

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension 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

<p>1a Name of plan <u>CONNECTICUT LABORERS' LEGAL SERVICES FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CONNECTICUT LABORERS' LEGAL SERVICES FUND</u></p> <p><u>21 NEW BRITAIN AVENUE</u> <u>ROCKY HILL, CT 06067</u></p>	<p>1c Effective date of plan <u>05/10/1974</u></p> <p>2b Employer Identification Number (EIN) <u>06-0978828</u></p> <p>2c Plan Sponsor's telephone number <u>860-563-2891</u></p> <p>2d Business code (see instructions) <u>541190</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	MICHAEL CRONIN
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3073
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3073
	6a(2)	3096
	6b	
	6c	
	6d	3096
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	253

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:
4G

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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 CONNECTICUT LABORERS' LEGAL SERVICES FUND	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS' LEGAL SERVICES FUND	D Employer Identification Number (EIN) 06-0978828	

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)

EMPLOYEE E

06-0978828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	378576	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)

EMPLOYEE D

06-0978828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	226655	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)

EMPLOYEE B

06-0978828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	158065	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)

EMPLOYEE C

06-0978828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	125244	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)

EMPLOYEE A

06-0978828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	120459	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)

EMPLOYEE F

06-0978828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92900	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)

GRAFSTEIN & ARCARO LLC

46-1581772

(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 50	NONE	72644	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)

ROBERT M. CHEVERIE & ASSOCIATES PC

06-1335139

(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 50	NONE	14004	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)

STACEY BRAUN ASSOCIATES

13-2889432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	11695	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)

T.M. BYXBEE COMPANY

06-1386456

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10800	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)

LAW OFFICE OF NORMA PIERCE AREL

22-3913084

(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 50	NONE	8241	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)

CITIZENS BANK

20-2635739

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	6035	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)

BALSKUS & JOHNSTON

06-1619838

(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 50	NONE	5275	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: T.M. BYXBEE COMPANY, P.C.	b EIN: 06-1386456
c Position: ACCOUNTANT	
d Address: 2319 WHITNEY AVENUE HAMDEN, CT 06518	e Telephone: 203-489-0612

Explanation: ACCOUNTANT WAS TERMINATED THROUGH THE NORMAL BIDDING PROCESS.

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 CONNECTICUT LABORERS' LEGAL SERVICES FUND	B Three-digit plan number (PN) 503
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS' LEGAL SERVICES FUND	D Employer Identification Number (EIN) 06-0978828

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	163754	92383
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		130768
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	370302	69530
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7540	83980
(2) U.S. Government securities	1c(2)	980994	1046245
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	408485	444993
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	888617	851388
(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	85437	227746
f Total assets (add all amounts in lines 1a through 1e).....	1f	2905129	2947033
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	50532	49620
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	303281	287457
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	353813	337077
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2551316	2609956

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)	1391521	
(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)		1391521
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1700	
(B) U.S. Government securities.....	2b(1)(B)	26009	
(C) Corporate debt instruments.....	2b(1)(C)	18610	
(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)		46319
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	8986	
(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)		8986
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1635701	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1405887	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		229814
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	6351	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1682991

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	140851	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		140851
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)	1113758	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10800	
(5) Investment advisory and investment management fees	2i(5)	11695	
(6) Bank or trust company trustee/custodial fees	2i(6)	6035	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	14004	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	327208	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1483500
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1624351

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		58640
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**CONNECTICUT LABORERS' LEGAL
SERVICES PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**CONNECTICUT LABORERS' LEGAL
SERVICES PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Connecticut Laborers' Legal Services Plan

Opinion on the 2024 Financial Statements

We have audited the financial statements of the Connecticut Laborers' Legal Services Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits and benefit obligations as of December 31, 2024, and the related statement of changes in net assets available for benefits and benefit obligations for the year then ended, 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 and benefit obligations of the Plan as of December 31, 2024, and changes in its net assets available for benefits and benefit obligations for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 2024 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 audit. 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 2024 Financial Statements

Management is responsible for the preparation and fair presentation of these 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 2024 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Prior Period Financial Statements

The financial statements of the Connecticut Laborers' Legal Services Plan as of and for the year ended December 31, 2023 were audited by other auditors whose report dated October 8, 2024 expressed an unmodified opinion on those statements.

