

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 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] 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. [X]
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: GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan): BD OF TRUSTEES GEN'L BLG LABORERS' LOCAL 66 WELFARE FUND
2b Employer Identification Number (EIN): 11-1627279
2c Plan Sponsor's telephone number: 631-454-2330
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Vincent Alu (plan administrator) and John O'Hare (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	664
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	423
	<b>6a(2)</b>	423
	<b>6b</b>	234
	<b>6c</b>	
	<b>6d</b>	657
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	218

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES GEN'L BLG LABORERS' LOCAL 66 WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>11-1627279</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMBLEM HEALTH SERVICES COMPANY LLC**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1828429</b>	<b>55247</b>	<b>11231211000</b>	<b>1</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	13083
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES GEN'L BLG LABORERS' LOCAL 66 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1627279</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPIRE BLUE CROSS BLUE SHIELD RETIREE SOLUTIONS**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-0781558</b>	<b>28207</b>	<b>NYEGR032</b>	<b>361</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	822135
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES GEN'L BLG LABORERS' LOCAL 66 WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>11-1627279</b>

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

**1 Coverage Information:**

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

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
13-1423090	69744	G1197 & C2296	1025	12/01/2023	11/30/2024

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	59765
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES GEN'L BLG LABORERS' LOCAL 66 WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>11-1627279</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**THE UNION LABOR LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1423090</b>	<b>69744</b>	<b>SL10409</b>	<b>444</b>	<b>10/01/2023</b>	<b>09/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>36551</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**CONTEMPORARY STRATEGIC SOLUTIONS**  
**19 WILLOW LANE**  
**SPRING LAKE HEIGHTS, NJ 07762**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>36551</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies                      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration                      (2)  immediate participation guarantee  
(3)  guaranteed investment                      (4)  other ▶

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	609186
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES GEN'L BLG LABORERS' LOCAL 66 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1627279</b>	

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

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

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

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

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

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

**THE VANGUARD GROUP INC.**

**23-1945930**

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

**OPTUM RX INC.**

**33-0441200**

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

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

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

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

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

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

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**(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)

MAGNACARE ADMINISTRATIVE SERVICES

11-3410766

(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 50 99	NONE	301377	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	57204	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(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	167574	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)

THE SEGAL CO. (EASTERN STATES), INC

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	151828	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	62265	Yes <input type="checkbox"/> No <input checked="" 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)

ALLEN MARMOR

11-1627279

(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	NONE	143635	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)

ADAM GLASER

11-1627279

(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	NONE	111319	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
15 50	NONE	102080	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)

FLORENCE HILBRANDT

11-1627279

(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	NONE	101439	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)

HIGH LEVEL TECHNOLOGIES, INC.

26-2309928

(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 50	COMPUTER CONSULTANT	97468	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)

GARY JUNE

11-1627279

(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	NONE	89738	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)

LOUISE PERUGINI

11-1627279

(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	NONE	88887	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)

DEBORAH ROMANECK

11-1627279

(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	NONE	79442	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)

FARCJITT BERNARD

11-1627279

(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	NONE	66400	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)

ILIANNETTE READ

11-1627279

(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	NONE	56505	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)

ANA ZAPPASODI

11-1627279

(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	NONE	52383	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)

WENDY HEID

11-1627279

(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	NONE	51975	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)

LAVELLE LAW & ASSOCIATES, P.C.

81-3811964

(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	45000	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)

ALLISON O'ROURKE

11-1627279

(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	NONE	43865	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)

PROSKAUER ROSE, LLP

13-1840454

(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	40310	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)

LAZARD ASSET MANAGEMENT, LLC

05-0530199

(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?
28 51	NONE	39545	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)

LABOR EDU & COMM SVC AGENCY

23-7442181

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30000	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)

ADMINISTRATIVE SERVICES ONLY, INC.

