

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: TRI-STATE LABOR EDUCATION AND DEVELOPMENT FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): TRI-STATE LABOR EDUCATION AND DEVELOPMENT FUND
2b Employer Identification Number (EIN): 61-6204343
2c Plan Sponsor's telephone number: 606-324-5959
2d Business code (see instructions): 541910

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, Name. Rows for plan administrator (MICHAEL D GULLETT), employer/plan sponsor (JEFF ROWE), and DFE.

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

Form 5500 (2024) v. 240311

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan TRI-STATE LABOR EDUCATION AND DEVELOPMENT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRI-STATE LABOR EDUCATION AND DEVELOPMENT FUND	D Employer Identification Number (EIN) 61-6204343	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NURSING CORPS

500 LURAY DRIVE
WINTERSVILLE, OH 43953

34-1964117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	97756	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARRIS, HARDIN & COMPANY, A.C.

404 NINTH STREET
HUNTINGTON, WV 25701

55-0756523

(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	9710	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)

FRANKLIN COLLINS

2150 CARTER AVENUE
ASHLAND, KY 41101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	6680	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)

CODY NICKELL

2150 CARTER AVENUE
ASHLAND, KY 41101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	6630	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)

SEGAL SELECT INSURANCE

66 HUDSON BLVD. E 20TH FLOOR
NEW YORK, NY 10001

46-0619194

(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	NONE	6241	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRI-STATE LABOR EDUCATION AND DEVELOPMENT FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRI-STATE LABOR EDUCATION AND DEVELOPMENT FUND	D Employer Identification Number (EIN) 61-6204343

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	398661	440546
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	962	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	790070	346010
(2) U.S. Government securities	1c(2)	20805	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	94994	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	181995	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	173650	791226
f Total assets (add all amounts in lines 1a through 1e).....	1f	1661137	1577782
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1661137	1577782

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	467279	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		467279
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8784	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		8784
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	5926	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		5926
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	295245	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	297795	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-2550
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	479439

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	188638
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	188638
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	2331
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	9710
(5) Investment advisory and investment management fees	2i(5)	804
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	2099
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	3828
(11) Other expenses.....	2i(11)	355384
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	374156
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	562794

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-83355
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HARRIS, HARDIN & COMPANY, A.C.**

(2) EIN: **55-0756523**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

FINANCIAL STATEMENTS

AND

INDEPENDENT AUDITORS' REPORT

OF

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT
TRUST FUND

FOR

THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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HARRIS, HARDIN & COMPANY, A.C.

CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
The Tri-State Labor Education
and Development Trust Fund
Ashland, KY 41101

Opinion

We have audited the financial statements of The Tri-State Labor Education and Development Trust Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of The Tri-State Labor Education and Development Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years ended December 31, 2024 and 2023, in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Tri-State Labor Education and Development Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis of 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 the modified cash basis of accounting described in Note 1, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

The Tri-State Labor Education and
Development Trust Fund

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 Tri-State Labor Education and Development Trust Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

The Tri-State Labor Education
and Development Trust Fund

Supplemental Schedules Required by ERISA

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

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

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



Huntington, West Virginia
September 26, 2025

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
DECEMBER 31, 2024 AND 2023

	2024	2023
<i>Assets</i>		
Investments		
Certificates of Deposit	\$ 225,016	\$ 783,596
U.S. Obligations	-0-	20,805
Corporate Obligations	-0-	46,897
Mortgage Obligations	-0-	48,097
Common Stocks	-0-	181,995
Interest Bearing Cash	120,994	6,474
Total Current Assets	346,010	1,087,864
Accrued Income Receivable	-0-	962
Cash and Cash Equivalents	440,546	398,661
Prepaid Expenses	-0-	5,440
Property and Equipment		
Land	163,754	163,754
Building & Improvements	606,482	-0-
Furniture and Equipment	45,235	26,321
Less: Accumulated Depreciation	(37,763)	(21,865)
Net Property and Equipment	777,708	168,210
<i>Total Assets</i>	\$ 1,564,264	\$ 1,661,137
 <i>Current Liabilities</i>		
Accrued Expenses	\$ -0-	\$ -0-
<i>Net Assets Available for Plan Benefits</i>	\$ 1,564,264	\$ 1,661,137

The Accompanying Notes Are An Integral Part of These Financial Statements.

