

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: LABORERS DISTRICT COUNCIL OF VIRGINIA HEALTH & WELFARE TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 02/18/1967
2a Plan sponsor's name (employer, if for a single-employer plan): JOINT BOARD OF TRUSTEES LDC OF VA HEALTH & WELFARE TRUST FUND
2b Employer Identification Number (EIN): 54-6070422
2c Plan Sponsor's telephone number: 800-552-6972
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/09/2025, MARTHA BOONE (plan administrator); 2. Filed with authorized/valid electronic signature, 10/09/2025, MARTHA BOONE (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<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:		<b>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>		221
<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> ).			
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>		187
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>		144
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>		30
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>		0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>		174
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>		
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>		
<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) .....	<b>6g(1)</b>		
<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) .....	<b>6g(2)</b>		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<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>		29

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

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

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

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

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

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

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**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.

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**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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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>LABORERS DISTRICT COUNCIL OF VIRGINIA HEALTH &amp; WELFARE TRUST FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES LDC OF VA HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>54-6070422</b>

**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  
**HUMANA INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>39-1263473</b>	<b>73288</b>	<b>292468</b>	<b>30</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<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. .... 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>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</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>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</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>	0

**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>	46148
<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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <span style="color: blue;">LABORERS DISTRICT COUNCIL OF VIRGINIA HEALTH &amp; WELFARE TRUST FUND</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">JOINT BOARD OF TRUSTEES LDC OF VA HEALTH &amp; WELFARE TRUST FUND</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">54-6070422</span></p>

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10180	144	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <span style="color: blue;">2723</span></p>	<p><b>(b)</b> Total amount of fees paid</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2723			

**(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<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. .... 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>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</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>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</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>	0

**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>	209928
<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. .... 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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>LABORERS DISTRICT COUNCIL OF VIRGINIA HEALTH &amp; WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES LDC OF VA HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>54-6070422</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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**(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)

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 16 11	NONE	60968	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)

ANDERSON & REED, LLP

54-0617257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 33 19 55 27	NONE	18607	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

ABATO, RUBENSTEIN AND ABATO, PA

52-0904713

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	6580	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)

LAWRENCE C. MUSGROVE ASSOC. INC.

20-1935452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	112200	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)

AMERICAN BENEFIT CORPORATION

55-0672859

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	42000	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)

AMERICAN HEALTH HOLDING

31-1368946

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15781	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

54-0357120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 49 15 13 12	NONE	62697	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LABORERS DISTRICT COUNCIL OF VIRGINIA HEALTH &amp; WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES LDC OF VA HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>54-6070422</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	141454	134368
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	221575	129976
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	61232	742210
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	45238	23310
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	644371	
<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>	372402	
<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>	1645280	1001192
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<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>		
<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>	1003506	1245977
<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>	4676	14367

<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>	4139734	3291400
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	199600	324900
<b>h</b> Operating payables.....	<b>1h</b>	17998	573
<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>	217598	325473
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	3922136	2965927

**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>	1322982	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	35978	
<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>		1358960
<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>	2	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	6372	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	3064	
<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>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		9438
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	24677	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	70670	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		95347
<b>(3)</b> 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>	1963373	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1754628	
<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>		208745
<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>	-34786	
<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>		
(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>		-27671
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1610033

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1967302	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	46148	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2013450
<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>	112200	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	16000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	18607	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	60968	
(8) Legal fees .....	<b>2i(8)</b>	6580	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	338437	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		552792
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		2566242

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-956209
<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: **ANDERSON & REED, LLP**

(2) EIN: **54-0617257**

**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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		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?		X	
<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?		X	
<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?		X	
<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.)	X		
<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.)	X		
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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.			

**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 DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Roanoke, Virginia**

**FINANCIAL STATEMENTS**

**For the Years Ended  
December 31, 2024 and 2023**

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**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Roanoke, Virginia**

**TRUSTEES**

**Employer:**

Chris Donnelly  
Peter B. Easton, Jr.  
Robert W. Hedrick

**Union:**

John R. Weaver  
Mathew McComas

**ADMINISTRATOR**

Lawrence C. Musgrove Associates, Inc.

## **INDEPENDENT AUDITOR’S REPORT**

To the Administrator and Board of Trustees of  
Laborers District Council of Virginia Health and Welfare Trust Fund  
Roanoke, Virginia

### **Opinion**

We have audited the accompanying financial statements of the Laborers District Council of Virginia Health and Welfare Trust Fund (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 statements of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and statements 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 the Laborers District Council of Virginia Health and Welfare Trust Fund 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. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan 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 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 is therefore not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess 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 judgement, 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 Schedule of Assets (Held at End of Year), Schedule of Reportable Transactions, and Schedule of Contributions by Employers, are presented for purposes of additional analysis and are not a required part of the financial statements, but the Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

**Supplemental Schedules Required by ERISA (Continued)**

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.