11-2995970

(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 50	NONE	13968	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)

DAHAB ASSOCIATES, INC

11-2783874

(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 51	NONE	10090	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)

CS MCKEE

84-3346426

(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?
28 51	NONE	6979	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)

LABOR FIRST LLC

06-1750919

(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?
99	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	22502	Yes <input type="checkbox"/> No <input checked="" 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
MAGNACARE ADMINISTRATIVE SVCS, LLC	99	57135
(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.	
ZELIS CLAIMS INTEGRITY  86-1040704	COMPENSATION RELATED TO BILL REVIEW	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE SEGAL CO. (EASTERN STATES), INC	22 53	62265
(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.	
ANTHEM BCBS/ELEVANCE HEALTH  35-0781558	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LABOR FIRST LLC	99	22502
(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.	
ANTHEM BCBS/ELEVANCE HEALTH  35-0781558	MANAGEMENT AND ADMIN. SERVICES RELATING TO HEALTH BENEFIT PRODUCTS	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES GEN'L BLG LABORERS' LOCAL 66 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1627279</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	596326	605409
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1460267	1849277
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	202000	264000
<b>(3)</b> Other .....	<b>1b(3)</b>	1539039	1045222
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2566839	3232049
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	17628343	11894796
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	359779	3283052
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1561147	4841507
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	23453256	14559822
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	92061	89398
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	49459057	41664532
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	2818637	3080488
<b>h</b> Operating payables.....	<b>1h</b>	421428	484165
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	11049615	666803
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	14289680	4231456
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	35169377	37433076

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	13111989	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2938937	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		16050926
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	92327	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	713923	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	193644	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		999894
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	190584	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		190584
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	38936324	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	38725816	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		210508
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	184878	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1750279
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		19387069

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	13835293	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	1708559	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		15543852
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	782889	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	82027	
(4) IQPA audit fees .....	<b>2i(4)</b>	84316	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	56162	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	4684	
(7) Actuarial fees .....	<b>2i(7)</b>	151642	
(8) Legal fees .....	<b>2i(8)</b>	85067	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	11123	
(11) Other expenses .....	<b>2i(11)</b>	321608	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1579518
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		17123370

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2263699
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



# Schultheis & Panettieri LLP

Accountants and Consultants

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Justin Katulka  
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## Independent Auditor's Report

Board of Trustees  
General Building Laborers' Local 66 Welfare Fund

### Opinion

We have audited the accompanying financial statements of the General Building Laborers' Local 66 Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended June 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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

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

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

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

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 21 through 26 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 27 through 30 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York  
December 22, 2025

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 07/01/2024 and ending 06/30/2025

- A This return/report is for: [x] 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. [x]
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: GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan): BD OF TRUSTEES GEN'L BLG LABORERS' LOCAL 66 WELFARE FUND
2b Employer Identification Number (EIN): 11-1627279
2c Plan Sponsor's telephone number: (631) 454-2330
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for plan administrator (Vincent Alu), employer/plan sponsor (John O'Hare), and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	664
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	423
	<b>6a(2)</b>	423
	<b>6b</b>	234
	<b>6c</b>	
	<b>6d</b>	657
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	218

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

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

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

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

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

---

**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 \_\_\_\_\_

---

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**  
**FINANCIAL STATEMENTS**  
**YEARS ENDED JUNE 30, 2025 AND 2024**

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**YEARS ENDED JUNE 30, 2025 AND 2024**

**TABLE OF CONTENTS**

	Page
<b>Independent Auditor's Report</b>	1 - 3
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Plan Benefit Obligations	6
Statements of Changes in Plan Benefit Obligations	7
Notes to Financial Statements	8 - 20
<b>Supplemental Information</b>	
Schedule of Interest Bearing Cash	21
Schedule of U.S. Government Securities	22
Schedule of Corporate Debt Instruments - Preferred	23
Schedule of Corporate Debt Instruments - Other	24
Schedule of Registered Investment Companies	25
Schedule of Reportable Transactions	26
Schedules of Health Care Benefits - Active Participants	27
Schedules of Health Care Benefits - Retired Participants	28
Schedules of Investment Expenses	29
Schedules of Administrative Expenses	30



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## Independent Auditor's Report

Board of Trustees  
General Building Laborers' Local 66 Welfare Fund

### Opinion

We have audited the accompanying financial statements of the General Building Laborers' Local 66 Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended June 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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

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

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

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

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 21 through 26 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 27 through 30 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York  
December 22, 2025