Report on 2024 Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Administrative Expenses and Schedule of Assets Held at End of Year, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held at End of Year is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Killingworth, Connecticut
October 14, 2025

**CONNECTICUT LABORERS'
LEGAL SERVICES PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS**

DECEMBER 31, 2024 AND 2023

	2024	2023
NET ASSETS AVAILABLE FOR BENEFITS		
INVESTMENTS - at fair value		
U.S. Government and Government Agency obligations	\$ 1,046,245	\$ 980,994
Corporate obligations	444,993	408,485
Common stock	851,388	888,617
Short-term investments	83,980	7,540
Total investments at fair value	2,426,606	2,285,636
FIXED ASSETS		
Furniture and equipment	56,972	55,702
Automobiles	80,581	96,266
Leasehold improvements	33,019	33,019
	170,572	184,987
Less: Accumulated depreciation	(94,343)	(99,550)
Net fixed assets	76,229	85,437
RECEIVABLES		
Employer contributions	130,768	134,148
Due from Connecticut Laborers' Health fund	38,818	17,197
Interest	12,665	12,180
Total receivables and prepayments	182,251	163,525
RIGHT TO USE ASSET		
Operating lease	224,130	224,130
Accumulated amortization	(72,613)	(35,400)
Total right of use asset	151,517	188,730
OTHER ASSETS		
Cash	88,007	158,466
Cash held in escrow	4,376	5,288
Deposits	2,000	2,000
Prepaid expenses	16,047	16,047
Total other assets	110,430	181,801
Total assets	2,947,033	2,905,129

See accompanying notes to financial statements.

	<u>2024</u>	<u>2023</u>
LIABILITIES		
Account payable	\$ 21,950	\$ 21,950
Accrued expenses	23,294	23,294
Escrow payable	4,376	5,288
Operating lease liability - current portion	34,101	34,101
Operating lease liability - Long-term portion	<u>122,038</u>	<u>156,529</u>
Total liabilities	<u>205,759</u>	<u>241,162</u>
NET ASSETS AVAILABLE FOR BENEFITS	2,741,274	2,663,967
BENEFIT OBLIGATIONS		
Legal services payable	<u>131,318</u>	<u>112,651</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFITS OBLIGATIONS	<u><u>\$ 2,609,956</u></u>	<u><u>\$ 2,551,316</u></u>

See accompanying notes to financial statements.

**CONNECTICUT LABORERS'
LEGAL SERVICES PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS		
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 236,165	\$ 201,312
Interest and dividends	55,305	50,951
	291,470	252,263
Less investment fees	(17,730)	(17,763)
Investment income - net	273,740	234,500
Employer Contributions	1,391,521	1,356,551
Total additions	1,665,261	1,591,051
DEDUCTIONS		
Benefits paid directly for participants	122,184	128,330
Administrative expenses	1,436,279	1,342,697
Loss on disposal of fixed assets	29,491	11,673
Total deductions	1,587,954	1,482,700
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	77,307	108,351
NET CHANGE IN BENEFIT OBLIGATIONS		
Increase during the year attributable to change in legal services payable	18,667	26,189
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS		
NET INCREASE	58,640	82,162
EXCESS		
Beginning of year	2,551,316	2,469,154
End of year	\$ 2,609,956	\$ 2,551,316

See accompanying notes to financial statements.

**CONNECTICUT LABORERS’
LEGAL SERVICES PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Connecticut Laborers’ Legal Services Plan (the Plan) is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

General – The Plan is a noncontributory employee benefit plan established by the Board of Trustees of the Connecticut Laborers' Legal Services Fund pursuant to collective bargaining agreements between the Laborer Relations Division, the Associated General Contractors of Connecticut, Inc., the Connecticut Construction Industries Association, Inc., and the Connecticut Laborers' District Council. The Plan is funded by contributions made by participating employers, and such contributions are used to provide legal services to eligible participants under the Plan.