*Anderson + Reed, LLP*

Roanoke, Virginia  
October 14, 2025

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments – at Fair Value:		
Cash equivalents	\$ 23,310	\$ 45,238
United States Government securities	-	644,371
Corporate and other bonds	-	372,402
Common stock and exchange traded funds	1,001,192	1,645,280
Mutual funds	<u>1,245,977</u>	<u>1,003,506</u>
Total investments	<u>2,270,479</u>	<u>3,710,797</u>
Receivables:		
Employer contributions	129,976	221,575
Stop loss receivable	707,870	-
Prescription rebate receivable	34,340	54,015
Accrued interest and dividends	<u>-</u>	<u>7,217</u>
Total receivables	<u>872,186</u>	<u>282,807</u>
Other Assets:		
Prepaid expenses	<u>14,367</u>	<u>4,676</u>
Cash on Deposit:		
Wells Fargo Bank, N.A.	<u>134,368</u>	<u>141,454</u>
Total assets	<u>3,291,400</u>	<u>4,139,734</u>
<b><u>LIABILITIES and NET ASSETS</u></b>		
Liabilities:		
Accounts payable	<u>573</u>	<u>17,998</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 3,290,827</u>	<u>\$ 4,121,736</u>

The accompanying notes are an integral part of these financial statements and should be read in connection therewith.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Investment Income:		
Net appreciation in fair value of investments	\$ 146,288	\$ 338,656
Interest	9,438	36,098
Dividends	<u>95,347</u>	<u>85,775</u>
	251,073	460,529
Less investment expenses	<u>(18,607)</u>	<u>(29,235)</u>
Net investment income	232,466	431,294
Employer Contributions	1,322,982	1,576,697
Employee Contributions	<u>35,978</u>	<u>53,227</u>
Total additions to net assets	<u>1,591,426</u>	<u>2,061,218</u>
Benefits paid to or for participants:		
Health care	1,802,192	1,069,794
Disability and death	39,810	41,096
Medicare plan insurance premiums	<u>46,148</u>	<u>49,937</u>
	<u>1,888,150</u>	<u>1,160,827</u>
Administrative Expenses:		
Administrative fees	112,200	112,200
Anthem administration	62,697	65,224
ABC access fee	42,000	42,000
Utilization review	15,781	3,606
Actuarial fees	60,968	72,804
Legal fees	6,580	8,270
Accounting fees	16,000	23,088
Stop loss insurance	192,697	201,425
Fiduciary and bond premium insurance	3,562	3,510
Printing and office supplies	4,568	3,235
Laborers' National Health and Safety Fund	7,304	7,468
Taxes on death and disability payments	2,742	4,196
Miscellaneous	5,924	8,808
Trustee meeting expenses	<u>1,162</u>	<u>1,071</u>
Total deductions from net assets	<u>2,422,335</u>	<u>1,717,732</u>
<b>Net Increase/(Decrease) in Net Assets Available for Benefits</b>	(830,909)	343,486
<b>Net Assets Available for Benefits</b>		
Beginning of year	<u>4,121,736</u>	<u>3,778,250</u>
End of year	<u>\$ 3,290,827</u>	<u>\$ 4,121,736</u>

The accompanying notes are an integral part of these financial statements and should be read in connection therewith.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Statements of Benefit Obligations  
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Health claims payable and incurred but not reported	\$ 324,900	\$ 199,600
Accumulated Eligibility Credits and Post-Employment Benefit Obligations, Net of Amounts Currently Payable:		
Accumulated eligibility credits	<u>692,100</u>	<u>603,500</u>
Total obligations other than post-retirement benefit obligations	<u>1,017,000</u>	<u>803,100</u>
Post-Retirement Benefit Obligations:		
Current retirees, beneficiaries and dependents	2,591,446	2,056,367
Other participants fully eligible for benefits	1,495,431	1,237,895
Other participants not yet fully eligible for benefits	<u>537,988</u>	<u>954,464</u>
	<u>4,624,865</u>	<u>4,248,726</u>
Total Benefit Obligations	<u>\$ 5,641,865</u>	<u>\$ 5,051,826</u>

The accompanying notes are an integral part of these financial statements and should be read in connection therewith.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Statements of Changes in Benefit Obligations  
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Balance at beginning of year	\$ 199,600	\$ 145,800
Claims reported and approved for payment, including benefits reclassified from benefit obligations	1,967,302	1,164,690
Claims paid	<u>(1,842,002)</u>	<u>(1,110,890)</u>
Balance at end of year	<u>324,900</u>	<u>199,600</u>
Accumulated Eligibility Credits and Post-Employment Benefit Obligations, Net of Amounts Currently Payable:		
Balance at beginning of year	603,500	718,800
Increase (decrease) attributable to:		
Benefits earned, net of benefits reclassified to amounts currently payable	<u>88,600</u>	<u>(115,300)</u>
Balance at end of year	<u>692,100</u>	<u>603,500</u>
Total obligations other than post-retirement benefit obligations	<u>1,017,000</u>	<u>803,100</u>
Post-Retirement Benefit Obligations:		
Balance at beginning of year	4,248,726	4,459,921
Increase (decrease) during the year attributable to:		
Benefits earned net of benefits paid	97,848	107,427
Changes in actuarial assumptions	(243,868)	(97,893)
Actuarial experience (gain)/loss	<u>522,159</u>	<u>(220,729)</u>
Balance at end of year	<u>4,624,865</u>	<u>4,248,726</u>
Total Benefit Obligations at End of Year	<u>\$ 5,641,865</u>	<u>\$ 5,051,826</u>

The accompanying notes are an integral part of these financial statements and should be read in connection therewith.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 1. Description of the Plan**

The following brief description of the Laborers District Council of Virginia Health and Welfare Trust Fund (Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General:

The Plan provides health, disability, and death benefits covering employees who are members of Laborers Local Union No. 980 of Roanoke, Virginia, and worked in covered employment for employers signatory to a collective bargaining agreement with the Virginia Association of Contractors, the Masonry Contractors, or Independent and Pipeline Contractors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees oversees governance of the Plan.

Benefits:

The Plan provides health benefits (medical, hospital, vision, and prescription), temporary disability benefits, and death benefits to eligible participants (with at least 300 hours in one work quarter for initial coverage and 300 hours in one work quarter for continued coverage) and to their beneficiaries and covered dependents.

