                                 | 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)

THE SEGAL COMPANY

94-1503999

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 125000                                                                 | 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)

SHOGREN SERVICES, LLC

33-0471526

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50 49 50            | NONE                                                                                              | 110850                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CALIBRE CPA GROUP, PLLC

47-0900880

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 109000                                                                 | 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)

ALAN Z. WEISS

5122 GAVIOTA AVE  
ENCINO, CA 91436

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 79380                                                                  | 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)

COX, CASTLE & NICHOLSON

95-2547124

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 65616                                                                  | 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)

ASSURED PARTNERS OF CALIFORNIA

35-2607925

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 22 50                  | NONE                                                                                              | 61550                                                                  | 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)

EPIC HEARING HEALTHCARE

95-4660712

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 12 50                         | NONE                                                                                                     | 60906                                                                         | 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)

LEONARD J. SILBERMAN

150 N FELDNER RD  
ORANGE, CA 92868

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 56900                                                                         | 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)

HOWARD GOODMAN

46-0951351

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 41315                                                                         | 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)

US BANK NATIONAL ASSOCIATION

31-0841368

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50 52               | NONE                                                                                              | 36560                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NEPC, LLC

26-1429809

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 35000                                                                  | 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)

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 21000                                                                  | 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)

THE LAW OFFICE OF KENNETH KINGDON

PO BOX 6039  
SAN PEDRO, CA 90734

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 9885                                                                   | 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)

UNION ADR, LLC

46-4606999

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE                                                                                              | 6155                                                                   | 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)

PACIFICA ARBITRATION

84-2476640

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 5828                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| OPTUMRX                                                 | 99                                      | 99764                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPTUM RX<br><br>33-0441200                                          | PHARMACY BENEFIT MANAGEMENT. INDIRECT COMPENSATION RECEIVED FROM PRESCRIPTION REBATES.                                                                             |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                                         |                                                      |     |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                              |                                                      |     |
| A Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                          | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR | D Employer Identification Number (EIN)<br>51-6146048 |     |

|                                                                                    |                                                                                                                                                                           |                                                                                                      |  |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| Part I                                                                             | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                      |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN QP FUND          |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 82-4069919-001                                                            | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3889665 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NIS SHORT DURATION HIGH YIELD FUND         |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 46-2057809-001                                                            | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3990888 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                         |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                           | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                         |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                           | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                         |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                           | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                         |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                           | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                         |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                           | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA                                                   | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD FOR SOUTHERN CALIFOR | D Employer Identification Number (EIN)<br>51-6146048 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 27315503              | 35942064        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 27607613              | 26933639        |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 3317317               | 4019943         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 5060487               | 3623346         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 12520578              | 10249271        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 17056456              | 20891480        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 11918415              | 27367484        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 7343370               | 7880553         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 105434172             | 99899535        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 1016717               | 1011912         |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 218590628             | 237819227       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 146261768             | 149722762       |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 3756422               | 573787          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 150018190             | 150296549       |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 68572438              | 87522678        |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 350754995  |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 4581431    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 355336426 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 232756     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 368213     |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 812835     |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 41735      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1455539   |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 3046129    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3046129   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | 26508217   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 26336078   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 172139    |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 1805700    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 678274    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 3419258   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 14725595  |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 380639060 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 203415166 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 141505105 |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 5081742   |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 350002013 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 8113530   |           |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 1603309   |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 74260     |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 241916    |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 23416     |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 146000    |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 242408    |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 12433     |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 1229535   |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 11686807  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 361688820 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 18950240 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> 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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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. ....                                                                                                                         |                                     | <input checked="" type="checkbox"/> |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 HEALTH & WELFARE TRUST FUND  
FOR SOUTHERN CALIFORNIA**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





**LABORERS HEALTH & WELFARE TRUST FUND  
FOR SOUTHERN CALIFORNIA**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
Laborers Health & Welfare Trust Fund  
for Southern California

### Opinion

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

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

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Laborers Health & Welfare Trust Fund for Southern California 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

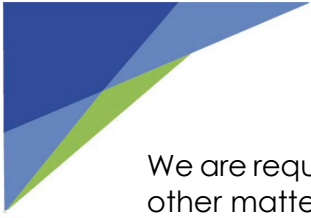
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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



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

### **Supplemental Schedules Required by ERISA**

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

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

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

### **Other Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses, benefits paid, changes in net assets available for benefits before net investment income and other revenue - actives, apprentices, and retirees 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 auditing standards generally accepted in the United States of America. 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.

*Calibre CPA Group, PLLC*

Los Angeles, CA  
October 7, 2025



**LABORERS HEALTH & WELFARE TRUST FUND  
FOR SOUTHERN CALIFORNIA**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

|                                    | 2024               | 2023               |
|------------------------------------|--------------------|--------------------|
|                                    |                    |                    |
| <b>Assets</b>                      |                    |                    |
| <b>Assets</b>                      |                    |                    |
| Investments - at fair value        |                    |                    |
| Money market                       | \$ 3,623,346       | \$ 5,060,487       |
| U.S. Government obligations        | 10,249,271         | 12,520,578         |
| Corporate bonds                    | 20,891,480         | 17,056,456         |
| Municipal bonds                    | 1,011,912          | 1,016,717          |
| Mutual funds (open-ended)          | 65,074,628         | 74,828,883         |
| Mutual fund (closed-end)           | 34,824,907         | 30,605,289         |
| Common collective trusts           | 7,880,553          | 7,343,370          |
| Limited partnerships               | 27,367,484         | 11,918,415         |
| Total investments - at fair value  | <u>170,923,581</u> | <u>160,350,195</u> |
| Receivables                        |                    |                    |
| Employer contributions             | 26,933,639         | 27,607,613         |
| Due from clearing account          | 478,853            | -                  |
| Due from related labor trust funds | 723,507            | 589,575            |
| Interest receivable                | 241,341            | 261,104            |
| American Rescue Plan COBRA subsidy | 186,762            | 186,762            |
| Prescription rebates receivable    | 2,335,007          | 2,225,197          |
| Total receivables                  | <u>30,899,109</u>  | <u>30,870,251</u>  |
| Other assets                       |                    |                    |
| Prepaid insurance                  | 50,693             | 50,899             |
| Prepaid expenses                   | 3,780              | 3,780              |
| Total other assets                 | <u>54,473</u>      | <u>54,679</u>      |
| Cash                               | <u>35,942,064</u>  | <u>27,315,503</u>  |
| Total assets                       | <u>237,819,227</u> | <u>218,590,628</u> |

See accompanying notes to financial statements.



**LABORERS HEALTH & WELFARE TRUST FUND  
FOR SOUTHERN CALIFORNIA**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

DECEMBER 31, 2024 AND 2023

|                                          | <u>2024</u>           | <u>2023</u>           |
|------------------------------------------|-----------------------|-----------------------|
| <b>Liabilities and Net Assets</b>        |                       |                       |
| <b>Liabilities</b>                       |                       |                       |
| Accounts payable and accrued expenses    | \$ 234,217            | \$ 452,324            |
| Due to clearing account                  | -                     | 3,294,053             |
| Due to collection office                 | <u>339,570</u>        | <u>10,045</u>         |
| Total liabilities                        | <u>573,787</u>        | <u>3,756,422</u>      |
| <b>Net assets available for benefits</b> | <u>\$ 237,245,440</u> | <u>\$ 214,834,206</u> |



**LABORERS HEALTH & WELFARE TRUST FUND  
FOR SOUTHERN CALIFORNIA**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                          | <u>2024</u>        | <u>2023</u>        |
|------------------------------------------|--------------------|--------------------|
| <b>Additions</b>                         |                    |                    |
| Contribution income                      |                    |                    |
| Employer contributions                   | \$ 350,350,836     | \$ 333,691,549     |
| Liquidated damages                       | 404,159            | 469,288            |
| Retiree contributions                    | 3,758,391          | 4,187,073          |
| COBRA self-payments                      | <u>823,040</u>     | <u>895,359</u>     |
| Total contribution income                | <u>355,336,426</u> | <u>339,243,269</u> |
| Investment income                        |                    |                    |
| Interest and dividends                   | 4,642,760          | 4,101,889          |
| Net appreciation                         |                    |                    |
| in fair value of investments             | 5,934,279          | 7,066,391          |
| Investment consultant and custodian fees | <u>(265,332)</u>   | <u>(232,780)</u>   |
| Net investment income                    | <u>10,311,707</u>  | <u>10,935,500</u>  |
| Other income                             |                    |                    |
| ADR Program - net                        | 230,818            | 120,053            |
| Experience rated and third party refunds | 357,280            | 222,253            |
| Prescription rebates                     | <u>14,137,497</u>  | <u>10,802,536</u>  |
| Total other income                       | <u>14,725,595</u>  | <u>11,144,842</u>  |
| Total additions                          | <u>380,373,728</u> | <u>361,323,611</u> |

See accompanying notes to financial statements.



**LABORERS HEALTH & WELFARE TRUST FUND  
FOR SOUTHERN CALIFORNIA**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                          | <u>2024</u>           | <u>2023</u>           |
|------------------------------------------|-----------------------|-----------------------|
| <b>Deductions</b>                        |                       |                       |
| Benefits paid                            |                       |                       |
| Premiums paid                            | \$ 141,505,105        | \$ 134,400,998        |
| Direct payment claims                    |                       |                       |
| Medical                                  | 150,174,150           | 134,170,461           |
| Dental                                   | 15,077,452            | 15,677,232            |
| Prescription Drug                        | 33,577,769            | 28,982,691            |
| Vision                                   | 1,080,468             | 1,375,019             |
| Network fees                             |                       |                       |
| Anthem Blue Cross PPO                    | 2,905,327             | 2,720,590             |
| Anthem Blue Cross EPO                    | 1,270,885             | 1,077,911             |
| Dental                                   | 342,141               | 328,928               |
| Vision                                   | 249,715               | 232,654               |
| Hearing                                  | 60,906                | 61,097                |
| Pharmacy                                 | 252,768               | 258,440               |
| Death benefits - retirees                | <u>44,333</u>         | <u>69,945</u>         |
| Total benefits paid                      | 346,541,019           | 319,355,966           |
| Administrative expenses                  | <u>11,421,475</u>     | <u>10,716,078</u>     |
| Total deductions                         | <u>357,962,494</u>    | <u>330,072,044</u>    |
| <b>Net change</b>                        | 22,411,234            | 31,251,567            |
| <b>Net assets available for benefits</b> |                       |                       |
| Beginning of year                        | <u>214,834,206</u>    | <u>183,582,639</u>    |
| End of year                              | <u>\$ 237,245,440</u> | <u>\$ 214,834,206</u> |

See accompanying notes to financial statements.



**LABORERS HEALTH & WELFARE TRUST FUND  
FOR SOUTHERN CALIFORNIA**

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

|                                                                                                 | <u>2024</u>           | <u>2023</u>           |
|-------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Amounts currently payable to or for<br/>participants, beneficiaries, and dependents</b>      |                       |                       |
| Claims payable                                                                                  | <u>\$ 9,723,686</u>   | <u>\$ 9,919,655</u>   |
| <b>Other obligations for current benefit coverage<br/>at present value of estimated amounts</b> |                       |                       |
| Estimated claims incurred but not reported                                                      | 23,791,400            | 24,635,778            |
| Estimated future benefits based on<br>participants' accumulated eligibility                     | 107,284,568           | 103,314,714           |
| Estimated retiree death benefits                                                                | <u>8,923,108</u>      | <u>8,391,621</u>      |
|                                                                                                 | <u>139,999,076</u>    | <u>136,342,113</u>    |
| <b>Total benefit obligations other than<br/>postretirement benefit obligations</b>              | <u>149,722,762</u>    | <u>146,261,768</u>    |
| <b>Postretirement benefit obligations</b>                                                       |                       |                       |
| Current retirees, spouses and dependents                                                        | 177,685,177           | 183,996,223           |
| Other participants fully eligible for benefits                                                  | 149,359,835           | 107,518,298           |
| Other participants not yet fully eligible for benefits                                          | <u>440,871,596</u>    | <u>335,185,082</u>    |
| <b>Total postretirement benefit obligations</b>                                                 | <u>767,916,608</u>    | <u>626,699,603</u>    |
| <b>Total benefit obligations</b>                                                                | <u>\$ 917,639,370</u> | <u>\$ 772,961,371</u> |

See accompanying notes to financial statements.



## LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

### STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                                                                             | 2024                  | 2023                  |
|---------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Amounts currently payable to or for participants, beneficiaries, and dependents</b>      |                       |                       |
| Balance at beginning of year                                                                | \$ 9,919,655          | \$ 6,658,351          |
| Benefits reported and approved for payment                                                  | 346,345,050           | 322,617,270           |
| Benefits paid                                                                               | <u>(346,541,019)</u>  | <u>(319,355,966)</u>  |
| Balance at end of year                                                                      | <u>9,723,686</u>      | <u>9,919,655</u>      |
| <b>Other obligations for current benefit coverage at present value of estimated amounts</b> |                       |                       |
| Balance at beginning of year                                                                | 136,342,113           | 142,885,564           |
| Net change during year                                                                      |                       |                       |
| Estimated claims incurred but not reported                                                  | (844,378)             | (8,019,725)           |
| Estimated future benefits based on participants' Accumulated eligibility                    | 3,969,854             | 982,291               |
| Estimated liability for retiree death benefits                                              | <u>531,487</u>        | <u>493,983</u>        |
| Balance at end of year                                                                      | <u>139,999,076</u>    | <u>136,342,113</u>    |
| <b>Total benefit obligations other than postretirement benefit obligations</b>              | <u>149,722,762</u>    | <u>146,261,768</u>    |
| <b>Postretirement benefit obligations</b>                                                   |                       |                       |
| Balance at beginning of year                                                                | 626,699,603           | 561,377,746           |
| Net change during the year                                                                  |                       |                       |
| Census data and other changes                                                               | 88,543,202            | -                     |
| Benefits accumulated                                                                        | 14,554,444            | 13,649,728            |
| Passage of time                                                                             | 29,983,815            | 28,320,397            |
| Expected net costs paid during the year                                                     | (20,031,657)          | (17,239,050)          |
| Discount rate                                                                               | (96,463,892)          | 22,650,220            |
| Other actuarial assumptions                                                                 | <u>124,631,093</u>    | <u>17,940,562</u>     |
| Balance at end of year                                                                      | <u>767,916,608</u>    | <u>626,699,603</u>    |
| <b>Total benefit obligations at end of year</b>                                             | <u>\$ 917,639,370</u> | <u>\$ 772,961,371</u> |

See accompanying notes to financial statements.



## LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

#### NOTE 1. DESCRIPTION OF THE PLAN

The Laborers Health & Welfare Trust for Southern California (the Plan) is a multiemployer Plan providing medical, dental, vision and prescription drug benefits to eligible participants and their dependents. Life insurance and accidental death and dismemberment (AD&D) benefits are provided to active eligible participants. Retired eligible participants are provided death benefits on a self-funded basis. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement and any amendments regarding specific provisions of the Plan.

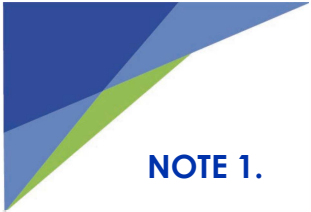
Active participants are eligible for those benefits specified in their collective bargaining agreement (CBA). Dependents of eligible active participants are also eligible to receive benefits. Retired participants covered under the Plan's eligibility rules for retired participants and their dependents are eligible for limited benefits under the Plan.

Employers participating in the Plan are located and conduct their business activities in the Southern California area.

**Eligibility** - Depending on hour requirements, all active bargaining unit or apprentices become initially eligible for combinations of medical, vision, prescription drugs, life insurance and AD&D benefits on the first day of the second month following 300 hours worked over a period of no more than 3 consecutive months. Once eligibility has been established and coverage started, active participants and dependents will remain covered for a minimum of three consecutive months. If an employee works more than 100 hours in any month, the participant's hour bank will accumulate the excess hours, up to a maximum of 600 hours. If an employee works fewer than 100 hours per month, the hours needed to equal 100 will be taken from the participant's hour bank to make up the difference for continued coverage. A participant's coverage will terminate on the first day of the first month in which the number of hours in the bank is less than 100. If an apprentice drops out of the program, he or she loses their bank hours.

If, while covered, an employee becomes unable to work because of disability, the participant's hour bank may be frozen. Benefits continue for a maximum of 12 months from the end of the month in which the disability began.

Additionally, coverage can also be continued for periods and conditions as prescribed by the Plan for requirements under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).



## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

**Benefits** - The Plan is currently providing benefits to eligible active members through self-funded indemnity plans or health maintenance organizations (HMOs) and dental maintenance organizations (DMOs). Life insurance and AD&D are provided by The Union Labor Life Insurance Company. Bank hours for actives and apprentices are shown on the statements of benefit obligations. These estimates have been determined by the Plan's benefits consultant; however, no amounts have been set aside to provide future benefits for retirees.

**Retiree Benefits** - The Plan provides medical, dental and prescription drug benefits to certain retired eligible participants. Retirees or their dependents who are eligible for Medicare are not eligible for any medical benefits under the Plan.

Active participants who are eligible for benefits may become eligible for similar benefits when they reach retirement based upon certain provisions. The cost of providing those benefits totaled \$21,675,483 and \$19,801,937 for an average of 892 and 871 retirees for the years ended December 31, 2024 and 2023, respectively.

The Plan self-funds retiree death benefits. The amount set aside on a monthly basis is based on \$1.85 per eligible using a 6% interest assumption and moderate mortality.

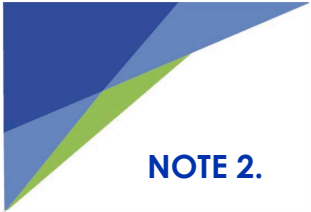
By actions voted by the Board of Trustees, monthly contributions from retirees and dependents are required. These co-payments are deducted directly from retirees' monthly pension checks. The co-payment amount from retirees varies according to the type of health benefits chosen and election of coverage for spouse and/or other dependents, and whether they are eligible under Medicare.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements have been prepared on the accrual basis of accounting in accordance accounting principles generally accepted in the United States of America (U.S. GAAP).

**Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines valuation policies by using information provided by its investment consultant, managers and custodian. See Note 4 for a discussion of fair value measurements.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividend income is recognized on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments purchases and sold as well as held during the year.

**Employer Contributions Receivable** - The Plan estimates amounts receivable from reporting employers at year-end based upon amounts collected subsequent to year-end. The Plan considers the receivables to be fully collectible; accordingly, no allowance for doubtful receivables is required. Employer records are subject to audit, and additional revenue, if any, that may arise as a result of these audits is recognized when received.

**Employer Payroll Compliance Program** - Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records by the Construction Laborers Trust Funds for Southern California Administrative Company, LLC.

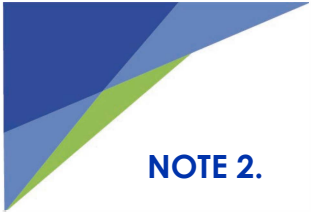
**Benefit Obligations other than Postretirement Benefit Obligations** - Benefit obligations other than postretirement benefit obligations include claims payable, claims incurred but not yet reported, future benefits based on participants' accumulated eligibility and retiree death benefits. Claims paid by the claims processor prior to the year-end that are not reimbursed by the Plan as of year-end are recorded as claims payable and included in on the statements of benefit obligations.

Claims incurred but not yet reported and future benefits based on participants' accumulated eligibility are estimated by the Plan's consultant in accordance based on claims data provided by the plan administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Retiree death benefits are estimated based on an amount set aside as described in Note 1.

**Postretirement Benefit Obligations** - Accounting principles generally accepted in the United States of America require multiemployer welfare benefit plans to report postretirement benefit obligations for retired participants including beneficiaries and covered dependents, active and terminated participants who are fully eligible to receive postretirement benefits, and active participants not yet fully eligible for postretirement benefits. The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee services rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with 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.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The actuarial present value of the expected postretirement benefit obligation as of December 31, 2024 and 2023 was determined by actuaries from Horizon Actuarial Services and is the amount that results from applying actuarial assumptions to historical benefit cost data to estimate future annual incurred benefit costs per participant and to adjust such estimates for the time value of money (through discount rates for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions and methods used for the year ended December 31, 2024 were: (a) Discount Rate: 5.50% per annum, (b) Postretirement mortality for healthy individuals: RP-2014 Blue-Collar Table for males and females, projected to 2021, using Scale MP-2018, (c) Mortality for disabled individuals: RP-2014 Blue-Collar Table for males and females, projected to 2021, using Scale MP-2018, (d) Retirement age ranging from 45 to 70 and over, and (e) Other assumptions and methods for retirement rates, mix of type of retiree coverage, trend rates and per capita cost assumptions.

The Plan's excess of benefit obligations over net assets at December 31, 2024 and 2023, relates to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBAs. However, the Plan empowers the Board of Trustees to establish self-payments by eligible retired participants and modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the Board of Trustees.

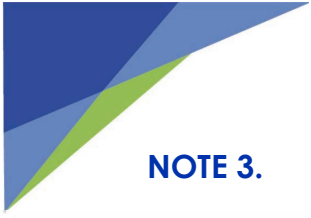
The health care cost-trend and retiree contribution trend rate have a significant effect on the postretirement benefit obligation. A 1% increase in the health care cost-trend rate would increase the net postretirement benefit obligation as of December 31, 2024 and 2023 by \$133,835,486 and \$107,076,285, respectively. As of December 31, 2024 and 2023, retirees are projected to contribute 11.4% and 13.8%, respectively, of the estimated cost of providing their postretirement benefits.

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.

**Changes in Actuarial Assumptions** - To more closely reflect Plan experience, the actuary (a) revised the assumption covering the per capita health costs and the future trend on such costs; (b) for 2024, the administrative cost decreased from \$475 to \$331 per person per annum, to more closely reflect recent and anticipated experience; and (c) for 2024, increased the discount rate from 4.75% to 5.50%.

## NOTE 3. TAX STATUS

No provision for federal or state income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i.



### NOTE 3. TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### NOTE 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

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

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

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

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

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

*Money market fund:* Estimates based on amortized cost which approximates fair value.

## NOTE 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

*U.S. Government obligations, corporate bonds, and municipal bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Mutual funds (open-ended):* Valued based on the closing price reported on the active market on which the mutual fund is traded.

*Mutual fund (closed-end):* Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the portfolio of investments held by the fund.

*Common collective trusts:* Valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

*Limited partnerships:* Limited partnership's value is estimated based on annual independent audits of the respective partnership and the Plan's percentage ownership or units held in each of the respective partnerships.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

|                                          | Total<br>Investments at<br>12/31/24 | Quoted Market<br>Price<br>for Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|------------------------------------------|-------------------------------------|---------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| Money market                             | \$ 3,623,346                        | \$ 3,623,346                                      | \$ -                                                      | \$ -                                               |
| U.S. Government obligations              | 10,249,271                          | -                                                 | 10,249,271                                                | -                                                  |
| Corporate bonds                          | 20,891,480                          | -                                                 | 20,891,480                                                | -                                                  |
| Municipal bonds                          | 1,011,912                           | -                                                 | 1,011,912                                                 | -                                                  |
| Mutual funds (open-ended)                | 65,074,628                          | 65,074,628                                        | -                                                         | -                                                  |
| Total                                    | 100,850,637                         | \$ 68,697,974                                     | \$ 32,152,663                                             | \$ -                                               |
| Investments measured at net asset value* | 70,072,944                          |                                                   |                                                           |                                                    |
| Investments at fair value                | \$ 170,923,581                      |                                                   |                                                           |                                                    |

\*In accordance with Accounting Standards Codification, investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

## NOTE 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

|                                          | Total<br>Investments at<br>12/31/23 | Quoted Market<br>Price<br>for Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|------------------------------------------|-------------------------------------|---------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| Money market                             | \$ 5,060,487                        | \$ 5,060,487                                      | \$ -                                                      | \$ -                                               |
| U.S. Government obligations              | 12,520,578                          | -                                                 | 12,520,578                                                | -                                                  |
| Corporate bonds                          | 17,056,456                          | -                                                 | 17,056,456                                                | -                                                  |
| Municipal bonds                          | 1,016,717                           | -                                                 | 1,016,717                                                 | -                                                  |
| Mutual funds (open-ended)                | 74,828,883                          | 74,828,883                                        | -                                                         | -                                                  |
| Total                                    | 110,483,121                         | \$ 79,889,370                                     | \$ 30,593,751                                             | \$ -                                               |
| Investments measured at net asset value* | 49,867,074                          |                                                   |                                                           |                                                    |
| Investments at fair value                | \$ 160,350,195                      |                                                   |                                                           |                                                    |