Contributions – The Plan provides for contributing employers to contribute a specified amount per hour worked by each of their covered employees. The predominant contribution rate per hour was \$0.32 at December 31, 2024 and 2023. Participant contributions are not permitted.

Participant Eligibility - Individuals become participants in the Plan when working on jobs covered under the collective bargaining agreements between the Connecticut Laborers' District Council of the Laborers' International Union of North American AFL-CIO and either the Connecticut Construction Industries, Inc. or the AGC/CCIA Building Contractors Labor Division of Connecticut, Inc. Participant eligibility is based upon reportable hours within a certain time period.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Fixed Assets - Fixed assets are stated at cost. Provisions for depreciation of fixed assets are computed by the straight-line method over the estimated useful lives of the assets, which range from three to seven years. Depreciation expense was \$30,542 and \$25,462 for the years ended December 31, 2024 and 2023, respectively.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Valuation of Investments and Income Recognition - The Plan's investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Cost of Future Legal Services - The Board of Trustees is authorized to amend or terminate the Plan at any time. The Plan is only obligated to provide benefits relating to matters pending at the time of change. The liability is determined by estimating the costs to complete cases open at year-end.

Employer Contributions – The Plan is funded by contributions made by employers on behalf of eligible employees. These contributions are based on hourly rates set through collective bargaining agreements. Employer contributions are accounted for as exchange transactions.

Payment of Benefits – Benefits are recorded when paid.

Credit Risk – The Plan maintains its cash with a financial institution deemed to be credit worthy. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in a single bank. As of December 31, 2024, cash on deposit with Citizens Bank, N.A. did not exceed the FDIC coverage in a single bank.

Reclassifications - Certain prior year amounts have been reclassified for consistency with the current year presentation.

NOTE 3. TAX STATUS

The Plan is qualified under Section 401(a) of the Internal Revenue Code and the related trust is exempt from federal income tax under Section 501(a).

The Plan obtained its latest determination letter on November 8, 2013 in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan's legal counsel believes that the Plan is currently designed, and the plan administrator believes that the Plan is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date.

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

NOTE 4. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well, as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Short-term investments: Short-term income funds consist of cash and money market mutual funds held for investment that are not debt securities and are included in investments on the statements of net assets available for benefits valued at fair-value.

Corporate obligation and U.S. Government and Government Agency obligations: Investment include asset backed securities, corporate bonds, federal agency obligations, government securities and mortgage securities. Fair values based on third-party pricing sources obtained by the custodians (Level 2 inputs).

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1 inputs).

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2024:

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
U.S. Government and Government				
Agency obligations	\$ 1,046,245	\$ -	\$ 1,046,245	\$ -
Corporate obligations	444,993	-	444,993	-
Common stocks	851,388	851,388	-	-
Short-term investments	83,980	83,980	-	-
Total assets in the fair value hierarchy	<u>\$ 2,426,606</u>	<u>\$ 935,368</u>	<u>\$ 1,491,238</u>	<u>\$ -</u>

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2023:

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
U.S. Government and Government				
Agency obligations	\$ 980,994	\$ -	\$ 980,994	\$ -
Corporate obligations	408,485	-	408,485	-
Common stocks	888,617	888,617	-	-
Short-term investments	7,540	7,540	-	-
Total assets in the fair value hierarchy	<u>\$ 2,285,636</u>	<u>\$ 896,157</u>	<u>\$ 1,389,479</u>	<u>\$ -</u>

In accordance with Subtopic 820-10, certain investments that were measured in net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items in the statements of net assets for benefits.