The participants may also pay direct for a limited number of times to continue their coverage during times of temporary unemployment. The amount of the direct payment is determined by the Board of Trustees, and is currently \$1,218 per quarter (less \$3.87 for each hour worked).

The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). In accordance with Section 9501 of the American Rescue Plan Act of 2021 (the ARP), a temporary 100 percent reduction in the premium otherwise payable by certain individuals and their families who elected COBRA continuation coverage through ERISA due to a loss of coverage as the result of a reduction in hours or an involuntary termination of employment was provided with respect to COBRA continuation of coverage during the period from April 1, 2021 through September 30, 2021. COBRA premium assistance received by the Plan for eligible covered participants totaled \$-0- for each of the years ending December 31, 2024 and 2023.

Retired employees and spouses are entitled to similar health benefits, provided they are eligible for benefits on the effective date of their pension. Current retiree rates, as determined by the Trustees, are \$139.00 per month per covered life for pre-Medicare retirees/spouses and \$85.00 per month per covered life for active retirees and Medicare eligible retirees/spouses denied coverage under the Medicare Advantage Plan. The Medicare Advantage Plan is provided through Humana at a rate of \$110.60 per month per covered life, including prescription drug coverage.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 1. Description of the Plan (Continued)**

Benefits: (Continued)

The Plan’s self-funded prescription drug coverage is provided through Caremark. Amounts for benefits paid on the statements of changes in net assets available for benefits are presented net of rebates received. The Plan received rebates of \$200,801 and \$143,195 from Caremark for the years ended December 31, 2024 and 2023, respectively.

The Plan maintains a stop-loss insurance policy with Union Labor Life Insurance Company (ULLICO) in an effort to limit its exposure for self-insured benefits for individual participant claims over a specific dollar amount. The policy provided insurance coverage for stop-loss protection above \$195,000 per covered participant for the years ended December 31, 2024 and 2023.

Health and prescription claims for active and retired participants, dependents and beneficiaries are paid through Anthem and CVS Caremark, respectively, but are processed by Lawrence C. Musgrove Associates, Inc., the third-party contract administrator, utilizing software provided by American Benefit Corporation (ABC), for the processing and electronic transmission of claims. Fees paid to ABC for this service totaled \$42,000 for each of the years ended December 31, 2024 and 2023.

Contributions:

Participating employers contribute a certain dollar amount per hour worked in the industry pursuant to the current collective bargaining agreement between employers and the union. The cost of post-retirement benefits are shared by the Plan’s participating employers and retirees. Contribution rates in effect as of the end of the plan year were as follows:

	<b>2024</b>	<b>2023</b>
VAC Agreement	\$ 2.70	\$ 2.70
Masonry Contractors	3.00	3.00
Independent Agreement	6.42	6.42

Other:

The Plan’s Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided. The Plan may be terminated at any time by the sole discretion of the Board of Trustees, subject to the provisions set forth in ERISA.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 2. Summary of Accounting Policies**

Basis of Accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures. Accordingly, actual results may differ from the estimates that were used.

Employer Receivables and Allowance for Credit Losses:

Employer receivables represent contributions due from participating employers under collective bargaining agreements. These receivables are short-term in nature and are not considered financing receivables. Based on historical collection experience and current information, these short-term receivables are considered fully collectible and thus no allowance has been recorded.

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 Board of Trustees determines the Plan's valuation policies and the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan's investments are held by a bank-administered trust fund. See Note 3 for discussion of fair value measurements.

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

Post-Retirement Benefits:

The amount reported as the post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 2. Summary of Accounting Policies (Continued)**

Post-Retirement Benefits: (Continued)

employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The actuarial present value of the expected post-retirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The following are significant assumptions used in the valuations as of December 31, 2024 and 2023:

	2024	2023
Health Trend Rates:		
Medical non-Medicare eligible	6.5% graded to 4.5% by 0.25% per year	6.75% graded to 4.5% by 0.25% per year
Medical Medicare eligible	8.75% graded to 4.5% 0.25% per year	9.0% graded to 4.5% 0.25% per year
Prescription drug	10.75% graded to 4.5% by 0.25% per year	11.0% graded to 4.5% by 0.25% per year
Vision	2.0%	2.0%
Discount Rate	5.65%	5.10%
Post-Retirement Mortality Rates:		
Healthy	Pri-2012 Blue Collar Employee/ Annuitant/Contingent Survivor Amount-Weighted Mortality Table with generational pro- jection using scale MP-2021	Pri-2012 Blue Collar Employee/ Annuitant/Contingent Survivor Amount-Weighted Mortality Table with generational pro- jection using scale MP-2021
Disabled	Pri-2012 Disabled Retiree Amount-Weighted Mortality Table with generational pro- jection using scale MP-2021	Pri-2012 Disabled Retiree Amount-Weighted Mortality Table with generational pro- jection using scale MP-2021
Administrative Expense Increase Rate	2.5%	2.5%

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 2. Summary of Accounting Policies (Continued)**

Post-Retirement Benefits: (Continued)

For the valuation as of December 31, 2024, several actuarial assumptions were changed or adjusted to better reflect plan experience, including increasing the discount rate, revising assumptions for updated premium terms, and per capita health costs. These changes decreased plan benefit obligations by \$243,868, as reflected on the Statements of Changes in Benefit Obligations.

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 post-retirement benefit obligation.

Medicare Modernization Act:

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the “Act”) affects employers and sponsors of post-retirement healthcare plans that provide prescription drug benefits. The Act introduced a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree healthcare benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D 1. Under the Act, the subsidy amount is received by the Plan. The Plan is not required to use the subsidy amount to fund post-retirement benefits and may use the subsidy for any valid plan expense. The plan has not directly received any subsidies for the years ended December 31, 2024 and 2023.