\*In accordance with Accounting Standards Codification, investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

### Fair Value of Investments that Calculate Net Asset Value

The following table sets forth the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2024:

|                                              | Year Ended December 31, 2024 |                         |                         |                             |
|----------------------------------------------|------------------------------|-------------------------|-------------------------|-----------------------------|
|                                              | Fair Value                   | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
| Mutual fund (closed-end)                     |                              |                         |                         |                             |
| ABS Long/Short Strategies Fund               | \$ 34,824,907                | \$ -                    | See below               | See below                   |
| Common collective trusts                     |                              |                         |                         |                             |
| NIS Short Duration High Yield Fund, LLC      | 3,990,888                    | -                       | Semi-monthly            | 3 Days                      |
| NIS Total Absolute Return QP Fund, LLC       | 3,889,665                    | -                       | Semi-monthly            | 3 Days                      |
| Total common collective trusts               | 7,880,553                    | -                       |                         |                             |
| Limited partnerships                         |                              |                         |                         |                             |
| Invesco Private Credit Opportunities Fund LP | 5,711,277                    | 4,513,341               | See below               | See below                   |
| Point Bonita Capital Fund LLC                | 16,056,268                   | -                       | See below               | See below                   |
| Schroder Taft Hartley Income Fund LP         | 5,599,939                    | 2,598,951               | Annual                  | 90 Days                     |
| Total limited partnerships                   | 27,367,484                   | 7,112,292               |                         |                             |
| Total                                        | \$ 70,072,944                | \$ 7,112,292            |                         |                             |

## NOTE 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2023:

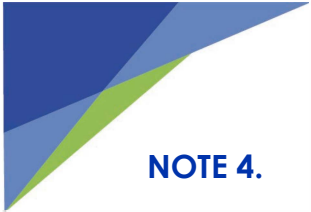
|                                              | Year Ended December 31, 2023 |                      |                      |                          |
|----------------------------------------------|------------------------------|----------------------|----------------------|--------------------------|
|                                              | Fair Value                   | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
| Mutual fund (closed-end)                     |                              |                      |                      |                          |
| ABS Long/Short Strategies Fund               | \$ 30,605,289                | \$ -                 | See below            | See below                |
| Common collective trusts                     |                              |                      |                      |                          |
| NIS Short Duration High Yield Fund, LLC      | 3,713,512                    | -                    | Semi-monthly         | 3 Days                   |
| NIS Total Absolute Return QP Fund, LLC       | 3,629,858                    | -                    | Semi-monthly         | 3 Days                   |
| Total common collective trusts               | 7,343,370                    | -                    |                      |                          |
| Limited partnerships                         |                              |                      |                      |                          |
| Invesco Private Credit Opportunities Fund LP | 6,323,621                    | 4,142,000            | See below            | See below                |
| Schroder Taft Hartley Income Fund LP         | 5,594,794                    | 2,598,951            | Annual               | 90 Days                  |
| Total limited partnerships                   | 11,918,415                   | 6,740,951            |                      |                          |
| Total                                        | \$ 49,867,074                | \$ 6,740,951         |                      |                          |

**ABS Long/Short Strategies Fund** - The Fund's investment objective is to seek capital appreciation over a full market cycle while maintaining a lower level of volatility when compared to the global equity markets' risks and volatility. To achieve its investment objective, the Fund invests its assets pursuant to equity long/short strategies through investments in private investment vehicles or hedge funds. Shareholders do not have the right to require the Fund to redeem any of their shares. The Fund may from time to time offer to repurchase shares pursuant to written repurchase offers but is not obligated to do so. Repurchases, if authorized, will be made no more frequently than quarterly with 33 days' notice via tender offer.

**Common Collective Trusts** - The common collective trusts report as a direct filing entity and can be redeemed according to the table.

**Invesco Private Credit Opportunities Fund LP** - The partnership's investment objective is to invest primarily in directly originated credit investments in middle market companies as well as in opportunistic stressed and distressed and special situation investments in middle market and small capitalization companies. The partnership may also invest in privately structured investments, debtor-in-possession loans and, in select circumstances, distressed for control positions and post-reorganization equity. The partners do not have the right to withdraw or be repaid any portion of their contributions made to the partnership, except as determined by the general partner.

**Point Bonita Capital Fund LLC** - The investment objective (as implemented through the Master Fund) is to seek to capitalize on market inefficiencies in trade finance. The Master Fund is organized for the purpose of making investments in short-term trade receivables and short-term trade payables (collectively, the Trade Finance Investments). The Master Fund may also buy, sell, sell short, hold and trade, on margin or otherwise, credit instruments (including bonds, notes and loans) and derivatives that the manager believes to be trade finance focused and cash equivalents, such as U.S. government securities and/or money market funds, for cash management purposes. A member may withdraw all



#### NOTE 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

or any portion of its capital account as of any quarter-end, upon not less than 90 days' prior written notice to the manager and administrator. The withdrawal is subject to a 12 month lock-up period that begins on the closing date of each capital commitment by a member.

**Schroder Taft Hartley Income Fund LP** - The partnership's investment objective is to target attractive risk-adjusted returns, produced from either income or appreciation, primarily by purchasing securities within securitized credit markets in the United States with a focus on asset backed and mortgage backed securities and/or by holding, through acquisition or origination, a portfolio of mortgage loan investments, including but not limited to commercial property loans, performing residential mortgages, consumer loans or leases, income producing property loan investments, and mezzanine loan investments, including whole loans and participations therein. The partners may make voluntary withdrawals of all or a portion of its capital account balance as of March 31 each year upon at least 90 days' prior written notice to the general partner.

#### NOTE 5. RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan uses the Construction Laborers Trust Funds for Southern California Administrative Company, LLC, a related party, to collect non-payments or underpayments of fringe benefits.

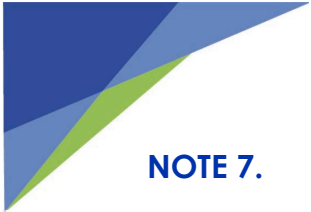
For the years ended December 31, 2024 and 2023, the Plan's allocable share of expenses totaled \$1,567,309 and \$1,483,662, respectively.

Pacific Southwest Administrators (PSWA) provided administrative and claims services to the Plan for \$675,715 and \$643,538 per month for the years ending December 31, 2024 and 2023, respectively, plus reimbursements for postage, preparation of health and welfare booklets, COBRA administration, digitizing records, special mailings, and any other services requested by the Board of Trustees.

The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

#### NOTE 6. PLAN TERMINATION

Except as otherwise provided by law, in the event of termination of the Agreement and Declaration of Trust, the Plan provides that any and all monies remaining in the Plan after payment of all expenses and obligations of the Plan shall be expended and used for the continuance of purposes of the Plan until such monies are exhausted.



## NOTE 7. CONCENTRATION OF CREDIT RISK

During the year ended December 31, 2024, the Plan maintained bank accounts with cash balances in excess of the Federal Deposit Insurance Corporation limit of \$250,000 per bank. The amount in excess of the limit were subject to risk if the financial institution did not perform. The Plan has not incurred any loss on the uninsured balance. The Plan's uninsured balance as of December 31, 2024 was approximately \$36,478,000.

## NOTE 8. ALLOCATION OF ADMINISTRATIVE EXPENSES

Administrative expenses, except collection office expenses which do not apply to retirees, are allocated among actives, apprentices and retirees in proportion to the average number of participants.

## NOTE 9. ALTERNATIVE DISPUTE RESOLUTION PROGRAM

The following are the results of the Alternative Dispute Resolution (ADR) program instituted by the Board of Trustees:

|                           | <u>2024</u>       | <u>2023</u>       |
|---------------------------|-------------------|-------------------|
| Employer contributions    | \$ 234,009        | \$ 225,453        |
| ADR carrier fees          | <u>297,877</u>    | <u>191,660</u>    |
|                           | 531,886           | 417,113           |
| Program fees and expenses | <u>301,068</u>    | <u>297,060</u>    |
|                           | <u>\$ 230,818</u> | <u>\$ 120,053</u> |

## NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in fair values, interest rates or other factors in the near term would materially affect the amounts reported in the financial statements.

Benefit obligations and postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, employee demographics and other factors, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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 11. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

|                                                                                        | <u>2024</u>          | <u>2023</u>          |
|----------------------------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements                         | \$ 237,245,440       | \$ 214,834,206       |
| Less: benefits currently payable to or for participants, beneficiaries, and dependents | <u>(149,722,762)</u> | <u>(146,261,768)</u> |
| Net assets available for benefits per the Form 5500                                    | <u>\$ 87,522,678</u> | <u>\$ 68,572,438</u> |

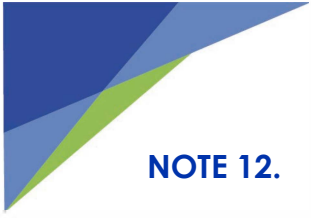
The following is a reconciliation of benefits paid to participants and additions per the financial statements to the Form 5500 for the year ended December 31, 2024:

|                                                                     |                       |
|---------------------------------------------------------------------|-----------------------|
| Cost of benefits provided per financial statements                  | \$ 346,541,019        |
| Add: benefits payable at December 31, 2024                          | 149,722,762           |
| Less: benefits payable at December 31, 2023                         | <u>(146,261,768)</u>  |
| Benefit payments and payments to provide benefits per the Form 5500 | <u>\$ 350,002,013</u> |
| Total additions per audited financial statements                    | \$ 380,373,728        |
| Add: investment consultants and custodian fees                      | <u>265,332</u>        |
| Total additions per the Form 5500                                   | <u>\$ 380,639,060</u> |

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

|                                                   |                       |
|---------------------------------------------------|-----------------------|
| Total deductions per audited financial statements | \$ 357,962,494        |
| Less: effects of changes in benefit obligations   | 3,460,994             |
| Add: investment consultants and custodian fees    | <u>265,332</u>        |
| Total deductions per the Form 5500                | <u>\$ 361,688,820</u> |

Total benefits per the financial statements are premiums and claims paid during the year. Total benefits per the Form 5500 is the total of premiums for coverage during the year, claims incurred during the year, and the increase or decrease in the estimated cost to provide future benefits, all for participants, dependents, and beneficiaries.