NOTE 5. LEASE OBLIGATION

The Plan is obligated under a non-cancelable operating lease for the rental of its office space. Under the lease agreement the Plan is required to pay for utilities and its proportionate share of increases in property taxes. The lease payments are due monthly and expire in April 2029. The components of lease costs under the lease included in administrative expenses for the years ended December 31, 2024 and 2023 were \$36,919 and \$39,978, respectively.

The components of lease expense were as follows:

	<u>2024</u>	<u>2023</u>
Operating lease expense	<u>\$ 37,212</u>	<u>\$ 37,212</u>

Cash flow information related to leases was as follows:

	<u>2024</u>	<u>2023</u>
Cash paid for amount included in the measurement of lease liabilities:		
Operating cash flows from operating lease	\$ 36,919	\$ 39,978
Right of use assets obtained in exchange for lease obligations:		
Operating lease	-	224,000

Statement of net assets available for benefits position information related to leases was as follows:

	<u>2024</u>	<u>2023</u>
Operating lease		
Right of use assets - gross	\$ 224,130	\$ 224,130
Right of use assets - accumulated	(72,613)	(35,399)
Right of use assets - net	<u>\$ 151,517</u>	<u>\$ 188,731</u>
Operating lease liabilities	<u>\$ 156,739</u>	<u>\$ 156,739</u>
Weighted average remaining lease term		
Operating lease	4.33 years	5.33 years
Weighted average discount rate		
Operating lease	1.61%	1.61%

NOTE 5. LEASE OBLIGATION (continued)

Future payments due under the above non-cancelable operating lease are as follows:

<u>Year Ending December 31,</u>	<u>Operating lease</u>
2025	\$ 36,919
2026	36,919
2027	37,658
2028	38,027
2029	<u>12,676</u>
Total undiscounted cash flows	162,199
Less: present value discount	<u>(5,460)</u>
Total lease liabilities	<u>\$ 156,739</u>

NOTE 6. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risks associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

NOTE 7. RELATED PARTY AND PARTY- IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan paid fees during the year for legal, accounting, investment management and other services rendered by parties in interest. These transactions are considered exempt party-in-interest transactions under ERISA.

Contributing employers are generally required to remit contributions to the Connecticut Laborers' Health, Pension, Annuity and other related funds. Typically, employers remit the total amount due for contributions due all Funds in a single check payable to the Health Fund. Distributions of the contributions due to the other Funds from the Health Fund are accomplished by a process referred to as "internal transfers". At December 31, 2024 and 2023, contributions received by the Health Fund and due to the Plan amount to \$34,911 and \$19,417, respectively.

Certain activities of the Plan are administered by employees of the Health Fund. An allocation of costs is made annually by the Health Fund. Allocated expenses for the years ended December 31, 2024 and 2023 were \$11,107 and \$9,420, respectively.

On behalf of the Legal Services Plan employees, the Plan pays for health coverage through the Health Fund. The contributions paid to the Health fund were \$131,988 and \$127,199 for the years ended December 31, 2024 and 2023, respectively.

NOTE 7. RELATED PARTY AND PARTY- IN- INTEREST TRANSACTIONS (continued)

The plan received contributions from the Health Fund, for the Health Fund employees. The contributions received from the Health Fund were \$9,981 and \$10,130 for the years ended December 31, 2024 and 2023, respectively.

The cost of certain administrative functions is incurred by the Connecticut Laborers' Pension Fund on behalf of other funds. A share of these costs is allocated to the Legal Services Fund. The following professional fees were allocated from the Pension Fund for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Field audit costs	\$ 731	\$ 730
Legal collection fees	<u>1,298</u>	<u>1,011</u>
	<u>\$ 2,029</u>	<u>\$ 1,741</u>

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan paid fees during the year for legal, accounting, investment management and other services rendered by parties in interest. These transactions are considered exempt party-in-interest transactions under ERISA.

NOTE 8. EMPLOYER CONTRIBUTIONS

The Plan provides for contributing employers to contribute a specified amount per hour worked by each of their employees who is in covered employment. The contribution rate was \$0.32 per hour for the years ended December 31, 2024 and 2023. Contributing employers are predominantly construction contractors operating in the State of Connecticut.