Other Plan Benefits:

Plan obligations at December 31, 2024 and 2023 for health claims incurred by active participants but not reported at that date and for accumulated eligibility of participants are estimated by the Plan’s actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of the Plan’s benefit obligations at present value. Health claims incurred by retired participants but not reported at year end are included in the post-retirement benefit obligation.

Stop Loss:

Premiums for stop-loss insurance are included in the accompanying statement of changes in net assets available for benefits. The Plan’s policy is to net stop-loss refunds against claims paid in the accompanying statement of changes in net assets available for benefits. For the years ending December 31, 2024 and 2023, the amount of stop-loss refunds netted against claims paid was \$707,870 and \$-0-, respectively.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 2. Summary of Accounting Policies (Continued)**

Administrative Expenses:

Administrative expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Date of Management's Review:

Subsequent events were evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

**Note 3. Fair Value Measurements**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available.

Level 1 Fair Value Measurements:

The fair values of common stock and exchange traded funds are based on the closing price reported on the active market where the individual securities are traded. The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 3. Fair Value Measurements (Continued)**

The mutual funds held by the Plan are open-end mutual funds registered with the U. S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered actively traded.

Level 2 Fair Value Measurements:

The fair values of corporate bonds and U. S. government securities are measured using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

The Plan administrator determines fair value measurement policies and procedures, subject to oversight by the Board of Trustees. These policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
<b><u>December 31, 2024:</u></b>			
Cash equivalents	\$ 23,310	\$ 23,310	\$ -
U. S. Government securities	-	-	-
Corporate and other bonds	-	-	-
Common stock	144,430	144,430	-
Exchange traded funds	856,762	856,762	-
Mutual funds	<u>1,245,977</u>	<u>1,245,977</u>	<u>-</u>
Total investments at fair value	<u>\$ 2,270,479</u>	<u>\$ 2,270,479</u>	<u>\$ -</u>
<b><u>December 31, 2023:</u></b>			
Cash equivalents	\$ 45,238	\$ 45,238	\$ -
U. S. Government securities	644,371	-	644,371
Corporate and other bonds	372,402	-	372,402
Common stock	239,169	239,169	-
Exchange traded funds	1,406,111	1,406,111	-
Mutual funds	<u>1,003,506</u>	<u>1,003,506</u>	<u>-</u>
Total investments at fair value	<u>\$ 3,710,797</u>	<u>\$ 2,694,024</u>	<u>\$ 1,016,773</u>

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 3. Fair Value Measurements (Continued)**

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ending December 31, 2024 and 2023 are reported in net appreciation in fair value of investments.

Changes in Fair Value Levels:

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of the transfers between levels based upon the nature of the financial instrument and the size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers of investments in or out of levels 1, 2, or 3.

**Note 4. Benefit Obligations**

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023 relates primarily to the post-retirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates and retiree contributions.

The weighted-average health care cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$434,101 and \$434,197, respectively.

**Note 5. Plan Termination**

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, the Trustees reserve the right to amend or terminate the Plan as provided by the applicable Trust Agreement and plan provisions. In the event of termination, the assets then remaining shall be used to satisfy the obligations of the Plan in order of priority specified by plan provisions and otherwise required by law. Termination shall not permit any part of the Plan's assets to be used for purposes contrary to the trust agreement.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 6. Tax Status**

The Trust established under the Plan to hold the Plan’s assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly, the Trust’s net investment income is exempt from income taxes. The Trust obtained a favorable determination letter issued by the Internal Revenue Service on October 24, 1967. The Plan was restated, as amended, effective January 1, 2010. The Plan sponsor believes that the trust and the Plan, as amended, continue to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain positions that more likely than not would not be sustained upon examination by the IRS. The plan administrator notes no such positions. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**Note 7. Reconciliation of Financial Statements to Schedule H of Form 5500**

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

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
Net Assets Available for Benefits Per the Financial Statements	\$ 3,290,827	\$ 4,121,736
Benefit Obligations Currently Payable (Health Claims, Death and Disability Benefits)	(324,900)	(199,600)
Net Assets Available for Benefits Per Schedule H of Form 5500	<u>\$ 2,965,927</u>	<u>\$ 3,922,136</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500:

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
Benefits Paid to Participants per the Financial Statements	\$ 1,888,150	\$ 1,160,827
Add: Amounts Payable at End of Year	324,900	199,600
Less: Amounts Payable at Beginning of Year	(199,600)	(145,800)
Benefits Paid to Participants Per Schedule H of Form 5500	<u>\$ 2,013,450</u>	<u>\$ 1,214,627</u>

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 7. Reconciliation of Financial Statements to Schedule H of Form 5500 (Continued)**

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on Schedule H of Form 5500 for benefit claims that have been incurred prior to December 31 but not yet paid as of that date.

**Note 8. Risks and Uncertainties**

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

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

**Note 9. Concentration of Risk**

The Plan maintains deposits in a financial institution that at times may exceed federally-insured limits. The Plan has not experienced losses in this account and believes there is no significant risk with respect to these deposits.

**Note 10. Related-Party and Party-In-Interest Transactions**

The Plan is related to the Laborers District Council of Virginia Pension Plan through a common board of trustees and contributing employers. Health coverage withholdings from pensioners remitted to the Plan totaled \$37,585 and \$47,732 for the years ending December 31, 2024 and 2023, respectively, and are included in employee contributions on the statements of changes in net assets available for benefits. During the year ending December 31, 2023, the Board of Trustees approved reallocation of employer contributions from the Laborers District Council of Virginia Pension Plan to the Laborers District Council of Virginia Health and Welfare Trust Fund in the amount of \$0.40 per hour. The total amount received by the Health and Welfare plan was \$110,078 and \$90,985 for the years ending December 31, 2024 and 2023, respectively.