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<i>Additions to Net Assets Attributed to:</i>		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (2,550)	\$ 12,471
Interest and Dividends	14,710	29,856
Total Investment Income	12,160	42,327
Employers' Contributions	467,279	511,796
<i>Total Additions</i>	479,439	554,123
 <i>Deductions from Net Assets Attributed to:</i>		
Benefits to Members		
Drug Testing, Etc.	96,567	93,535
TWIC and DISA Reimbursement	25,470	38,832
Training Expense	66,601	64,268
<i>Total Benefits to Members</i>	188,638	196,635
Administrative Expenses		
Wage Expense	285,749	283,594
Depreciation	15,897	2,904
Insurance	18,221	6,838
Legal and Accounting	14,215	10,567
Occupancy Expense	19,876	9,277
Trustee Expenses	3,828	2,022
Other Administrative Expense	29,888	58,267
<i>Total Administrative Expenses</i>	387,674	373,469
<i>Total Deductions</i>	576,312	570,104
<i>Net Increase (Decrease)</i>	(96,873)	(15,981)
 <i>Net Assets Available for Benefits</i>		
Beginning of Year	1,661,137	1,677,118
End of Year	\$ 1,564,264	\$ 1,661,137

The Accompanying Notes Are An Integral Part of These Financial Statements.

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1 – DESCRIPTION OF FUND

GENERAL

The Trust Fund was organized January 1, 1992, by the Tri-State Contractors Association and the Tri-State Building and Construction Trades Council, AFL-CIO. Its purpose is to provide training, education and research programs in occupation safety and health.

CONTRIBUTIONS

Funding is provided by contributions from employers in accordance with collective bargaining agreements.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements are prepared on the modified basis of cash receipts and disbursements. Consequently, certain revenue and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred. Accordingly, the accompanying financial statements are not intended to represent financial position and results of operations in conformity with accounting principles generally accepted in the United States of America.

VALUATION OF INVESTMENTS

Investments in marketable securities are stated at current value. Current value is the quoted market price of securities on the last business day of the plan year. The fair value of the participation units in the separate account are based on the current value of their underlying assets.

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 Trust Fund's gains and losses on investments bought and sold, as well as held during the year.

For financial statement purposes, realized gains and losses are computed utilizing the average cost method for determining the basis of the investments sold. On Form 5500, the Department of Labor (DOL) requires presentation of realized gains and losses to be computed on the basis of revalued cost, which is defined as fair value at the beginning of the year if held at that date or historical cost if purchased during the year. Using the DOL prescribed computation, realized losses are \$2,550 for the year ended December 31, 2024.

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the fund administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

CASH AND CASH EQUIVALENTS

The Fund maintains its cash in a checking account with Fifth Third Bank located in Ashland, Kentucky. The Fund considers all highly liquid financial instruments with original maturities of three months or less from the date of purchase to be cash equivalents, except for those amounts that are held in the investment portfolio which are invested for long-term purposes.

CONCENTRATION OF CREDIT RISK

The Trust Fund maintains cash balances in checking, savings, and money market accounts as well as certificates of deposit at various banking institutions throughout the Tri-State area in which it conducts its business. Accounts at each institution are insured by the Federal Deposit Insurance Corporation.

The Trust Fund at various times throughout the year, maintained deposits in excess of federally insured limits. Accounting Standards Codification Topic 825-10-50 identifies these items as a concentration of credit risk requiring disclosure regardless of the degree of risk. The risk is managed by maintaining all deposits in high quality institutions. Bank balances on deposit December 31, 2024 and 2023, totaled \$665,562 and \$1,182,257, respectively.

NOTE 3 – FUNDING POLICY

The Trust Fund is funded by contributions from employers as provided by collectively bargained agreements. Employers contribute 12 cents per man-hour to the Trust Fund.

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 4 – INVESTMENTS

During 2024, the Trust Fund liquidated all of its investment securities and withdrew two certificates of deposit. The proceeds from these transactions were used to purchase a new training and testing facility. As a result, the Fund’s investment balances at year-end reflect these transactions. All investments were managed by professional investment advisors and held by third-party depositories prior to liquidation. During 2024 and 2023, the Trust Fund’s investments (including investments bought and sold, as well as held during the year) appreciated or depreciated in fair value as follows:

	Net Appreciation (Depreciation) in Fair Value During Year	Fair Value At End of Year
<i>Year Ended December 31, 2024</i>		
Fair Value as Determined by Quoted Market Price:		
Interest Bearing Cash	\$ -0-	\$ 120,994
U.S. Obligations	(130)	-0-
Corporate Obligations	(382)	-0-
Mortgage Obligations	(1,207)	-0-
Common Stocks	(831)	-0-
Certificates of Deposit	-0-	225,016
<i>TOTAL</i>	<u>\$ (2,550)</u>	<u>\$ 346,010</u>
<i>Year Ended December 31, 2023</i>		
Fair Value as Determined by Quoted Market Price:		
Interest Bearing Cash	\$ -0-	\$ 6,474
U.S. Obligations	279	20,805
Corporate Obligations	(9,859)	46,897
Mortgage Obligations	5,770	48,097
Common Stocks	16,281	181,995
Certificates of Deposit	-0-	783,596
<i>TOTAL</i>	<u>\$ 12,471</u>	<u>\$ 1,087,864</u>

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB), *Fair Value Measurements and Disclosures*, establishes a framework to measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority of unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB *Fair Value Measurement* are described as follows:

- Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the trust fund has the ability to access.
- Level 2 inputs to the valuation methodology include the following:
 - Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the assets or liability
 - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other meansIf the assets or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability
- Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

- *U.S. Government Securities.* U.S. Government securities are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather on the securities' relationship to other benchmark quoted securities (Level 2 inputs).
- *Corporate Obligations.* Corporate securities are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather on the securities' relationship to other benchmark quoted securities with similar credit risk (Level 2 inputs).
- *Common Stocks.* The fair values of common stock are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs).
- *Interest Bearing Cash.* The value of interest bearing cash is the face value of deposit accounts and the quoted prices of certificates of deposits from a nationally recognized exchange (Level 1 inputs).
- *Certificates of Deposit.* The value of certificates of deposit is the face value of deposit accounts and the quoted prices of certificates of deposits from a nationally recognized exchange (Level 1 inputs).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Trust Fund 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 TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level within the fair value hierarchy the Trust Fund’s assets at fair value as of December 31, 2024 and 2023.

Assets at Fair Value Measurements at Reporting Date

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>December 31, 2024</u>				
Certificates of Deposit	\$ 225,016	\$ 225,016	\$ -0-	\$ -0-
U.S. Obligations	-0-	-0-	-0-	-0-
Corporate Obligations	-0-	-0-	-0-	-0-
Mortgage Obligations	-0-	-0-	-0-	-0-
Common Stocks	-0-	-0-	-0-	-0-
Interest Bearing Cash	120,994	120,994	-0-	-0-
Total	<u>\$ 346,010</u>	<u>\$ 346,010</u>	<u>\$ -0-</u>	<u>\$ -0-</u>
<u>December 31, 2023</u>				
Certificates of Deposit	\$ 783,596	\$ 783,596	\$ -0-	\$ -0-
U.S. Obligations	20,805	-0-	20,805	-0-
Corporate Obligations	46,897	-0-	46,897	-0-
Mortgage Obligations	48,097	-0-	48,097	-0-
Common Stocks	181,995	181,995	-0-	-0-
Interest Bearing Cash	6,474	6,474	-0-	-0-
Total	<u>\$ 1,087,864</u>	<u>\$ 972,065</u>	<u>\$ 115,799</u>	<u>\$ -0-</u>

NOTE 6 – BUILDING, FURNITURE AND EQUIPMENT

Building, building improvements, furniture, and equipment are stated at cost and depreciation is provided for on the straight line and accelerated methods over the estimated useful lives of 5 to 40 years. Depreciation expense is \$15,897 and \$2,904 for 2024 and 2023 respectively.

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Trust Fund by a letter dated October 31, 1993, that the Trust Fund is exempt from Federal income tax under Internal Revenue Code Section 501(c)(5); accordingly, no provision for Federal income taxes has been made in the accompanying financial statements. The Trust Fund administrator and the Trust Fund's legal counsel believe that the Trust Fund is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. The Trust Fund is subject to routine audits by various taxing agencies. There are currently no such audits in progress. The Trust Fund believes it is no longer subject to income tax examination for periods prior to December 31, 2021.

NOTE 8 – CONTRACT OBLIGATIONS

The Trust Fund leased office space from the Tri-State Building Trades at a rate of \$6,000 per year. Their three year lease expired on May 31, 1997. The lease has not been renewed, but annual rental payments continue at the said amount of \$6,000 per year.

NOTE 9 – TRANSACTIONS WITH PARTIES IN INTEREST

Fees paid during the year for administrative services rendered by parties in interest were based on customary and reasonable rates for such services and are paid by the Trust Fund.