Contributions receivable from employers in the amount of \$126,216 and \$134,148 at December 31, 2024 and 2023, respectively, have been shown on the statements of net assets and the changes in these amounts have been reflected in the statements of changes in net assets. The balances due at December 31, 2024 and 2023 consist of amounts known to be due from employers for work performed through December 31, 2024 and 2023, respectively. Additional amounts due for unreported hours or disputed amounts are not subject to reasonable estimation and are recorded when collected.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

The Plan participates in one multiemployer defined benefit pension plan under the terms of a collective bargaining agreement. The Plan remits the contributions to this multiemployer defined benefit pension plan for the employees of the Plan. The risks of participating in this multiemployer defined benefit pension plan are different from a single-employer plan in the following aspects:

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

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

The Plan’s participation in the multiemployer defined benefit pension plan for the annual periods ended December 31, 2024 and 2023, are outlined in the table below. The zone status is based on information that the fund received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan’s actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Pension Plan for the Staff of the Connecticut Laborers' Fund	06-0681161	001	Green as of 12/31/24	No	Green as of 12/31/23	No	*

*The full-time employees of the Plan participate in the Staff Pension of the Ct Laborers’ through an agreement between the Plan and the Staff Pension of the CT Laborers’. The participation agreement does not have an expiration date.

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	12/31/2024	12/31/2023	No, Plan year ending 12/31/2024.	No, Plan year ending 12/31/2024.	12/31/2024	12/31/2023	12/31/2024	12/31/2023
Pension Plan for the Staff of the Connecticut Laborers' Fund	\$ 187,917	\$ 174,815			23.55% of wages	23.55% of wages	5	5

NOTE 10. PLAN TERMINATION

The Trustees expect and intend to continue the plan indefinitely but reserve the right to amend or terminate it. In the event the Plan terminates, the Trustees shall first apply the net assets to any obligations outstanding and any remaining balance in such manner as will best effectuate the purpose of the Plan.

Under no circumstances shall any portion of the Plan, directly or indirectly, revert or accrue to the benefit of any contributing employer or the Union.

NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**CONNECTICUT LABORERS'
LEGAL SERVICES PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Salaries	\$ 455,278	\$ 435,884
Offices salaries	330,739	304,349
Pension	187,917	174,815
Employee benefits	139,824	134,268
Payroll taxes	54,701	51,341
Travel and auto expenses	45,469	42,107
Fund general counsel	14,004	14,004
Accounting fees	10,800	10,200
Rent	36,919	36,978
Office equipment and expenses	37,797	33,507
Depreciation	30,542	25,462
Insurance	28,045	20,730
Telephone	15,188	16,169
Dues and subscriptions	16,660	12,656
Administrative charges	11,107	9,420
Utilities	7,884	7,623
Other taxes	4,809	5,796
Miscellaneous	3,425	5,193
Amortization	2,722	-
Random audit costs and collection fees	2,035	1,741
Conference and continuing education	414	454
	\$ 1,436,279	\$ 1,342,697
Total administrative expenses		