Certain parties provide services or have fiduciary responsibilities to the Plan, including the plan sponsor, plan administrator, and professional service providers that qualify as party-in-interest transactions. The Plan also invests in certain money market funds which are owned and managed by the investment custodian. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Notes to Financial Statements  
December 31, 2024 and 2023**

**Note 11. Recent Changes in Accounting Standards**

The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, effective for fiscal years beginning after December 15, 2022. ASU 2016-13 introduced the current expected credit loss (CECL) model for financial assets measured at amortized cost, which requires recognition of expected credit losses over the life of applicable financial instruments measured at amortized cost. The Plan has adopted ASU 2016-13 and evaluated the impact of Topic 326 on its financial statements. The Plan’s financial assets consist primarily of investments measured at fair value, which are excluded from the scope of CECL. See Note 2 for a discussion of the application of the CECL model to employer contributions receivable.

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule H, Line 4i – Plan 501 54-6070422  
Schedule of Assets (Held At End of Year)  
Plan Year Ended December 31, 2024**

(a)	(b) Issue	(c) Description	Face Value	(d) Cost 12-31-24	(e) Current Value 12-31-24
<b><u>Cash Equivalents:</u></b>					
*	Morgan Stanley Bank Deposit Program		\$ 23,310	\$ 23,310	\$ 23,310

(a)	(b&c) Issue and Description	Shares	(d) Cost 12-31-24	(e) Current Value 12-31-24
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**Common Stocks:**

AIA Group, Ltd. Spons. ADR	24	809	710
Akbank Turk Anonim Sirketi ADR	173	643	635
Alibaba Group Holding, Ltd.	20	1,620	1,671
Anglo Amern. PLC Spons. ADR	48	624	717
ARM Holdings PLC ADR	7	325	809
ASE Technology Holdings Co. Ltd. ADR	170	1,256	1,712
ASML Holding N.V.	5	1,897	3,268
Astrazeneca PLC ADR	24	1,374	1,602
BDO Unibank, Inc. Spon. ADR	27	675	682
Bidvest Group Ltd. Spon. ADR	15	429	425
Bunzl PLC	116	1,311	2,402
Capitec Bank Holdings Ltd. ADR	11	398	892
Cemex Sab De Cv	90	521	509
China Merchants Bk. Co. Ltd. Unsp.	29	726	756
Chocoladefab Lindt & Spruengli	221	2,565	2,456
Compagnie Fin. Richemont AG ADR	137	858	2,085
Credicorp, Ltd.	3	404	486
Diageo PLC Spons. ADR	17	2,225	2,106
Erste Group Bank AG Spons. ADR	75	861	2,300
Essilorluxottica ADR	19	1,715	2,288
Eurobank Ergasias Services & Holdings	473	537	546
Ferguson Enterprises, Inc.	9	1,720	1,498
Fomento Economico Mexicano	3	340	216
Freeport-McMoran	36	717	1,378
Galaxy Entmt. Group Ltd. ADR	23	609	484
Greek Organisation of Football	56	446	457
Grupo Financiero Banorte Sab	15	237	485
GSK PLC ADR	58	2,123	1,979

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule H, Line 4i – Plan 501 54-6070422  
Schedule of Assets (Held At End of Year)  
Plan Year Ended December 31, 2024**

(a)	(b&c) Issue and Description	Shares	(d) Cost 12-31-24	(e) Current Value 12-31-24
<b><u>Common Stocks:</u></b> (Continued)				
	Haleon PLC ADR	199	\$ 1,817	\$ 1,898
	HDFC Bank Ltd. ADR	57	2,918	3,672
	Himax Technologies, Inc.	79	473	633
	HSBC Holdings PLC Spon. ADR	25	807	1,251
	Iberdrola SA Spon. ADR	33	1,432	1,837
	Icici Bank, Ltd.	60	1,162	1,801
	Industrial & Commerical Bk. China ADR	166	1,797	2,227
	Infineon Technologies AG	54	903	1,744
	Infosys Limited ADR	79	708	1,741
	Intesa Sanpaolo Spa ADR	84	992	2,024
	Itau Unibanco Multiple ADR	120	601	595
	Itochu Corp. ADR	18	1,795	1,746
	KB Financial Group, Inc. Spon. ADR	26	956	1,470
	Kosmos Energy Ltd.	118	594	404
	KT Corp. Spon. ADR	80	1,046	1,248
	Legrand SA	101	2,072	1,967
	Liberty Media Corp. Ser. C	24	1,603	2,234
	Lloyds Banking Group PLC	621	1,760	1,689
	Lululemon Athletica, Inc.	3	1,001	1,146
	Makemytrip Limited	14	965	1,601
	Mercadolibre, Inc.	2	997	2,806
	Mitsubishi UFJ Fincl. Group ADS	255	1,394	2,989
	MS&AD Insurance Group Holdings ADR	107	1,858	2,348
	National Bank of Greece ADR	71	642	560
	Netease.com, Inc.	6	258	545
	Novo Nordisk A/S ADR	26	2,144	2,249
	NU Holdings Ltd.	144	1,449	1,492
	PDD Holdings, Inc. ADR	6	866	576
	Pernod Ricard SA ADR	29	789	648
	Petroleo Brasileiro SA	51	612	652
	PT Bk. Cent. Asia Tbk. ADR	160	2,422	2,404
	PT Bank Mandiri Persero Tbk. Unsp.	40	297	570
	Reckitt Benckiser PLC Spons. ADR	158	2,552	1,913
	Recruit Holdings Co. Ltd. ADR	137	798	1,943
	Relx PLC Spon. ADR	62	1,692	2,828
	Rio Tinto PLC Spon. ADR	27	1,576	1,570
	Roche Holdings ADR	66	1,810	2,289