NOTE 10 – UNCERTAIN TAX POSITIONS

FASB ASC 740-10 clarifies the accounting and provides guidance for uncertainty in income taxes recognized in an entity's financial statements. It prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken, in a tax return. FASB ASC 740-10-50-15 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. A fund's exempt status is a tax position that may be subject to uncertainty.

There were no penalties or interest recognized in the Statement of Net Assets Available for Benefits – Modified Cash Basis or in the Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis.

Management does not believe its financial statements include any uncertain tax positions.

THE TRI-STATE LABOR EDUCATION AND DEVELOPMENT TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

	2024	2023
Net assets available for benefits per the financial statements	\$ 1,564,264	\$ 1,661,137
Fair value of land, buildings and improvements	770,236	163,754
Less: book value of land, buildings and improvements	(756,718)	(163,754)
Net assets available for benefits per Form 5500	\$ 1,577,782	\$ 1,661,137
Net income per financial statements	\$ (96,873)	\$ (15,981)
Increase in fair value of building less current improvements	-0-	-0-
Depreciation on buildings and improvements	13,518	-0-
Net income per Form 5500	\$ (83,355)	\$ (15,981)

NOTE 12 – SUBSEQUENT EVENTS

Subsequent events were evaluated through September 26, 2025, which is the date the financial statements were available to be issued.

Form 5500 Schedule H Part IV Line 4i - Schedule of Assets Held for Investment Purposes

Tri-State Labor, Education and Development Fund

EIN: 61-6204343

PN: 501

12/31/2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
<u>Interest Bearing Cash</u>					
	Raymond James Bank Program	0.200%	526	\$ 525	\$ 525
	FIMM Govt. Money Market Instl CL		120,469	120,469	120,469
				<u>\$ 120,994</u>	<u>\$ 120,994</u>
<u>Certificates of Deposit</u>					
	Kentucky Farmers Bank	2.480%	10/11/2029 225,016	<u>\$ 225,016</u>	<u>\$ 225,016</u>
	Grand Total			<u>\$ 346,010</u>	<u>\$ 346,010</u>

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
Tri-State Labor Education and Development Fund
EIN: 61-6204343
PN: 501
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>Category (i) - single transactions in excess of 5% of Plan assets:</u>						
DESCO Credit Union	Certificates of Deposit	\$ 566,476	\$ 566,572	\$ 566,476		\$ 96
Kentucky Farmers Bank	Certificate of Deposit	\$ 217,120	\$ 225,016	\$ 217,120		\$ 7,896

Category (ii) - series of transactions in excess of 5% of Plan assets:

NONE

Note: There were no category (iii) or (iv) reportable transactions during 2024. Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

Form 5500 Schedule H Part IV Line 4i - Schedule of Assets Held for Investment Purposes

Tri-State Labor, Education and Development Fund

EIN: 61-6204343

PN: 501

12/31/2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
<u>Interest Bearing Cash</u>					
	Raymond James Bank Program	0.200%	526	\$ 525	\$ 525
	FIMM Govt. Money Market Instl CL		120,469	120,469	120,469
				<u>\$ 120,994</u>	<u>\$ 120,994</u>
<u>Certificates of Deposit</u>					
	Kentucky Farmers Bank	2.480%	10/11/2029	225,016	<u>\$ 225,016</u>
				<u>\$ 225,016</u>	
	Grand Total			<u>\$ 346,010</u>	<u>\$ 346,010</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan TRI-STATE LABOR EDUCATION AND DEVELOPMENT FUND	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRI-STATE LABOR EDUCATION AND DEVELOPMENT FUND P. O. BOX 1027 ASHLAND KY 41105	1c Effective date of plan 01/01/1992 2b Employer Identification Number (EIN) 61-6204343 2c Plan Sponsor's telephone number (606) 324-5959 2d Business code (see instructions) 541910

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		10-7-25	MICHAEL D GULLETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-7-25	JEFF ROWE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
Tri-State Labor Education and Development Fund
EIN: 61-6204343
PN: 501
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>Category (i) - single transactions in excess of 5% of Plan assets:</u>						
DESCO Credit Union	Certificates of Deposit	\$ 566,476	\$ 566,572	\$ 566,476		\$ 96
Kentucky Farmers Bank	Certificate of Deposit	\$ 217,120	\$ 225,016	\$ 217,120		\$ 7,896

Category (ii) - series of transactions in excess of 5% of Plan assets:

NONE

Note: There were no category (iii) or (iv) reportable transactions during 2024. Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.