**CONNECTICUT LABORERS'
LEGAL SERVICES PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Item 4i

EIN 06-0978828
Plan No. 503

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Share/ Type	Interest Rate	Maturity Date	Cost	Current Value
		Principal				
<u>U.S. Government and Government Agency obligations:</u>						
FNMA Pool #AY5863		9,634	2.000 %	03/01/30	\$ 9,748	\$ 9,033
GNMA Pool #553465		840	4.000	01/15/42	941	793
GNMA Pool #648235		1,232	5.000	12/15/35	1,343	1,212
GNMA Pool #6535379		220	6.000	07/15/35	226	225
GNMA Pool #685831		1,308	4.500	04/15/41	1,380	1,264
GNMA Pool #688091		480	5.500	11/15/38	474	480
GNMA Pool #698392		1,215	4.000	07/15/39	1,308	1,144
GNMA Pool #700950		143	5.500	05/29/00	150	146
GNMA Pool #704173		377	5.000	01/15/39	412	371
GNMA Pool #705750		607	5.000	01/15/39	632	607
GNMA Pool #706707		264	5.000	02/15/39	272	263
GNMA Pool #717312		760	4.000	11/15/41	812	714
GNMA Pool #720202		1,316	4.500	07/15/39	1,388	1,274
GNMA Pool #772098		1,693	4.000	11/15/41	1,829	1,599
GNMA Pool #782363		520	5.500	07/15/38	544	529
GNMA Pool #783081		2,267	4.000	08/15/40	2,413	2,145
United States Treasury Notes		60,000	.625	08/15/30	59,665	48,726
United States Treasury Notes		65,000	1.125	02/15/31	63,645	53,641
United States Treasury Notes		45,000	1.250	08/15/31	45,025	36,723
United States Treasury Notes		45,000	2.875	05/15/32	43,528	40,415
United States Treasury Notes		40,000	3.500	02/15/33	39,809	37,212
United States Treasury Notes		10,000	4.375	05/15/40	10,031	9,566
United States Treasury Notes		15,000	1.875	02/15/41	14,797	10,049
United States Treasury Notes		15,000	1.750	08/15/41	14,954	9,713
United States Treasury Notes		40,000	3.000	05/15/42	40,450	31,393
United States Treasury Notes		15,000	2.750	08/15/42	14,492	11,269
United States Treasury Notes		15,000	3.375	08/15/42	13,934	12,382
United States Treasury Notes		25,000	2.750	11/15/42	24,960	18,684
United States Treasury Notes		15,000	4.625	05/15/44	14,879	14,542
United States Treasury Notes		10,000	2.500	02/15/45	9,379	6,938
United States Treasury Notes		70,000	2.250	08/15/46	74,331	45,189
United States Treasury Notes		15,000	2.750	08/15/47	15,580	10,548
United States Treasury Notes		40,000	3.375	11/15/48	37,422	31,241
United States Treasury Notes		20,000	2.750	02/28/25	20,016	19,950
United States Treasury Notes		10,000	2.650	03/31/25	10,005	9,961
United States Treasury Notes		45,000	2.875	07/31/25	44,891	44,650
United States Treasury Notes		20,000	2.250	11/15/25	19,828	19,658
United States Treasury Notes		20,000	2.625	12/31/25	19,922	19,695
United States Treasury Notes		25,000	2.500	02/28/26	24,796	24,509
United States Treasury Notes		30,000	1.500	08/15/26	29,191	28,718