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule H, Line 4i – Plan 501 54-6070422  
Schedule of Assets (Held At End of Year)  
Plan Year Ended December 31, 2024**

(a)	(b&c) Issue and Description	Shares	(d) Cost 12-31-24	(e) Current Value 12-31-24
<b><u>Common Stocks:</u></b> (Continued)				
	Sanofi ADR	41	\$ 2,107	\$ 1,987
	SAP AG	19	1,809	4,722
	Schneider Elec. SA Unsp. ADR	58	792	2,871
	Shell PLC ADR	41	1,320	2,572
	Shinhan Financial Group Co. Ltd.	13	491	416
	Shoprite Holdings Ltd. Spons ADR	45	608	700
	Siemens Aktiengesellschaft	27	1,745	2,631
	SMC Corp Japan Spons. ADR	57	980	1,137
	Sony Group Corporation ADR	140	1,559	2,962
	Svenska Handelsbanken AB ADR	315	1,501	1,628
	Taiwan Semiconductor Mfg. Co. Ltd. ADR	56	2,150	11,121
	Techtronic Ind. Ltd. Spon. ADR	7	195	446
	Tencent Holdings Ltd. Unsp. ADR	102	3,736	5,424
	Tencent Music Entertainment Group Spon.	135	1,742	1,532
	Trip.com Group Ltd. ADR	16	528	1,126
	Unilever PLC	63	3,109	3,560
	Vesta Real Estate Corp. ADR	29	1,030	737
	Vestas Wind Systems ADS	199	1,100	903
	Yum China Holdings	23	1,038	1,091
	Total Common Stocks		<u>103,063</u>	<u>144,430</u>
<b><u>Exchange Traded Funds:</u></b>				
	iShares MSCI EAFE ETF	1,335	81,121	100,939
	iShares Russell 1000 Growth ETF	548	56,955	220,066
	iShares Russell 1000 Value ETF	1,817	187,506	336,381
	JPMorgan Ultra-Short Income	910	45,528	45,837
	Vanguard Small-Cap Fund ETF	639	78,830	153,539
	Total Exchange Traded Funds		<u>449,940</u>	<u>856,762</u>
<b><u>Mutual Funds:</u></b>				
	Allspring Core Plus Bond Fund	112,453	1,245,977	1,245,977
	Total Investments		<u>\$ 1,822,290</u>	<u>\$ 2,270,479</u>

\* Party-in-Interest

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule H, Line 4J – Plan 501 54-6070422  
Schedule of Reportable Transactions  
Plan Year Ended December 31, 2024**

<b>(a)</b> <b>Party Involved</b>	<b>(b)</b> <b>Description</b>	<b>(c)</b> <b>Purchase Price</b>	<b>(d)</b> <b>Selling Price</b>	<b>(g)</b> <b>Cost</b>	<b>(h)</b> <b>Current Value</b>	<b>(i)</b> <b>Gain (Loss)</b>
Morgan Stanley	Allspring Core Plus Bond Fund	\$ 1,245,977	\$ –	\$ 1,245,977	\$ 1,245,977	\$ –
Morgan Stanley	Western Asset SMASH Series C Fund	–	191,848	191,317	191,848	531
Morgan Stanley	Western Asset SMASH Series Core Plus Completion Fund	–	576,010	736,203	576,010	(160,193)
Morgan Stanley	Western Asset SMASH Series M Fund	–	245,458	331,149	245,458	(85,691)

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule of Contributions by Employers  
For the Year Ended December 31, 2024**

	<b>Cash Collected 1-1-24 to 12-31-2024</b>	<b>Receivable at 12-31-2024</b>	<b>Less: Receivable at 12-31-2023</b>	<b>Employer Contributions at 12-31-2024</b>
Aaron Enterprises	\$ 1,091	\$ —	\$ —	\$ 1,091
American Fossil Solutions	514	—	—	514
Beeghly Tree, LLC	10,002	—	—	10,002
Bluroc, LLC	83,415	—	23,311	60,104
Bond Civil & Utility Construction	—	281	—	281
Bowen Engineering	39,823	1,868	4,613	37,078
Chemsteel Construction Company	3,730	109	—	3,839
Davies Commercial Masonry	67,574	4,089	8,226	63,437
Day & Zimmerman NPS, Inc.	115	—	115	—
DPR Construction, Inc.	114,472	8,166	14,378	108,260
Henry F. Teichmann, Inc.	—	27,953	27,953	—
Huxted Trenchless	45,499	1,541	—	47,040
Lawrence C. Musgrove Associates, Inc.	132,628	10,662	10,869	132,421
Michels Construction, Inc.	27,853	—	7,970	19,883
Michels Pipe Line Construction, Inc.	1,541	—	—	1,541
Michels Trenchless	17,706	—	—	17,706
Miller Electric/Lighthouse	48,583	9,399	—	57,982
Miller Pipeline Corporation	349,982	20,958	69,580	301,360
Precision Pipeline, LLC	14,617	—	3,681	10,936
Price Gregory International, Inc.	9,043	—	2,264	6,779
Rosendin Electric, Inc.	6,516	16,198	—	22,714
SAIIA Construction Company, LLC	74,136	2,863	8,913	68,086
Silver Bridge Excavating, LLC	2,423	908	—	3,331
Snow, Jr. & King, Inc.	160,289	9,788	15,445	154,632
Sprinkle Masonry, Inc.	63,081	4,072	13,793	53,360
Taylor & Parrish, Inc.	20,134	924	1,990	19,068
The HDD Company, Inc.	22,825	3,091	—	25,916
W. F. Magann Corporation	71,180	5,951	7,187	69,944
<b>Transfers:</b>				
Connecticut Laborers Health Fund	(3,050)	—	—	(3,050)
Florida Laborers H&W	(1,348)	—	—	(1,348)
Indiana Laborers H&W	(2,311)	—	—	(2,311)
Laborers Benefit Funds	(3,608)	—	—	(3,608)
Laborers District Council of VA Pension	110,078	—	—	110,078
Laborers District Council of Western PA	(17,534)	—	—	(17,534)