## **NOTE 12.     SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 7, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



## SUPPLEMENTAL INFORMATION





**LABORERS HEALTH & WELFARE TRUST FUND  
FOR SOUTHERN CALIFORNIA**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                                   | <u>2024</u>          | <u>2023</u>          |
|---------------------------------------------------|----------------------|----------------------|
| Administration expense                            | \$ 8,113,530         | \$ 7,722,456         |
| Audit fees                                        | 74,260               | 98,691               |
| Claims examination fees                           | 36,000               | 56,500               |
| Consultant's fees                                 | 146,000              | 94,692               |
| Dental consultant fees                            | 79,380               | 79,200               |
| Legal fees                                        | 242,408              | 240,607              |
| Collection office allowance                       | 1,567,309            | 1,483,662            |
| Insurance expense - fiduciary liability and other | 101,725              | 81,341               |
| PCORI fees                                        | 123,954              | 111,915              |
| Printing and stationery                           | 532,322              | 414,034              |
| Dues and subscriptions                            | -                    | 1,975                |
| Postage and mailing                               | 387,612              | 321,245              |
| Conference expense                                | 12,433               | 6,100                |
| Miscellaneous expense                             | <u>4,542</u>         | <u>3,660</u>         |
| Total administrative expenses                     | <u>\$ 11,421,475</u> | <u>\$ 10,716,078</u> |

# LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

## SCHEDULES OF BENEFITS PAID

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                    | 2024           |              |               |                | 2023           |              |               |                |
|------------------------------------|----------------|--------------|---------------|----------------|----------------|--------------|---------------|----------------|
|                                    | Actives        | Apprentices  | Retirees      | Total          | Actives        | Apprentices  | Retirees      | Total          |
| <b>Premiums paid</b>               |                |              |               |                |                |              |               |                |
| The Union Labor Life Insurance Co. | \$ 479,379     | \$ -         | \$ -          | \$ 479,379     | \$ 556,139     | \$ -         | \$ -          | \$ 556,139     |
| Kaiser Foundation Health Plans     | 127,869,850    | 18,645       | 9,582,172     | 137,470,667    | 121,652,137    | 12,293       | 8,925,812     | 130,590,242    |
| SIMNSA                             | 2,276,166      | 18,588       | -             | 2,294,754      | 1,977,697      | 15,925       | -             | 1,993,622      |
| Delta Care PMI                     | 1,260,305      | -            | -             | 1,260,305      | 1,260,995      | -            | -             | 1,260,995      |
| Total premiums paid                | 131,885,700    | 37,233       | 9,582,172     | 141,505,105    | 125,446,968    | 28,218       | 8,925,812     | 134,400,998    |
| <b>Indemnity Plan benefits</b>     |                |              |               |                |                |              |               |                |
| Medical                            |                |              |               |                |                |              |               |                |
| Anthem Blue Cross PPO              | 68,681,184     | 9,074,324    | 1,142,004     | 78,897,512     | 57,727,590     | 4,993,150    | 456,734       | 63,177,474     |
| Anthem Blue Cross EPO              | 66,343,972     | 76,372       | 4,856,294     | 71,276,638     | 66,496,922     | 5,142        | 4,490,923     | 70,992,987     |
| Dental                             | 15,045,517     | 4,350        | 27,585        | 15,077,452     | 15,648,551     | 2,534        | 26,147        | 15,677,232     |
| Prescription drug                  | 27,674,583     | -            | 5,903,186     | 33,577,769     | 23,286,211     | -            | 5,696,480     | 28,982,691     |
| Vision                             | 1,080,468      | -            | -             | 1,080,468      | 1,375,019      | -            | -             | 1,375,019      |
| Network fees                       |                |              |               |                |                |              |               |                |
| Anthem Blue Cross PPO              | 2,678,268      | 158,941      | 68,118        | 2,905,327      | 2,488,990      | 154,400      | 77,200        | 2,720,590      |
| Anthem Blue Cross EPO              | 1,163,094      | 75,454       | 32,337        | 1,270,885      | 967,964        | 73,298       | 36,649        | 1,077,911      |
| Dental                             | 309,248        | 23,025       | 9,868         | 342,141        | 295,378        | 22,367       | 11,183        | 328,928        |
| Vision                             | 249,715        | -            | -             | 249,715        | 232,654        | -            | -             | 232,654        |
| Hearing                            | 54,796         | 4,277        | 1,833         | 60,906         | 54,865         | 4,155        | 2,077         | 61,097         |
| Pharmacy                           | 226,924        | 18,091       | 7,753         | 252,768        | 232,079        | 17,574       | 8,787         | 258,440        |
| Death benefits - retirees          | -              | -            | 44,333        | 44,333         | -              | -            | 69,945        | 69,945         |
| Total Indemnity Plan benefits      | 183,507,769    | 9,434,834    | 12,093,311    | 205,035,914    | 168,806,223    | 5,272,620    | 10,876,125    | 184,954,968    |
| Total benefits paid                | \$ 315,393,469 | \$ 9,472,067 | \$ 21,675,483 | \$ 346,541,019 | \$ 294,253,191 | \$ 5,300,838 | \$ 19,801,937 | \$ 319,355,966 |

## LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

### SCHEDULES OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE NET INVESTMENT INCOME AND OTHER REVENUE - ACTIVES

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                                                      | 2024                              |                                              |                    | 2023                              |                                              |                    |
|----------------------------------------------------------------------|-----------------------------------|----------------------------------------------|--------------------|-----------------------------------|----------------------------------------------|--------------------|
|                                                                      | Percentage<br>to Total<br>Revenue | Per Active<br>Eligible Member<br>Per Month * |                    | Percentage<br>to Total<br>Revenue | Per Active<br>Eligible Member<br>Per Month * |                    |
| <b>Contributions</b>                                                 |                                   |                                              |                    |                                   |                                              |                    |
| Contributions                                                        |                                   |                                              |                    |                                   |                                              |                    |
| Employer contributions                                               | \$ 323,726,407                    | 99.6 %                                       |                    | \$ 308,817,746                    | 99.6 %                                       |                    |
| Liquidated damages                                                   | 404,159                           | 0.1                                          |                    | 469,288                           | 0.1                                          |                    |
| COBRA self-payments                                                  | <u>823,040</u>                    | <u>0.3</u>                                   |                    | <u>895,359</u>                    | <u>0.3</u>                                   |                    |
| Total contributions                                                  | 324,953,606                       | 100.0                                        |                    | 310,182,393                       | 100.0                                        |                    |
| <b>Benefits paid</b>                                                 | <u>315,393,469</u>                | <u>97.1</u>                                  | <u>\$ 1,133.42</u> | <u>294,253,191</u>                | <u>94.9</u>                                  | <u>\$ 1,069.39</u> |
| Excess of contributions over benefits paid                           | <u>9,560,137</u>                  | <u>2.9</u>                                   |                    | <u>15,929,202</u>                 | <u>5.1</u>                                   |                    |
| <b>Administrative expenses</b>                                       |                                   |                                              |                    |                                   |                                              |                    |
| Administration expense                                               | 7,302,177                         | 2.2                                          | \$ 26.24           | 6,950,210                         | 2.2                                          | \$ 25.26           |
| Audit fees                                                           | 66,834                            | -                                            | 0.24               | 88,822                            | -                                            | 0.32               |
| Claims examination fees                                              | 32,400                            | -                                            | 0.12               | 50,850                            | -                                            | 0.18               |
| Consultant's fees                                                    | 131,400                           | -                                            | 0.47               | 85,223                            | -                                            | 0.31               |
| Dental consultant fees                                               | 71,442                            | -                                            | 0.26               | 71,280                            | -                                            | 0.26               |
| Legal fees                                                           | 218,167                           | 0.1                                          | 0.78               | 216,547                           | 0.1                                          | 0.79               |
| Collection office allowance                                          | 1,457,597                         | 0.4                                          | 5.24               | 1,379,806                         | 0.4                                          | 5.01               |
| Insurance expense - fiduciary liability and other                    | 91,552                            | -                                            | 0.33               | 73,207                            | -                                            | 0.27               |
| PCORI fees                                                           | 111,558                           | -                                            | 0.40               | 100,724                           | -                                            | 0.37               |
| Printing and stationery                                              | 479,089                           | 0.1                                          | 1.72               | 372,631                           | 0.1                                          | 1.35               |
| Dues and subscriptions                                               | -                                 | -                                            | -                  | 1,778                             | -                                            | 0.01               |
| Postage and mailing                                                  | 348,851                           | 0.1                                          | 1.25               | 289,121                           | 0.1                                          | 1.05               |
| Conference expense                                                   | 11,190                            | -                                            | 0.04               | 5,490                             | -                                            | 0.02               |
| Miscellaneous expense                                                | <u>4,088</u>                      | <u>-</u>                                     | <u>0.01</u>        | <u>3,294</u>                      | <u>-</u>                                     | <u>0.01</u>        |
| Total administrative expenses                                        | <u>10,326,345</u>                 | <u>2.9</u>                                   | <u>\$ 37.10</u>    | <u>9,688,983</u>                  | <u>2.9</u>                                   | <u>\$ 35.21</u>    |
| <b>Net change before net investment<br/>income and other revenue</b> | <u>\$ (766,208)</u>               | <u>0.0 %</u>                                 |                    | <u>\$ 6,240,219</u>               | <u>2.2 %</u>                                 |                    |
| * Note: average number of active eligible members per month          |                                   |                                              |                    |                                   |                                              |                    |
| Kaiser                                                               | 7,415                             |                                              |                    | 7,426                             |                                              |                    |
| SIMNSA                                                               | 368                               |                                              |                    | 331                               |                                              |                    |
| Indemnity - Blue Cross PPO                                           | 11,150                            |                                              |                    | 10,830                            |                                              |                    |
| Indemnity - Blue Cross EPO                                           | <u>4,256</u>                      |                                              |                    | <u>4,343</u>                      |                                              |                    |
|                                                                      | <u>23,189</u>                     |                                              |                    | <u>22,930</u>                     |                                              |                    |

## LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

### SCHEDULES OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE NET INVESTMENT INCOME AND OTHER REVENUE - APPRENTICES

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                                                      | 2024                 |                                   |                                                  | 2023                 |                                   |                                                  |
|----------------------------------------------------------------------|----------------------|-----------------------------------|--------------------------------------------------|----------------------|-----------------------------------|--------------------------------------------------|
|                                                                      |                      | Percentage<br>to Total<br>Revenue | Per Apprentice<br>Eligible Member<br>Per Month * |                      | Percentage<br>to Total<br>Revenue | Per Apprentice<br>Eligible Member<br>Per Month * |
| <b>Contributions</b>                                                 |                      |                                   |                                                  |                      |                                   |                                                  |
| Contributions received - employers                                   | \$ 26,624,429        | 100.0 %                           |                                                  | \$ 24,873,803        | 100.0 %                           |                                                  |
| <b>Benefits paid</b>                                                 | <u>9,472,067</u>     | <u>35.6</u>                       | <u>\$ 425.29</u>                                 | <u>5,300,838</u>     | <u>21.3</u>                       | <u>\$ 292.97</u>                                 |
| Excess of contributions over benefits paid                           | <u>17,152,362</u>    | <u>64.4</u>                       |                                                  | <u>19,572,965</u>    | <u>78.7</u>                       |                                                  |
| <b>Administrative expenses</b>                                       |                      |                                   |                                                  |                      |                                   |                                                  |
| Administration expense                                               | 567,947              | 2.1                               | \$ 25.50                                         | 540,572              | 2.2                               | \$ 25.93                                         |
| Audit fees                                                           | 5,198                | -                                 | 0.23                                             | 6,908                | -                                 | 0.33                                             |
| Claims examination fees                                              | 2,520                | -                                 | 0.11                                             | 3,955                | -                                 | 0.19                                             |
| Consultant's fees                                                    | 10,220               | -                                 | 0.46                                             | 6,628                | -                                 | 0.32                                             |
| Dental consultant fees                                               | 5,557                | -                                 | 0.25                                             | 5,544                | -                                 | 0.27                                             |
| Legal fees                                                           | 16,969               | 0.1                               | 0.76                                             | 16,842               | 0.1                               | 0.81                                             |
| Collection office allowance                                          | 109,712              | 0.4                               | 4.93                                             | 103,856              | 0.4                               | 4.98                                             |
| Insurance expense - fiduciary liability and other                    | 7,121                | -                                 | 0.32                                             | 5,694                | -                                 | 0.27                                             |
| PCORI fees                                                           | 8,677                | -                                 | 0.39                                             | 7,834                | -                                 | 0.38                                             |
| Printing and stationery                                              | 37,263               | 0.1                               | 1.67                                             | 28,982               | 0.1                               | 1.39                                             |
| Dues and subscriptions                                               | -                    | -                                 | -                                                | 138                  | -                                 | 0.01                                             |
| Postage and mailing                                                  | 27,133               | 0.1                               | 1.22                                             | 22,487               | 0.1                               | 1.08                                             |
| Conference expense                                                   | 870                  | -                                 | 0.04                                             | 427                  | -                                 | 0.02                                             |
| Miscellaneous expense                                                | <u>318</u>           | <u>-</u>                          | <u>0.01</u>                                      | <u>256</u>           | <u>-</u>                          | <u>0.01</u>                                      |
| Total administrative expenses                                        | <u>799,505</u>       | <u>2.9</u>                        | <u>\$ 35.89</u>                                  | <u>750,123</u>       | <u>2.9</u>                        | <u>\$ 35.99</u>                                  |
| <b>Net change before net investment<br/>income and other revenue</b> | <u>\$ 16,352,857</u> | <u>61.5 %</u>                     |                                                  | <u>\$ 18,822,842</u> | <u>75.8 %</u>                     |                                                  |
| * Note: average number of active eligible members per month          |                      |                                   |                                                  |                      |                                   |                                                  |
| Kaiser                                                               | 4                    |                                   |                                                  | 2                    |                                   |                                                  |
| SIMNSA                                                               | 3                    |                                   |                                                  | 3                    |                                   |                                                  |
| Indemnity - Blue Cross PPO                                           | 1,848                |                                   |                                                  | 1,731                |                                   |                                                  |
| Indemnity - Blue Cross EPO                                           | <u>1</u>             |                                   |                                                  | <u>1</u>             |                                   |                                                  |
|                                                                      | <u>1,856</u>         |                                   |                                                  | <u>1,737</u>         |                                   |                                                  |

## LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

### SCHEDULES OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE NET INVESTMENT INCOME AND OTHER REVENUE - RETIREES

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                                                      | 2024                   |                                   |                                               | 2023                   |                                   |                                               |
|----------------------------------------------------------------------|------------------------|-----------------------------------|-----------------------------------------------|------------------------|-----------------------------------|-----------------------------------------------|
|                                                                      |                        | Percentage<br>to Total<br>Revenue | Per Retiree<br>Eligible Member<br>Per Month * |                        | Percentage<br>to Total<br>Revenue | Per Retiree<br>Eligible Member<br>Per Month * |
| <b>Contributions</b>                                                 |                        |                                   |                                               |                        |                                   |                                               |
| Contributions received - retirees                                    | \$ 3,758,391           | 100.0 %                           |                                               | \$ 4,187,073           | 100.0 %                           |                                               |
| <b>Benefits paid</b>                                                 | <u>21,675,483</u>      | <u>576.7</u>                      | <u>\$ 2,024.99</u>                            | <u>19,801,937</u>      | <u>472.9</u>                      | <u>\$ 1,831.20</u>                            |
| (Deficit) of contributions over benefits paid                        | <u>(17,917,092)</u>    | <u>(476.7)</u>                    |                                               | <u>(15,614,864)</u>    | <u>(372.9)</u>                    |                                               |
| <b>Administrative expenses</b>                                       |                        |                                   |                                               |                        |                                   |                                               |
| Administration expense                                               | 243,406                | 6.5                               | \$ 22.74                                      | 231,674                | 5.5                               | \$ 22.17                                      |
| Audit fees                                                           | 2,228                  | 0.1                               | 0.21                                          | 2,961                  | 0.1                               | 0.28                                          |
| Claims examination fees                                              | 1,080                  | -                                 | 0.10                                          | 1,695                  | -                                 | 0.16                                          |
| Consultant's fees                                                    | 4,380                  | 0.1                               | 0.41                                          | 2,841                  | 0.1                               | 0.27                                          |
| Dental consultant fees                                               | 2,381                  | 0.1                               | 0.22                                          | 2,376                  | 0.1                               | 0.23                                          |
| Legal fees                                                           | 7,272                  | 0.2                               | 0.68                                          | 7,218                  | 0.2                               | 0.69                                          |
| Insurance expense - fiduciary liability and other                    | 3,052                  | 0.1                               | 0.29                                          | 2,440                  | 0.1                               | 0.23                                          |
| PCORI fees                                                           | 3,719                  | 0.1                               | 0.35                                          | 3,357                  | 0.1                               | 0.32                                          |
| Printing and stationery                                              | 15,970                 | 0.4                               | 1.49                                          | 12,421                 | 0.3                               | 1.19                                          |
| Dues and subscriptions                                               | -                      | -                                 | -                                             | 59                     | -                                 | 0.01                                          |
| Postage and mailing                                                  | 11,628                 | 0.3                               | 1.09                                          | 9,637                  | 0.2                               | 0.92                                          |
| Conference expense                                                   | 373                    | -                                 | 0.03                                          | 183                    | -                                 | 0.02                                          |
| Miscellaneous expense                                                | <u>136</u>             | <u>-</u>                          | <u>0.01</u>                                   | <u>110</u>             | <u>-</u>                          | <u>0.01</u>                                   |
| Total administrative expenses                                        | <u>295,625</u>         | <u>7.9</u>                        | <u>\$ 27.62</u>                               | <u>276,972</u>         | <u>6.7</u>                        | <u>\$ 26.50</u>                               |
| <b>Net change before net investment<br/>income and other revenue</b> | <u>\$ (18,212,717)</u> | <u>(484.6) %</u>                  |                                               | <u>\$ (15,891,836)</u> | <u>(379.6) %</u>                  |                                               |
| * Note: average number of active eligible members per month          |                        |                                   |                                               |                        |                                   |                                               |
| Kaiser                                                               | 474                    |                                   |                                               | 453                    |                                   |                                               |
| Indemnity - Blue Cross PPO                                           | 82                     |                                   |                                               | 89                     |                                   |                                               |
| Indemnity - Blue Cross EPO                                           | <u>336</u>             |                                   |                                               | <u>329</u>             |                                   |                                               |
|                                                                      | <u>892</u>             |                                   |                                               | <u>871</u>             |                                   |                                               |

# LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line 4i

E.I.N. 51-6146048  
Plan No. 501

|                                          |                                                              | (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |            |                  |                     |                                    |                   |                      |
|------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|------------------|---------------------|------------------------------------|-------------------|----------------------|
| (a)                                      | (b) Identity of issuer, borrower,<br>lessor or similar party | Description                                                                                                          | Collateral | Maturity<br>Date | Rate of<br>Interest | Par/Maturity<br>Value<br>or Shares | (d) Cost          | (e) Current<br>Value |
| <b>Money Market Funds</b>                |                                                              |                                                                                                                      |            |                  |                     |                                    |                   |                      |
|                                          | First Am Govt Ob Fd Cl Z                                     | Money Market                                                                                                         | N/A        | N/A              | N/A                 | 3,623,346                          | \$ 3,623,346      | \$ 3,623,346         |
| <b>U.S. Government Obligations</b>       |                                                              |                                                                                                                      |            |                  |                     |                                    |                   |                      |
|                                          | U.S. Treasury                                                | U.S. Government                                                                                                      | N/A        | 01/15/2026       | 3.88%               | 95,000                             | 93,624            | 94,684               |
|                                          | U.S. Treasury                                                | U.S. Government                                                                                                      | N/A        | 08/31/2026       | 0.75%               | 361,000                            | 329,166           | 340,910              |
|                                          | U.S. Treasury                                                | U.S. Government                                                                                                      | N/A        | 11/15/2026       | 4.63%               | 3,198,000                          | 3,221,848         | 3,218,851            |
|                                          | U.S. Treasury                                                | U.S. Government                                                                                                      | N/A        | 01/31/2027       | 1.50%               | 1,649,000                          | 1,515,835         | 1,559,476            |
|                                          | U.S. Treasury                                                | U.S. Government                                                                                                      | N/A        | 07/31/2027       | 2.75%               | 2,143,000                          | 2,032,701         | 2,063,859            |
|                                          | U.S. Treasury                                                | U.S. Government                                                                                                      | N/A        | 12/31/2027       | 3.88%               | 3,006,000                          | 2,985,814         | 2,971,491            |
| <b>Total U.S. Government Obligations</b> |                                                              |                                                                                                                      |            |                  |                     |                                    | <u>10,178,988</u> | <u>10,249,271</u>    |
| <b>Corporate Bonds</b>                   |                                                              |                                                                                                                      |            |                  |                     |                                    |                   |                      |
|                                          | Lulwa Ltd                                                    | Corporate Bond                                                                                                       | N/A        | 02/15/2025       | 1.89%               | 4,308                              | 4,366             | 4,292                |
|                                          | Lulwa Ltd                                                    | Corporate Bond                                                                                                       | N/A        | 03/26/2025       | 1.83%               | 4,637                              | 4,658             | 4,608                |
|                                          | Petroleos                                                    | Corporate Bond                                                                                                       | N/A        | 04/15/2025       | 2.38%               | 550                                | 523               | 542                  |
|                                          | Penta Aircraft                                               | Corporate Bond                                                                                                       | N/A        | 04/29/2025       | 1.69%               | 35,690                             | 35,854            | 35,448               |
|                                          | Keycorp Mtn                                                  | Corporate Bond                                                                                                       | N/A        | 05/23/2025       | 3.88%               | 110,000                            | 110,000           | 110,098              |
|                                          | First Horizon                                                | Corporate Bond                                                                                                       | N/A        | 05/26/2025       | 4.00%               | 300,000                            | 287,460           | 298,599              |
|                                          | Wisconsin Pub                                                | Corporate Bond                                                                                                       | N/A        | 11/10/2025       | 5.35%               | 200,000                            | 199,956           | 201,152              |
|                                          | Belvoir Land                                                 | Corporate Bond                                                                                                       | N/A        | 12/15/2025       | 5.35%               | 18,440                             | 19,776            | 18,449               |
|                                          | Nissan Auto                                                  | Corporate Bond                                                                                                       | N/A        | 01/15/2026       | 4.91%               | 22,122                             | 22,121            | 22,127               |
|                                          | Reliance Industries                                          | Corporate Bond                                                                                                       | N/A        | 01/15/2026       | 2.06%               | 63,000                             | 61,899            | 62,080               |
|                                          | Reliance Industries                                          | Corporate Bond                                                                                                       | N/A        | 01/15/2026       | 0.78%               | 71,053                             | 68,672            | 69,948               |
|                                          | State Str                                                    | Corporate Bond                                                                                                       | N/A        | 01/26/2026       | 4.86%               | 135,000                            | 135,000           | 134,982              |
|                                          | Manuf Traders                                                | Corporate Bond                                                                                                       | N/A        | 01/27/2026       | 4.65%               | 80,000                             | 75,303            | 79,782               |
|                                          | Royal Bk Ca                                                  | Corporate Bond                                                                                                       | N/A        | 01/27/2026       | 4.65%               | 245,000                            | 244,762           | 244,686              |
|                                          | Charles Schwab                                               | Corporate Bond                                                                                                       | N/A        | 02/13/2026       | 3.45%               | 95,000                             | 89,525            | 93,605               |
|                                          | Take Two                                                     | Corporate Bond                                                                                                       | N/A        | 03/28/2026       | 5.00%               | 255,000                            | 254,860           | 255,671              |
|                                          | Pioneer Nat Res Co                                           | Corporate Bond                                                                                                       | N/A        | 03/29/2026       | 5.10%               | 140,000                            | 139,931           | 140,965              |
|                                          | Amphenol Corp                                                | Corporate Bond                                                                                                       | N/A        | 03/30/2026       | 4.75%               | 150,000                            | 149,487           | 150,087              |
|                                          | Pennsylvania Elec Co                                         | Corporate Bond                                                                                                       | N/A        | 03/30/2026       | 5.15%               | 195,000                            | 194,534           | 195,507              |
|                                          | Bank Of America                                              | Corporate Bond                                                                                                       | N/A        | 04/02/2026       | 3.38%               | 120,000                            | 120,000           | 119,536              |
|                                          | Wells Fargo                                                  | Corporate Bond                                                                                                       | N/A        | 04/25/2026       | 3.91%               | 120,000                            | 119,967           | 119,633              |
|                                          | Hsbc Holdings                                                | Corporate Bond                                                                                                       | N/A        | 06/04/2026       | 2.10%               | 100,000                            | 97,697            | 98,821               |
|                                          | Tesla Auto                                                   | Corporate Bond                                                                                                       | N/A        | 06/22/2026       | 5.89%               | 49,581                             | 49,578            | 49,755               |
|                                          | AT&T Inc                                                     | Corporate Bond                                                                                                       | N/A        | 07/15/2026       | 2.95%               | 80,000                             | 74,320            | 77,968               |
|                                          | Toronto Dominion                                             | Corporate Bond                                                                                                       | N/A        | 07/17/2026       | 5.53%               | 300,000                            | 300,052           | 303,486              |
|                                          | Bank New York                                                | Corporate Bond                                                                                                       | N/A        | 07/24/2026       | 4.41%               | 110,000                            | 110,000           | 109,707              |
|                                          | Air Lease                                                    | Corporate Bond                                                                                                       | N/A        | 08/15/2026       | 1.88%               | 210,000                            | 190,960           | 200,172              |
|                                          | Old Republic                                                 | Corporate Bond                                                                                                       | N/A        | 08/26/2026       | 3.88%               | 240,000                            | 234,821           | 235,987              |
|                                          | Udr Inc Mtn                                                  | Corporate Bond                                                                                                       | N/A        | 09/01/2026       | 2.95%               | 105,000                            | 98,044            | 101,808              |
|                                          | Bhp Billiton                                                 | Corporate Bond                                                                                                       | N/A        | 09/08/2026       | 5.25%               | 160,000                            | 159,741           | 161,658              |
|                                          | John Deere                                                   | Corporate Bond                                                                                                       | N/A        | 09/15/2026       | 2.32%               | 64,408                             | 64,393            | 63,871               |
|                                          | Toyota At Rec                                                | Corporate Bond                                                                                                       | N/A        | 09/15/2026       | 2.93%               | 84,938                             | 84,936            | 84,422               |
|                                          | Ohana Military                                               | Corporate Bond                                                                                                       | N/A        | 10/01/2026       | 5.68%               | 8,446                              | 9,028             | 8,501                |
|                                          | Aercap Ireland                                               | Corporate Bond                                                                                                       | N/A        | 10/29/2026       | 2.45%               | 415,000                            | 385,339           | 397,275              |
|                                          | American Express Co                                          | Corporate Bond                                                                                                       | N/A        | 10/30/2026       | 6.34%               | 40,000                             | 40,000            | 40,495               |
|                                          | Abay Leasing                                                 | Corporate Bond                                                                                                       | N/A        | 11/09/2026       | 2.65%               | 10,835                             | 10,966            | 10,566               |
|                                          | Enbridge Inc                                                 | Corporate Bond                                                                                                       | N/A        | 11/15/2026       | 5.90%               | 185,000                            | 184,957           | 188,609              |
|                                          | Ally Auto                                                    | Corporate Bond                                                                                                       | N/A        | 11/16/2026       | 3.31%               | 82,960                             | 82,944            | 82,614               |
|                                          | Jpmorgan Chase Co                                            | Corporate Bond                                                                                                       | N/A        | 11/19/2026       | 1.05%               | 90,000                             | 79,446            | 87,115               |
|                                          | Sbna Auto                                                    | Corporate Bond                                                                                                       | N/A        | 11/20/2026       | 5.39%               | 95,000                             | 94,999            | 95,530               |
|                                          | Energy Transfer LP                                           | Corporate Bond                                                                                                       | N/A        | 12/01/2026       | 6.05%               | 175,000                            | 174,978           | 178,747              |
|                                          | Bank Nova                                                    | Corporate Bond                                                                                                       | N/A        | 12/07/2026       | 5.35%               | 90,000                             | 89,882            | 91,155               |
|                                          | Bank Montreal                                                | Corporate Bond                                                                                                       | N/A        | 12/11/2026       | 5.27%               | 100,000                            | 100,000           | 101,169              |
|                                          | Enterprise Fleet                                             | Corporate Bond                                                                                                       | N/A        | 12/20/2026       | 5.74%               | 95,000                             | 94,994            | 95,802               |
|                                          | Duke Energy Corp                                             | Corporate Bond                                                                                                       | N/A        | 01/05/2027       | 4.85%               | 155,000                            | 154,983           | 155,468              |
|                                          | Hyundai Cap                                                  | Corporate Bond                                                                                                       | N/A        | 01/08/2027       | 5.25%               | 155,000                            | 154,879           | 155,904              |
|                                          | Carvana Auto                                                 | Corporate Bond                                                                                                       | N/A        | 01/10/2027       | 0.88%               | 144,543                            | 144,494           | 142,209              |
|                                          | Realty Income Corp                                           | Corporate Bond                                                                                                       | N/A        | 01/15/2027       | 3.20%               | 235,000                            | 229,023           | 227,840              |
|                                          | Americredit                                                  | Corporate Bond                                                                                                       | N/A        | 01/19/2027       | 1.01%               | 165,000                            | 164,961           | 161,647              |
|                                          | Royal Bank Of Mtn                                            | Corporate Bond                                                                                                       | N/A        | 01/19/2027       | 4.88%               | 110,000                            | 109,973           | 110,424              |
|                                          | Flagship Cr                                                  | Corporate Bond                                                                                                       | N/A        | 02/15/2027       | 1.49%               | 75,051                             | 73,468            | 74,671               |
|                                          | Gm Fin Cons                                                  | Corporate Bond                                                                                                       | N/A        | 02/16/2027       | 3.10%               | 110,530                            | 110,507           | 109,836              |

# LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line 4i

E.I.N. 51-6146048  
Plan No. 501

| (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                                                              |                |            |                  |                     |                                    |            |                      |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------|------------|------------------|---------------------|------------------------------------|------------|----------------------|
| (a)                                                                                                                  | (b) Identity of issuer, borrower,<br>lessor or similar party | Description    | Collateral | Maturity<br>Date | Rate of<br>Interest | Par/Maturity<br>Value<br>or Shares | (d) Cost   | (e) Current<br>Value |
|                                                                                                                      | Aon North America                                            | Corporate Bond | N/A        | 03/01/2027       | 5.13%               | 105,000                            | \$ 104,795 | \$ 105,719           |
|                                                                                                                      | Bk Of America                                                | Corporate Bond | N/A        | 03/11/2027       | 1.66%               | 95,000                             | 84,881     | 91,541               |
|                                                                                                                      | State Str                                                    | Corporate Bond | N/A        | 03/18/2027       | 4.99%               | 110,000                            | 110,000    | 110,915              |
|                                                                                                                      | Export Import                                                | Corporate Bond | N/A        | 03/19/2027       | 2.37%               | 36,756                             | 37,975     | 35,531               |
|                                                                                                                      | Smith Nephew                                                 | Corporate Bond | N/A        | 03/20/2027       | 5.15%               | 75,000                             | 74,920     | 75,539               |
|                                                                                                                      | Agco Corp                                                    | Corporate Bond | N/A        | 03/21/2027       | 5.45%               | 235,000                            | 234,814    | 237,228              |
|                                                                                                                      | Kimco Realty Corp                                            | Corporate Bond | N/A        | 04/01/2027       | 3.80%               | 170,000                            | 167,575    | 166,496              |
|                                                                                                                      | America Automobile                                           | Corporate Bond | N/A        | 04/19/2027       | 6.19%               | 70,039                             | 70,038     | 70,374               |
|                                                                                                                      | Bank New York                                                | Corporate Bond | N/A        | 04/26/2027       | 4.95%               | 90,000                             | 90,000     | 90,375               |
|                                                                                                                      | Morgan Stanley                                               | Corporate Bond | N/A        | 05/04/2027       | 1.59%               | 115,000                            | 103,461    | 110,231              |
|                                                                                                                      | General Motors Finl                                          | Corporate Bond | N/A        | 05/08/2027       | 5.40%               | 235,000                            | 234,793    | 237,456              |
|                                                                                                                      | US Airways 2013                                              | Corporate Bond | N/A        | 05/15/2027       | 3.95%               | 139,595                            | 135,407    | 138,188              |
|                                                                                                                      | Truist Finl                                                  | Corporate Bond | N/A        | 06/08/2027       | 6.05%               | 80,000                             | 80,000     | 81,316               |
|                                                                                                                      | Lad Auto Rec                                                 | Corporate Bond | N/A        | 06/15/2027       | 5.48%               | 165,000                            | 164,285    | 165,492              |
|                                                                                                                      | Lad Auto Rec                                                 | Corporate Bond | N/A        | 06/15/2027       | 5.93%               | 26,312                             | 26,310     | 26,379               |
|                                                                                                                      | Dte Energy Co                                                | Corporate Bond | N/A        | 07/01/2027       | 4.95%               | 175,000                            | 174,792    | 175,656              |
|                                                                                                                      | Healthcare Trust                                             | Corporate Bond | N/A        | 07/01/2027       | 3.75%               | 185,000                            | 180,216    | 179,744              |
|                                                                                                                      | Credit Suisse                                                | Corporate Bond | N/A        | 07/09/2027       | 5.00%               | 145,000                            | 143,028    | 145,850              |
|                                                                                                                      | Boardwalk Pipelines                                          | Corporate Bond | N/A        | 07/15/2027       | 4.45%               | 100,000                            | 96,023     | 98,946               |
|                                                                                                                      | Santander Drive Auto                                         | Corporate Bond | N/A        | 07/15/2027       | 1.35%               | 53,936                             | 52,617     | 53,411               |
|                                                                                                                      | World Omni                                                   | Corporate Bond | N/A        | 07/15/2027       | 3.25%               | 121,761                            | 121,746    | 121,060              |
|                                                                                                                      | Royal Bk Cda                                                 | Corporate Bond | N/A        | 07/23/2027       | 5.07%               | 165,000                            | 165,000    | 165,757              |
|                                                                                                                      | Blackrock Funding                                            | Corporate Bond | N/A        | 07/26/2027       | 4.60%               | 190,000                            | 189,994    | 190,433              |
|                                                                                                                      | American Express                                             | Corporate Bond | N/A        | 08/16/2027       | 3.75%               | 120,000                            | 119,998    | 119,448              |
|                                                                                                                      | 6297782 LLC                                                  | Corporate Bond | N/A        | 09/01/2027       | 4.91%               | 105,000                            | 105,000    | 104,650              |
|                                                                                                                      | Canadian Imperial Bk                                         | Corporate Bond | N/A        | 09/11/2027       | 4.51%               | 125,000                            | 125,000    | 124,426              |
|                                                                                                                      | Santander Drive Auto                                         | Corporate Bond | N/A        | 09/15/2027       | 0.00%               | 100,000                            | 99,996     | 100,163              |
|                                                                                                                      | Westlake Autmble                                             | Corporate Bond | N/A        | 09/15/2027       | 5.48%               | 120,000                            | 119,363    | 120,632              |
|                                                                                                                      | Hna 2015 LLC                                                 | Corporate Bond | N/A        | 09/18/2027       | 2.37%               | 39,100                             | 39,667     | 37,470               |
|                                                                                                                      | Hewlett Packard                                              | Corporate Bond | N/A        | 09/25/2027       | 4.40%               | 150,000                            | 149,930    | 148,427              |
|                                                                                                                      | Seattle Children                                             | Corporate Bond | N/A        | 10/01/2027       | 1.21%               | 175,000                            | 160,013    | 159,166              |
|                                                                                                                      | Accenture Capital                                            | Corporate Bond | N/A        | 10/04/2027       | 3.90%               | 180,000                            | 179,768    | 177,347              |
|                                                                                                                      | Caterpillar                                                  | Corporate Bond | N/A        | 10/15/2027       | 1.44%               | 200,000                            | 199,900    | 199,216              |
|                                                                                                                      | World Omni                                                   | Corporate Bond | N/A        | 10/15/2027       | 5.26%               | 115,000                            | 114,990    | 116,319              |
|                                                                                                                      | Pnc Finl Svcs                                                | Corporate Bond | N/A        | 10/20/2027       | 6.62%               | 305,000                            | 311,531    | 314,223              |
|                                                                                                                      | American Honda                                               | Corporate Bond | N/A        | 10/22/2027       | 4.45%               | 165,000                            | 164,693    | 163,781              |
|                                                                                                                      | State Str                                                    | Corporate Bond | N/A        | 10/22/2027       | 4.33%               | 135,000                            | 135,000    | 134,166              |
|                                                                                                                      | US Bank Natl                                                 | Corporate Bond | N/A        | 10/22/2027       | 4.51%               | 250,000                            | 250,000    | 248,650              |
|                                                                                                                      | US Bank Mtn                                                  | Corporate Bond | N/A        | 10/26/2027       | 6.79%               | 135,000                            | 139,805    | 139,567              |
|                                                                                                                      | Lpl Holdings                                                 | Corporate Bond | N/A        | 11/15/2027       | 4.63%               | 140,000                            | 129,850    | 137,689              |
|                                                                                                                      | Mercedes Benz                                                | Corporate Bond | N/A        | 11/15/2027       | 4.51%               | 146,682                            | 146,665    | 146,701              |
|                                                                                                                      | National Secs                                                | Corporate Bond | N/A        | 11/21/2027       | 5.10%               | 195,000                            | 198,095    | 196,993              |
|                                                                                                                      | Gallagher Arthur J                                           | Corporate Bond | N/A        | 12/15/2027       | 4.60%               | 100,000                            | 99,918     | 99,599               |
|                                                                                                                      | Mastercard                                                   | Corporate Bond | N/A        | 01/15/2028       | 4.10%               | 110,000                            | 109,940    | 108,808              |
|                                                                                                                      | Bridgecrest Lending                                          | Corporate Bond | N/A        | 01/18/2028       | 5.53%               | 150,000                            | 149,999    | 150,545              |
|                                                                                                                      | Jpmorgan Chase Co                                            | Corporate Bond | N/A        | 01/23/2028       | 5.04%               | 125,000                            | 125,000    | 125,464              |
|                                                                                                                      | Brookfield Finance                                           | Corporate Bond | N/A        | 01/25/2028       | 3.90%               | 170,000                            | 163,873    | 165,385              |
|                                                                                                                      | American Credit                                              | Corporate Bond | N/A        | 02/14/2028       | 2.73%               | 38,688                             | 37,456     | 38,506               |
|                                                                                                                      | American Home                                                | Corporate Bond | N/A        | 02/15/2028       | 4.25%               | 85,000                             | 84,218     | 82,930               |
|                                                                                                                      | Drive Auto                                                   | Corporate Bond | N/A        | 02/15/2028       | 5.35%               | 120,000                            | 119,989    | 120,478              |
|                                                                                                                      | American Express                                             | Corporate Bond | N/A        | 02/16/2028       | 5.10%               | 100,000                            | 100,000    | 100,577              |
|                                                                                                                      | Gm Fin Cons                                                  | Corporate Bond | N/A        | 02/16/2028       | 4.66%               | 171,559                            | 171,533    | 171,724              |
|                                                                                                                      | Sbna Auto                                                    | Corporate Bond | N/A        | 02/22/2028       | 4.56%               | 100,000                            | 99,688     | 99,960               |
|                                                                                                                      | United Air 2014                                              | Corporate Bond | N/A        | 03/03/2028       | 3.75%               | 369,342                            | 360,129    | 362,055              |
|                                                                                                                      | Carvana Auto                                                 | Corporate Bond | N/A        | 03/10/2028       | 0.75%               | 44,625                             | 42,851     | 42,836               |
|                                                                                                                      | Exeter Automobile                                            | Corporate Bond | N/A        | 04/17/2028       | 6.88%               | 130,000                            | 129,978    | 131,693              |
|                                                                                                                      | Gm Fin Cons                                                  | Corporate Bond | N/A        | 04/17/2028       | 1.94%               | 105,000                            | 101,272    | 101,703              |
|                                                                                                                      | Santander Drive Auto                                         | Corporate Bond | N/A        | 04/17/2028       | 5.88%               | 160,000                            | 159,992    | 160,699              |
|                                                                                                                      | Wells Fargo                                                  | Corporate Bond | N/A        | 04/22/2028       | 5.71%               | 55,000                             | 55,000     | 55,905               |
|                                                                                                                      | Foursight Cap                                                | Corporate Bond | N/A        | 05/15/2028       | 5.99%               | 76,855                             | 76,850     | 77,334               |
|                                                                                                                      | T Mobile US Trust                                            | Corporate Bond | N/A        | 05/22/2028       | 4.91%               | 125,362                            | 125,346    | 125,498              |
|                                                                                                                      | Exeter Automobile                                            | Corporate Bond | N/A        | 07/17/2028       | 3.85%               | 92,048                             | 91,034     | 91,860               |
|                                                                                                                      | Gls Auto Recv                                                | Corporate Bond | N/A        | 07/17/2028       | 6.02%               | 105,000                            | 104,885    | 105,041              |
|                                                                                                                      | World Omni                                                   | Corporate Bond | N/A        | 08/15/2028       | 5.87%               | 150,000                            | 149,854    | 151,848              |
|                                                                                                                      | Air Canada 2015                                              | Corporate Bond | N/A        | 09/15/2028       | 3.60%               | 192,374                            | 181,959    | 187,178              |
|                                                                                                                      | Drive Auto                                                   | Corporate Bond | N/A        | 09/15/2028       | 4.50%               | 115,000                            | 114,998    | 114,664              |
|                                                                                                                      | Fresb Multifamily                                            | Corporate Bond | N/A        | 09/25/2028       | 3.74%               | 119,694                            | 117,440    | 116,140              |

# LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line 4i

E.I.N. 51-6146048  
Plan No. 501

| (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                                                              |                |            |                  |                     |                                    |            |                      |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------|------------|------------------|---------------------|------------------------------------|------------|----------------------|
|                                                                                                                      | (b) Identity of issuer, borrower,<br>lessor or similar party | Description    | Collateral | Maturity<br>Date | Rate of<br>Interest | Par/Maturity<br>Value<br>or Shares | (d) Cost   | (e) Current<br>Value |
| (a)                                                                                                                  |                                                              |                |            |                  |                     |                                    |            |                      |
|                                                                                                                      | Skymiles Ip                                                  | Corporate Bond | N/A        | 10/20/2028       | 4.62%               | 100,000                            | \$ 96,125  | \$ 98,634            |
|                                                                                                                      | Jp Morgan Chase                                              | Corporate Bond | N/A        | 10/22/2028       | 4.51%               | 125,000                            | 125,000    | 123,895              |
|                                                                                                                      | Drive Auto                                                   | Corporate Bond | N/A        | 01/16/2029       | 1.45%               | 43,274                             | 41,396     | 42,883               |
|                                                                                                                      | Gls Auto Recv                                                | Corporate Bond | N/A        | 01/16/2029       | 5.08%               | 120,000                            | 119,988    | 120,503              |
|                                                                                                                      | M T Bk Corp                                                  | Corporate Bond | N/A        | 01/16/2029       | 4.83%               | 90,000                             | 90,000     | 89,616               |
|                                                                                                                      | State Str                                                    | Corporate Bond | N/A        | 02/20/2029       | 4.53%               | 230,000                            | 230,000    | 227,362              |
|                                                                                                                      | Pfs Financing                                                | Corporate Bond | N/A        | 04/16/2029       | 5.34%               | 120,000                            | 122,217    | 121,588              |
|                                                                                                                      | Virginia Pwr Fuel                                            | Corporate Bond | N/A        | 05/01/2029       | 5.09%               | 149,040                            | 149,038    | 149,613              |
|                                                                                                                      | Ford Cr Auto                                                 | Corporate Bond | N/A        | 07/15/2029       | 4.84%               | 105,000                            | 104,997    | 105,074              |
|                                                                                                                      | Carvana Auto                                                 | Corporate Bond | N/A        | 05/10/2030       | 1.88%               | 120,000                            | 120,919    | 121,052              |
|                                                                                                                      | Duke Energy Progre                                           | Corporate Bond | N/A        | 07/01/2030       | 1.56%               | 6,223                              | 5,756      | 5,804                |
|                                                                                                                      | Octane Recei                                                 | Corporate Bond | N/A        | 07/20/2032       | 5.80%               | 120,103                            | 120,097    | 121,406              |
|                                                                                                                      | Novastar Home                                                | Corporate Bond | N/A        | 12/25/2033       | 5.59%               | 143,469                            | 141,676    | 142,186              |
|                                                                                                                      | Countrywide                                                  | Corporate Bond | N/A        | 10/25/2034       | 5.38%               | 110,666                            | 108,176    | 105,124              |
|                                                                                                                      | Countrywide                                                  | Corporate Bond | N/A        | 12/25/2034       | 5.98%               | 115,778                            | 113,833    | 111,991              |
|                                                                                                                      | Smb Private                                                  | Corporate Bond | N/A        | 10/15/2035       | 2.83%               | 21,737                             | 22,579     | 21,380               |
|                                                                                                                      | Soundview Hm                                                 | Corporate Bond | N/A        | 11/25/2035       | 3.39%               | 81,255                             | 79,629     | 80,205               |
|                                                                                                                      | Access Group                                                 | Corporate Bond | N/A        | 02/25/2036       | 5.53%               | 36,944                             | 36,329     | 36,812               |
|                                                                                                                      | New Residential                                              | Corporate Bond | N/A        | 03/25/2036       | 4.50%               | 56,879                             | 60,408     | 55,168               |
|                                                                                                                      | Chesapeake Funding                                           | Corporate Bond | N/A        | 05/15/2036       | 5.52%               | 108,179                            | 108,178    | 109,350              |
|                                                                                                                      | Nelnet Student                                               | Corporate Bond | N/A        | 08/27/2036       | 5.80%               | 40,291                             | 38,578     | 38,917               |
|                                                                                                                      | Citicorp Res                                                 | Corporate Bond | N/A        | 03/25/2037       | 5.04%               | 41,412                             | 41,383     | 41,174               |
|                                                                                                                      | Bayview Financial                                            | Corporate Bond | N/A        | 02/28/2041       | 6.01%               | 22,955                             | 22,927     | 22,925               |
|                                                                                                                      | Commonbond                                                   | Corporate Bond | N/A        | 09/25/2042       | 2.68%               | 148,365                            | 139,233    | 136,132              |
|                                                                                                                      | American Home                                                | Corporate Bond | N/A        | 06/25/2045       | 4.93%               | 25,851                             | 25,989     | 25,691               |
|                                                                                                                      | Navient Student                                              | Corporate Bond | N/A        | 12/15/2045       | 3.91%               | 19,077                             | 18,481     | 18,959               |
|                                                                                                                      | Vantage Data                                                 | Corporate Bond | N/A        | 10/15/2046       | 2.17%               | 120,000                            | 113,476    | 113,790              |
|                                                                                                                      | Db Master                                                    | Corporate Bond | N/A        | 11/20/2047       | 4.03%               | 158,525                            | 150,491    | 153,772              |
|                                                                                                                      | Comm Mtg Tr                                                  | Corporate Bond | N/A        | 07/10/2048       | 3.42%               | 1,587                              | 1,635      | 1,585                |
|                                                                                                                      | Comm Mortgage Trust                                          | Corporate Bond | N/A        | 08/10/2048       | 3.54%               | 6,242                              | 6,611      | 6,222                |
|                                                                                                                      | Jpmdb                                                        | Corporate Bond | N/A        | 08/15/2048       | 3.80%               | 86,004                             | 81,267     | 85,221               |
|                                                                                                                      | Morgan Stanley                                               | Corporate Bond | N/A        | 10/15/2048       | 3.25%               | 160,000                            | 168,574    | 158,824              |
|                                                                                                                      | Morgan Stanley                                               | Corporate Bond | N/A        | 05/15/2049       | 3.33%               | 155,000                            | 147,819    | 151,810              |
|                                                                                                                      | Citigroup                                                    | Corporate Bond | N/A        | 08/10/2049       | 2.71%               | 16,036                             | 16,788     | 15,879               |
|                                                                                                                      | Jp Morgan Chase                                              | Corporate Bond | N/A        | 08/15/2049       | 2.71%               | 72,161                             | 72,016     | 71,337               |
|                                                                                                                      | Comm Mtg Tr                                                  | Corporate Bond | N/A        | 07/10/2050       | 3.65%               | 64,453                             | 71,236     | 64,236               |
|                                                                                                                      | Citigroup                                                    | Corporate Bond | N/A        | 10/14/2050       | 3.30%               | 149,195                            | 144,288    | 146,436              |
|                                                                                                                      | Wells Fargo                                                  | Corporate Bond | N/A        | 11/17/2050       | 3.39%               | 133,891                            | 129,958    | 131,801              |
|                                                                                                                      | Benchmark Mtg                                                | Corporate Bond | N/A        | 02/17/2051       | 3.78%               | 155,597                            | 157,105    | 153,672              |
|                                                                                                                      | Morgan Stanley                                               | Corporate Bond | N/A        | 07/15/2051       | 4.12%               | 115,898                            | 129,125    | 114,431              |
|                                                                                                                      | Mfa Trust                                                    | Corporate Bond | N/A        | 11/25/2051       | 1.91%               | 132,597                            | 132,594    | 115,017              |
|                                                                                                                      | Bbcms Mtg Tr                                                 | Corporate Bond | N/A        | 01/01/2052       | 2.00%               | 134,216                            | 124,401    | 129,442              |
|                                                                                                                      | Barclays                                                     | Corporate Bond | N/A        | 11/15/2052       | 2.99%               | 149,212                            | 137,158    | 144,268              |
|                                                                                                                      | Nationstar                                                   | Corporate Bond | N/A        | 12/25/2052       | 3.75%               | 76,665                             | 78,526     | 71,720               |
|                                                                                                                      | Cantor Commercial                                            | Corporate Bond | N/A        | 01/15/2053       | 2.94%               | 73,780                             | 70,316     | 70,518               |
|                                                                                                                      | Smb Private                                                  | Corporate Bond | N/A        | 07/15/2053       | 1.29%               | 89,745                             | 85,453     | 83,255               |
|                                                                                                                      | Jp Morgan Chase                                              | Corporate Bond | N/A        | 11/25/2053       | 6.51%               | 101,769                            | 102,532    | 102,627              |
|                                                                                                                      | Bbcms Mtg Tr                                                 | Corporate Bond | N/A        | 02/18/2054       | 1.96%               | 115,000                            | 102,512    | 105,260              |
|                                                                                                                      | Benchmark Mtg                                                | Corporate Bond | N/A        | 02/18/2054       | 1.77%               | 105,000                            | 95,164     | 94,841               |
|                                                                                                                      | Bank 2017                                                    | Corporate Bond | N/A        | 11/15/2054       | 3.47%               | 51,241                             | 51,306     | 50,294               |
|                                                                                                                      | Mill City Mtg                                                | Corporate Bond | N/A        | 04/25/2057       | 3.35%               | 180,000                            | 177,275    | 175,714              |
|                                                                                                                      | Comm Mtg Tr                                                  | Corporate Bond | N/A        | 08/17/2057       | 2.87%               | 171,819                            | 164,275    | 164,938              |
|                                                                                                                      | Mill City Mtg                                                | Corporate Bond | N/A        | 05/25/2058       | 3.75%               | 124,812                            | 130,428    | 121,555              |
|                                                                                                                      | Wells Fargo                                                  | Corporate Bond | N/A        | 09/17/2058       | 3.57%               | 162,576                            | 157,038    | 161,724              |
|                                                                                                                      | Navient Student                                              | Corporate Bond | N/A        | 12/15/2059       | 4.00%               | 52,051                             | 50,502     | 51,756               |
|                                                                                                                      | Bank                                                         | Corporate Bond | N/A        | 09/15/2060       | 3.27%               | 123,558                            | 118,815    | 121,635              |
|                                                                                                                      | Bank                                                         | Corporate Bond | N/A        | 11/15/2061       | 4.29%               | 147,733                            | 143,727    | 146,073              |
|                                                                                                                      | Towd Point                                                   | Corporate Bond | N/A        | 02/25/2063       | 6.88%               | 122,225                            | 122,531    | 122,253              |
|                                                                                                                      | Total Corporate Bonds                                        |                |            |                  |                     |                                    | 20,816,027 | 20,891,480           |

# LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line 4i

E.I.N. 51-6146048  
Plan No. 501

|                                        |                                                              | (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |            |                  |                     |                                    |                       |                       |
|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|------------------|---------------------|------------------------------------|-----------------------|-----------------------|
| (a)                                    | (b) Identity of issuer, borrower,<br>lessor or similar party | Description                                                                                                          | Collateral | Maturity<br>Date | Rate of<br>Interest | Par/Maturity<br>Value<br>or Shares | (d) Cost              | (e) Current<br>Value  |
| <b><u>Municipal Bonds</u></b>          |                                                              |                                                                                                                      |            |                  |                     |                                    |                       |                       |
|                                        | New Jersey ST                                                | Municipal Bond                                                                                                       | N/A        | 06/15/2025       | 5.09%               | 325,000                            | \$ 325,000            | \$ 325,689            |
|                                        | Utah ST Build                                                | Municipal Bond                                                                                                       | N/A        | 07/01/2025       | 3.54%               | 5,905                              | 5,831                 | 5,883                 |
|                                        | Wisconsin ST                                                 | Municipal Bond                                                                                                       | N/A        | 05/01/2026       | 5.70%               | 75,000                             | 77,686                | 75,818                |
|                                        | Cmwith Fing                                                  | Municipal Bond                                                                                                       | N/A        | 06/01/2026       | 5.20%               | 50,000                             | 50,955                | 50,435                |
|                                        | Oregon ST Sch                                                | Municipal Bond                                                                                                       | N/A        | 06/30/2028       | 4.76%               | 202,124                            | 206,852               | 202,074               |
|                                        | Louisiana ST                                                 | Municipal Bond                                                                                                       | N/A        | 08/01/2028       | 3.24%               | 83,296                             | 82,359                | 82,305                |
|                                        | Louisiana Loc                                                | Municipal Bond                                                                                                       | N/A        | 02/01/2029       | 3.62%               | 183,472                            | 183,472               | 181,293               |
|                                        | South Carolina                                               | Municipal Bond                                                                                                       | N/A        | 10/27/2036       | 6.82%               | 88,804                             | 88,443                | 88,415                |
|                                        | <b>Total Municipal Bonds</b>                                 |                                                                                                                      |            |                  |                     |                                    | <u>1,020,598</u>      | <u>1,011,912</u>      |
| <b><u>Mutual Funds</u></b>             |                                                              |                                                                                                                      |            |                  |                     |                                    |                       |                       |
|                                        | ABS Long/Short Strategies Fund                               | Mutual Fund                                                                                                          | N/A        | N/A              | N/A                 | 325,725                            | 27,876,680            | 34,824,907            |
|                                        | Carillon Chartwell Sht Dur Hg Yld I                          | Mutual Fund                                                                                                          | N/A        | N/A              | N/A                 | 3,089,763                          | 29,901,772            | 29,290,956            |
|                                        | Fidelity Inflation Protected Bond                            | Mutual Fund                                                                                                          | N/A        | N/A              | N/A                 | 1,584,102                          | 16,909,740            | 14,082,663            |
|                                        | Metropolitan West Tr Bond I                                  | Mutual Fund                                                                                                          | N/A        | N/A              | N/A                 | 2,446,550                          | 27,024,983            | 21,700,894            |
|                                        | Pimco Income Fund Ins                                        | Mutual Fund                                                                                                          | N/A        | N/A              | N/A                 | 11                                 | 126                   | 115                   |
|                                        | <b>Total Mutual Funds</b>                                    |                                                                                                                      |            |                  |                     |                                    | <u>101,713,301</u>    | <u>99,899,535</u>     |
| <b><u>Common Collective Trusts</u></b> |                                                              |                                                                                                                      |            |                  |                     |                                    |                       |                       |
|                                        | NIS Short Duration High Yield Fund, LLC                      | Common Collective Trust                                                                                              | N/A        | N/A              | N/A                 | 236                                | 3,340,397             | 3,990,888             |
|                                        | NIS Total Absolute Return QP Fund, LLC                       | Common Collective Trust                                                                                              | N/A        | N/A              | N/A                 | 299                                | 3,398,826             | 3,889,665             |
|                                        | <b>Total Common Collective Trusts</b>                        |                                                                                                                      |            |                  |                     |                                    | <u>6,739,223</u>      | <u>7,880,553</u>      |
| <b><u>Limited Partnerships</u></b>     |                                                              |                                                                                                                      |            |                  |                     |                                    |                       |                       |
|                                        | Invesco Private Credit Opportunities Fund LP                 | Limited Partnership                                                                                                  | N/A        | N/A              | N/A                 | N/A                                | 5,019,230             | 5,711,277             |
|                                        | Point Bonita Capital Fund                                    | Limited Partnership                                                                                                  | N/A        | N/A              | N/A                 | N/A                                | 15,000,000            | 16,056,268            |
|                                        | Schroder Taft Hartley Income Fund LP                         | Limited Partnership                                                                                                  | N/A        | N/A              | N/A                 | N/A                                | 4,258,733             | 5,599,939             |
|                                        | <b>Total Limited Partnerships</b>                            |                                                                                                                      |            |                  |                     |                                    | <u>24,277,963</u>     | <u>27,367,484</u>     |
|                                        | <b>Total Assets (Held at End of Year)</b>                    |                                                                                                                      |            |                  |                     |                                    | <u>\$ 168,369,446</u> | <u>\$ 170,923,581</u> |

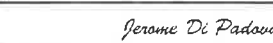
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><b>2024</b><br><br>This Form is Open to<br>Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                                                                                                                                                                                                                                                                                                                                |
| A                                                                                          | This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)                                                                                                     |
| B                                                                                          | This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C                                                                                          | If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                   |
| D                                                                                          | Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) _____                                                                                                                        |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>                                                                                                                                                                                                                                               |

|                |                                                                                                                                                                                                                                                                                                                                                                        |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> - enter all requested information                                                                                                                                                                                                                                                                                                        |
| 1a             | Name of plan<br>LABORERS HEALTH & WELFARE TRUST FUND<br>FOR SOUTHERN CALIFORNIA                                                                                                                                                                                                                                                                                        |
| 1b             | Three-digit plan number (PN) ▶ 501                                                                                                                                                                                                                                                                                                                                     |
| 1c             | Effective date of plan<br>07/19/1954                                                                                                                                                                                                                                                                                                                                   |
| 2a             | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES, LABORERS HEALTH & WEL TRUST FD F<br><br>1123 PARK VIEW DRIVE, STE 200<br><br>COVINA CA 91724 |
| 2b             | Employer Identification Number (EIN)<br>51 6146048                                                                                                                                                                                                                                                                                                                     |
| 2c             | Plan Sponsor's telephone number<br>626 279 3000                                                                                                                                                                                                                                                                                                                        |
| 2d             | Business code (see instructions)<br>236200                                                                                                                                                                                                                                                                                                                             |

**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.

|                  |                                                                                                                           |                    |                                                                                  |
|------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of plan administrator    | 10/10/2025<br>Date | JON P PRECIADO<br>Enter name of individual signing as plan administrator         |
| <b>SIGN HERE</b> | <br>Signature of employer/plan sponsor | 10/08/2025<br>Date | JEROME DI PADOVA<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | <br>Signature of DFE                                                                                                      | <br>Date           | <br>Enter name of individual signing as DFE                                      |

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

Form 5500 (2024)  
v. 240311

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|--------------|--------|-----------|---|-----------|-------|-----------|--------|-----------|--|-----------|--|--------------|--|--------------|--|-----------|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5</b> 26,153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6</b> 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).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year<br><b>a(2)</b> Total number of active participants at the end of the plan year<br><b>b</b> Retired or separated participants receiving benefits<br><b>c</b> Other retired or separated participants entitled to future benefits<br><b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits<br><b>f</b> Total. Add lines 6d and 6e<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)<br><b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"><b>6a(1)</b></td><td style="text-align: right;">25,110</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">27,764</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">1,002</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">28,766</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table> | <b>6a(1)</b> | 25,110 | <b>6a(2)</b> | 27,764 | <b>6b</b> | 0 | <b>6c</b> | 1,002 | <b>6d</b> | 28,766 | <b>6e</b> |  | <b>6f</b> |  | <b>6g(1)</b> |  | <b>6g(2)</b> |  | <b>6h</b> |  |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25,110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 27,764                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1,002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 28,766                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7</b> 1,886                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>4A 4B 4D 4E 4L 4Q</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |        |              |        |           |   |           |       |           |        |           |  |           |  |              |  |              |  |           |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                       | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                           |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>5</u><br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |



# LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA

## SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Part IV, Schedule H, Line 4j

E.I.N. 51-6146048  
Plan No. 501

| (a) Identity of Party Involved | (b) Description of Asset (include interest rate and maturity in case of a loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|--------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|------------------|----------------------------------------|-------------------|------------------------------------------------|------------------------|
| N/A                            | First Am Govt Ob Fd Cl Z                                                        | \$ 30,748,076      | N/A               | N/A              | N/A                                    | \$ 30,748,076     | \$ 30,748,076                                  | N/A                    |
| N/A                            | Point Bonita Capital Fund LLC                                                   | 15,000,000         | N/A               | N/A              | N/A                                    | 15,000,000        | 15,000,000                                     | N/A                    |
| N/A                            | Carillon Chartwell Short Duration High Yd I                                     | 1,542,401          | N/A               | N/A              | N/A                                    | 1,542,401         | 1,542,401                                      | N/A                    |
| N/A                            | First Am Govt Ob Fd Cl Z                                                        | N/A                | \$ 32,185,214     | N/A              | N/A                                    | 32,185,214        | 32,185,214                                     | \$ -                   |
| N/A                            | Carillon Chartwell Short Duration High Yd I                                     | N/A                | 12,000,000        | N/A              | N/A                                    | 12,274,664        | 12,274,664                                     | (274,664)              |