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type	Interest Principal	Maturity Rate	Maturity Date		
<u>U.S. Government and Government Agency obligations (continued):</u>						
United States Treasury Notes	25,000	4.500	%	04/15/27	\$ 25,015	\$ 25,125
United States Treasury Notes	20,000	2.375		05/15/27	19,352	19,153
United States Treasury Notes	20,000	4.500		05/15/27	19,947	20,100
United States Treasury Notes	25,000	3.250		06/30/27	24,836	24,414
United States Treasury Notes	35,000	2.750		07/31/27	34,798	33,708
United States Treasury Notes	50,000	4.125		10/31/27	49,958	49,803
United States Treasury Notes	40,000	2.250		11/15/27	38,914	37,819
United States Treasury Notes	15,000	3.875		12/31/27	15,055	14,827
United States Treasury Notes	45,000	2.750		05/15/28	44,727	42,968
United States Treasury Notes	25,000	2.875		05/15/28	24,976	23,880
United States Treasury Notes	15,000	4.375		08/31/28	14,900	15,012
United States Treasury Notes	50,000	4.250		02/28/29	50,679	49,766
United States Treasury Notes	25,000	3.250		06/30/29	24,577	23,856
United States Treasury Notes	25,000	1.625		08/15/29	24,929	22,189
United States Treasury TIPS	22,000	.125		10/15/25	25,176	26,454
Total U.S. Government and Government Agency obligations					1,167,241	1,046,245
<u>Common stock:</u>						
3M Co	65				7,211	8,391
Alphabet Inc Cl A	75				2,411	14,198
Alphabet Inc Cl C	100				6,047	19,044
Amazon Com Inc	180				16,732	39,490
American Electric Power Co Inc	55				3,730	5,073
American Express Co	30				5,282	8,904
Amgen Inc	10				2,813	2,606
Apple Inc	209				14,084	52,338
Applovin Corp Cl A	30				1,553	9,715
Arch Capital Group Ltd	80				5,169	7,388
Arista Networks Inc	75				3,275	8,290
Autozone Inc	3				7,302	9,606
Bank Of America Corp	225				6,624	9,889
Berkshire Hathaway Inc	30				6,826	13,598
Bellring Brands Inc	125				7,431	9,418
Blackrock Inc	7				4,028	7,176
Boston Scientific Corp	115				8,516	10,272
Bristol Myers Squibb Co	120				6,985	6,787
Broadcom Inc	80				5,228	18,547
Caterpillar Inc	20				7,057	7,255
Celsius Holdings Inc	200				7,755	5,268
Chart Industries Inc	20				3,880	3,817
Coca-Cola Co	25				1,622	1,557
Colgate Palmolive Co	90				8,972	8,182
Corcept Therapeutics Inc	100				5,239	5,039
Conocophillips	50				3,487	4,959
Costco Wholesale Corp	11				4,072	10,079
Danaher Corp	40				7,058	9,182
Draftkings Inc Class A	90				3,794	3,348
Dycom Industries Inc	25				4,964	4,352
Eaton Corp Plc	20				6,397	6,637
Eli Lilly & Co Com	12				2,966	9,264
Encompass Health Corp	50				5,100	4,618

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Share/ Principal	Interest Rate	Maturity Date		
	<u>Common stock (continued):</u>					
Entergy Corp		130			\$ 7,002	\$ 9,855
Evercore Inc		40			7,340	11,088
Exxon Mobil Corporation		105			7,206	11,295
Ge Healthcare Technologies Inc		45			3,424	3,518
GE Vernova Inc		15			2,108	4,934
Home Depot Inc		15			2,970	5,835
Howmet Aerospace Inc		110			3,839	12,031
Itron Inc Com		65			4,501	7,057
Jpmorgan Chase & Co		55			3,924	13,184
Lam Research Corp		110			4,188	7,945
Leidos Holdings, Inc		60			7,107	8,644
Liberty Media Corp-Formula One		130			9,313	12,046
Life Time Group Hldg Inc		390			7,872	8,627
Linde Plc		10			3,785	4,187
Manhattan Associates, Inc		30			4,325	8,107
Marriott International Inc Class A		20			4,110	5,579
Marvell Technology Inc		75			5,569	8,284
Mastercard Inc Cl A		25			5,774	13,164
Mckesson Corp		8			1,995	4,559
Meta Platforms Inc Cl A		45			16,471	26,346
Micron Technology Inc		70			5,416	5,891
Microsoft Corp		115			9,549	48,473
Nasdaq, Inc		140			7,613	10,823
Nucor Corp		35			2,300	4,085
Nvidia Corp		405			9,244	54,387
Onto Innovation Inc		35			7,586	5,833
Palo Alto Networks Inc		40			3,569	7,278
Post Holdings Inc		80			9,022	9,157
Procter & Gamble Co		30			2,615	5,030
Quanta Svcs Inc Com		20			2,317	6,321
Regeneron Pharmaceuticals Inc		9			5,978	6,411
Sarepta Therapeutics Inc		40			5,192	4,863
Servicenow Inc		11			4,813	11,661
Shark Ninja Inc		50			5,273	4,867
Targa Resouces Corp		60			9,738	10,710
Teck Resources Limited		190			7,876	7,701
Texas Roadhouse, Inc		50			4,822	9,022
TG Therapeutics Inc		200			6,902	6,020
The Trade Desk Inc		90			6,386	10,578
Thermo Fisher Scientific Inc		4			2,064	2,081
TJX Companies Inc		85			8,039	10,269
T-Mobile Us Inc		55			8,133	12,140
Travelers Companies, Inc		35			6,338	8,431
Unitedhealth Group Inc		10			3,971	5,059
Verra Mobility Corp		285			7,760	6,891
Vertex Pharmaceuticals Inc		16			4,872	6,443
Vertiv Holdings Llc Cl A		60			2,077	6,817
Vici Properties Inc		250			8,439	7,303
Wec Energy Group Inc		40			3,316	3,762
Wells Fargo & Co		150			8,260	10,536
Welltower Inc.		95			9,362	11,973
		Total common stock			<u>495,275</u>	<u>851,388</u>