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule of Contributions by Employers  
For the Year Ended December 31, 2024**

	<b>Cash Collected 1-1-24 to 12-31-2024</b>	<b>Receivable at 12-31-2024</b>	<b>Less: Receivable at 12-31-2023</b>	<b>Employer Contributions at 12-31-2024</b>
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Transfers: (Continued)				
Laborers Local #91 H&W	\$ (5,829)	\$ -	\$ -	\$ (5,829)
Laborers Local #158 H&W	(3,698)	-	-	(3,698)
Laborers Local #785 H&W	(5,601)	-	-	(5,601)
Laborers Trust & Pension Funds	(21,149)	1,155	1,287	(21,281)
MA Laborers Health Fund	(15,981)	-	-	(15,981)
Ohio LDC Contractors H&W	(2,083)	-	-	(2,083)
Southwest Laborers H&W	(2,077)	-	-	(2,077)
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Totals	\$ 1,414,581	\$ 129,976	\$ 221,575	\$ 1,322,982
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here \_\_\_\_\_ ▶   the DFVC program

**D** Check box if filing under:  Form 5558  automatic extension  special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <b>LABORERS DISTRICT COUNCIL OF VIRGINIA HEALTH &amp; WELFARE TRUST FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>JOINT BOARD OF TRUSTEES LDC OF VA HEALTH &amp; WELFARE TRUST FUND</b>  <b>P.O. BOX 1769</b>  <b>SALEM VA 24153</b>	<b>1c</b> Effective date of plan <b>02/18/1967</b>	<b>2b</b> Employer Identification Number (EIN) <b>54-6070422</b>
	<b>2c</b> Plan Sponsor's telephone number <b>800-552-6972</b>	<b>2d</b> Business code (see instructions) <b>238900</b>

**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		10/09/2025	JOHN R. WEAVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
	<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<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> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b>	187
	<b>6a(2)</b>	144
	<b>6b</b>	30
	<b>6c</b>	0
	<b>6d</b>	174
	<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>	29

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

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

4A 4D 4E 4F 4Q 4U

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

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

**a Pension Schedules**

- (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 2
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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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**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule H, Line 4i – Plan 501 54-6070422  
Schedule of Assets (Held At End of Year)  
Plan Year Ended December 31, 2024**

(a)	(b) Issue	(c) Description	Face Value	(d) Cost 12-31-24	(e) Current Value 12-31-24
<b><u>Cash Equivalents:</u></b>					
*	Morgan Stanley Bank Deposit Program		\$ 23,310	\$ 23,310	\$ 23,310

(a)	(b&c) Issue and Description	Shares	(d) Cost 12-31-24	(e) Current Value 12-31-24
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**Common Stocks:**

AIA Group, Ltd. Spons. ADR	24	809	710
Akbank Turk Anonim Sirketi ADR	173	643	635
Alibaba Group Holding, Ltd.	20	1,620	1,671
Anglo Amern. PLC Spons. ADR	48	624	717
ARM Holdings PLC ADR	7	325	809
ASE Technology Holdings Co. Ltd. ADR	170	1,256	1,712
ASML Holding N.V.	5	1,897	3,268
Astrazeneca PLC ADR	24	1,374	1,602
BDO Unibank, Inc. Spon. ADR	27	675	682
Bidvest Group Ltd. Spon. ADR	15	429	425
Bunzl PLC	116	1,311	2,402
Capitec Bank Holdings Ltd. ADR	11	398	892
Cemex Sab De Cv	90	521	509
China Merchants Bk. Co. Ltd. Unsp.	29	726	756
Chocoladefab Lindt & Spruengli	221	2,565	2,456
Compagnie Fin. Richemont AG ADR	137	858	2,085
Credicorp, Ltd.	3	404	486
Diageo PLC Spons. ADR	17	2,225	2,106
Erste Group Bank AG Spons. ADR	75	861	2,300
Essilorluxottica ADR	19	1,715	2,288
Eurobank Ergasias Services & Holdings	473	537	546
Ferguson Enterprises, Inc.	9	1,720	1,498
Fomento Economico Mexicano	3	340	216
Freeport-McMoran	36	717	1,378
Galaxy Entmt. Group Ltd. ADR	23	609	484
Greek Organisation of Football	56	446	457
Grupo Financiero Banorte Sab	15	237	485
GSK PLC ADR	58	2,123	1,979

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule H, Line 4i – Plan 501 54-6070422  
Schedule of Assets (Held At End of Year)  
Plan Year Ended December 31, 2024**

(a)	(b&c) Issue and Description	Shares	(d) Cost 12-31-24	(e) Current Value 12-31-24
<b><u>Common Stocks:</u></b> (Continued)				
	Haleon PLC ADR	199	\$ 1,817	\$ 1,898
	HDFC Bank Ltd. ADR	57	2,918	3,672
	Himax Technologies, Inc.	79	473	633
	HSBC Holdings PLC Spon. ADR	25	807	1,251
	Iberdrola SA Spon. ADR	33	1,432	1,837
	Icici Bank, Ltd.	60	1,162	1,801
	Industrial & Commerical Bk. China ADR	166	1,797	2,227
	Infineon Technologies AG	54	903	1,744
	Infosys Limited ADR	79	708	1,741
	Intesa Sanpaolo Spa ADR	84	992	2,024
	Itau Unibanco Multiple ADR	120	601	595
	Itochu Corp. ADR	18	1,795	1,746
	KB Financial Group, Inc. Spon. ADR	26	956	1,470
	Kosmos Energy Ltd.	118	594	404
	KT Corp. Spon. ADR	80	1,046	1,248
	Legrand SA	101	2,072	1,967
	Liberty Media Corp. Ser. C	24	1,603	2,234
	Lloyds Banking Group PLC	621	1,760	1,689
	Lululemon Athletica, Inc.	3	1,001	1,146
	Makemytrip Limited	14	965	1,601
	Mercadolibre, Inc.	2	997	2,806
	Mitsubishi UFJ Fincl. Group ADS	255	1,394	2,989
	MS&AD Insurance Group Holdings ADR	107	1,858	2,348
	National Bank of Greece ADR	71	642	560
	Netease.com, Inc.	6	258	545
	Novo Nordisk A/S ADR	26	2,144	2,249
	NU Holdings Ltd.	144	1,449	1,492
	PDD Holdings, Inc. ADR	6	866	576
	Pernod Ricard SA ADR	29	789	648
	Petroleo Brasileiro SA	51	612	652
	PT Bk. Cent. Asia Tbk. ADR	160	2,422	2,404
	PT Bank Mandiri Persero Tbk. Unsp.	40	297	570
	Reckitt Benckiser PLC Spons. ADR	158	2,552	1,913
	Recruit Holdings Co. Ltd. ADR	137	798	1,943
	Relx PLC Spon. ADR	62	1,692	2,828
	Rio Tinto PLC Spon. ADR	27	1,576	1,570
	Roche Holdings ADR	66	1,810	2,289

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule H, Line 4i – Plan 501 54-6070422  
Schedule of Assets (Held At End of Year)  
Plan Year Ended December 31, 2024**

(a)	(b&c) Issue and Description	Shares	(d) Cost 12-31-24	(e) Current Value 12-31-24
<b><u>Common Stocks:</u></b> (Continued)				
	Sanofi ADR	41	\$ 2,107	\$ 1,987
	SAP AG	19	1,809	4,722
	Schneider Elec. SA Unsp. ADR	58	792	2,871
	Shell PLC ADR	41	1,320	2,572
	Shinhan Financial Group Co. Ltd.	13	491	416
	Shoprite Holdings Ltd. Spons ADR	45	608	700
	Siemens Aktiengesellschaft	27	1,745	2,631
	SMC Corp Japan Spons. ADR	57	980	1,137
	Sony Group Corporation ADR	140	1,559	2,962
	Svenska Handelsbanken AB ADR	315	1,501	1,628
	Taiwan Semiconductor Mfg. Co. Ltd. ADR	56	2,150	11,121
	Techtronic Ind. Ltd. Spon. ADR	7	195	446
	Tencent Holdings Ltd. Unsp. ADR	102	3,736	5,424
	Tencent Music Entertainment Group Spon.	135	1,742	1,532
	Trip.com Group Ltd. ADR	16	528	1,126
	Unilever PLC	63	3,109	3,560
	Vesta Real Estate Corp. ADR	29	1,030	737
	Vestas Wind Systems ADS	199	1,100	903
	Yum China Holdings	23	1,038	1,091
	Total Common Stocks		<u>103,063</u>	<u>144,430</u>
<b><u>Exchange Traded Funds:</u></b>				
	iShares MSCI EAFE ETF	1,335	81,121	100,939
	iShares Russell 1000 Growth ETF	548	56,955	220,066
	iShares Russell 1000 Value ETF	1,817	187,506	336,381
	JPMorgan Ultra-Short Income	910	45,528	45,837
	Vanguard Small-Cap Fund ETF	639	78,830	153,539
	Total Exchange Traded Funds		<u>449,940</u>	<u>856,762</u>
<b><u>Mutual Funds:</u></b>				
	Allspring Core Plus Bond Fund	112,453	1,245,977	1,245,977
	Total Investments		<u>\$ 1,822,290</u>	<u>\$ 2,270,479</u>

\* Party-in-Interest

**LABORERS DISTRICT COUNCIL OF VIRGINIA  
HEALTH AND WELFARE TRUST FUND**

**Schedule H, Line 4J – Plan 501 54-6070422  
Schedule of Reportable Transactions  
Plan Year Ended December 31, 2024**

<b>(a)</b> <b>Party Involved</b>	<b>(b)</b> <b>Description</b>	<b>(c)</b> <b>Purchase Price</b>	<b>(d)</b> <b>Selling Price</b>	<b>(g)</b> <b>Cost</b>	<b>(h)</b> <b>Current Value</b>	<b>(i)</b> <b>Gain (Loss)</b>
Morgan Stanley	Allspring Core Plus Bond Fund	\$ 1,245,977	\$ –	\$ 1,245,977	\$ 1,245,977	\$ –
Morgan Stanley	Western Asset SMASH Series C Fund	–	191,848	191,317	191,848	531
Morgan Stanley	Western Asset SMASH Series Core Plus Completion Fund	–	576,010	736,203	576,010	(160,193)
Morgan Stanley	Western Asset SMASH Series M Fund	–	245,458	331,149	245,458	(85,691)