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type	Principal	Interest Rate	Maturity Date		
	<u>Corporate obligations:</u>					
Abbott Laboratories	25,000		2.950 %	03/15/25	\$ 25,005	\$ 24,914
Abbvie Inc	20,000		4.500	05/14/35	20,838	18,730
Autozone Inc	25,000		4.750	08/01/32	25,039	24,182
Autozone Inc	20,000		3.625	04/15/25	20,047	19,932
Borgwarner Inc	25,000		2.650	07/01/27	25,037	23,780
Bristol-Myers Squibb Co	25,000		3.200	06/15/26	24,993	24,556
Cintas Corp No 2	25,000		4.000	05/01/32	25,420	23,394
CSX Corp	20,000		5.500	04/15/41	22,884	19,883
Eaton Corp Ohio	30,000		4.150	11/02/42	29,899	25,294
Fedex Corp	10,000		3.900	02/01/35	9,646	8,833
Intel Corp	15,000		4.000	12/15/32	15,140	13,461
Intl Business Machines	10,000		6.500	01/15/28	10,472	10,492
Marriott Intl Inc	25,000		5.000	10/15/27	24,981	25,199
Marsh & McLennan Cos Inc	20,000		4.375	03/15/29	19,811	19,641
Martin Marietta Material	20,000		3.500	12/15/27	19,107	19,306
Metlife Inc	20,000		4.550	03/23/30	19,925	19,718
Microsoft Corp	25,000		3.500	02/12/35	25,445	22,653
Northern Trust Corp	25,000		3.950	10/30/25	24,872	24,849
Nucor Corp	25,000		5.200	08/01/43	26,350	23,746
Orical Corp	15,000		6.125	07/08/39	18,754	15,538
Ralph Lauren Corp	20,000		3.750	09/15/25	20,157	19,844
Roper Technologies Inc	20,000		2.000	06/30/30	20,532	17,048
	Total corporate obligations				<u>474,354</u>	<u>444,993</u>
	<u>Short-term investments:</u>					
* Citizens Bank cash sweep act.		83,980			<u>83,980</u>	<u>83,980</u>
	Total investments				<u>\$ 2,220,850</u>	<u>\$ 2,426,606</u>

* A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500 <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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.	<small>OMB Nos. 1210 - 0110 1210 - 0049</small> 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Files 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 CONNECTICUT LABORERS' LEGAL SERVICES FUND	1b Three-digit plan number (PN) ▶	503
	1c Effective date of plan	05/10/1974
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) CONNECTICUT LABORERS' LEGAL SERVICES FUND 21 NEW BRITAIN AVENUE ROCKY HILL CT 06067	2b Employer Identification Number (EIN)	06-0978828
	2c Plan Sponsor's telephone number	860-563-2891
	2d Business code (see instructions)	236200

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

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

SIGN HERE	<input checked="" type="checkbox"/> Signature of plan administrator	X 10/10/25	MICHAEL CRONIN
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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	3,073
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,073
a (2) Total number of active participants at the end of the plan year	6a(2)	3,096
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3,096
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	253

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:

4G

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

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

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

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

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

Receipt Confirmation Code _____