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
<b>Investments at fair value</b>		
Interest bearing cash	\$ 3,232,049	\$ 2,566,839
U.S. government securities	11,894,796	17,628,343
Corporate debt instruments	8,124,559	1,920,926
Registered investment companies	<u>14,559,822</u>	<u>23,453,256</u>
<b>Total investments</b>	37,811,226	45,569,364
<b>Receivables</b>		
Participants' contributions	264,000	202,000
Employers' contributions	1,849,277	1,460,267
Accrued interest/dividends	206,222	109,039
Prescription rebates	527,000	350,000
Insurance claim reimbursements	312,000	1,080,000
<b>Cash</b>	605,409	596,326
<b>Other assets</b>	<u>89,398</u>	<u>92,061</u>
<b>Total assets</b>	<u>41,664,532</u>	<u>49,459,057</u>
<b>Liabilities</b>		
<b>Accounts payable</b>	484,165	421,428
<b>Related organizations</b>	534,270	515,097
<b>Net trades pending settlement</b>	<u>132,533</u>	<u>10,534,518</u>
<b>Total liabilities</b>	<u>1,150,968</u>	<u>11,471,043</u>
<b>Net assets available for benefits</b>	\$ <u><u>40,513,564</u></u>	\$ <u><u>37,988,014</u></u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEARS ENDED JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
<b>Additions to net assets attributed to:</b>		
<b>Investment income</b>		
Net appreciation in fair value of investments	\$ 2,145,666	\$ 2,386,861
Interest/dividends	<u>1,190,477</u>	<u>1,048,453</u>
<b>Total investment income</b>	3,336,143	3,435,314
Less investment expenses	<u>(60,846)</u>	<u>(54,814)</u>
<b>Net investment income</b>	3,275,297	3,380,500
<b>Contributions</b>		
Employers'	13,111,989	12,567,390
Participants' - Vacation	2,181,241	2,041,058
Participants' - Retiree copayment	741,279	765,646
Participants' - COBRA	<u>16,417</u>	<u>19,116</u>
<b>Total additions</b>	<u>19,326,223</u>	<u>18,773,710</u>
<b>Deductions from net assets attributed to:</b>		
<b>Benefits paid to or for participants</b>		
Health care		
Active participants	9,320,037	7,849,872
Retired participants	2,242,412	1,555,965
Group health insurance premiums		
Active participants	139,367	147,513
Retired participants	824,077	796,887
Group life insurance premiums		
Active participants	59,184	59,930
Stop loss insurance premiums		
Active participants	590,180	483,995
Retired participants	95,751	84,958
Vacation	2,009,918	2,165,641
Unemployment	<u>1,075</u>	<u>2,190</u>
<b>Total benefits paid</b>	15,282,001	13,146,951
<b>Administrative expenses</b>	<u>1,518,672</u>	<u>1,501,578</u>
<b>Total deductions</b>	<u>16,800,673</u>	<u>14,648,529</u>
<b>Net increase</b>	2,525,550	4,125,181
<b>Net assets available for benefits</b>		
Beginning of year	<u>37,988,014</u>	<u>33,862,833</u>
End of year	<u>\$ 40,513,564</u>	<u>\$ 37,988,014</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**STATEMENTS OF PLAN BENEFIT OBLIGATIONS**

**JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
<b>Amounts currently payable</b>		
Claims payable, claims incurred but not reported, and premiums due to insurers	\$ 1,290,000	\$ 1,231,000
Vacation benefits payable	<u>1,790,488</u>	<u>1,587,637</u>
	<u>3,080,488</u>	<u>2,818,637</u>
 <b>Postemployment benefit obligations</b>		
Accumulated eligibility credits	<u>6,930,000</u>	<u>5,780,000</u>
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Retired participants	29,100,000	22,900,000
Other participants fully eligible for benefits	11,100,000	12,500,000
Participants not yet fully eligible for benefits	<u>13,900,000</u>	<u>10,400,000</u>
	<u>54,100,000</u>	<u>45,800,000</u>
 <b>Plan's total benefit obligations</b>	 <u>\$ 64,110,488</u>	 <u>\$ 54,398,637</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**  
**STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS**  
**YEARS ENDED JUNE 30, 2025 AND 2024**

	<b>2025</b>	<b>2024</b>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 2,818,637	\$ 3,276,342
Claims reported and approved for payment	15,543,852	12,689,246
Total benefits paid	<u>(15,282,001)</u>	<u>(13,146,951)</u>
<b>Balance at end of year</b>	<u><b>3,080,488</b></u>	<u><b>2,818,637</b></u>
 <b>Postemployment benefit obligations</b>		
Balance at beginning of year	5,780,000	5,400,000
Net change during year:		
Accumulated eligibility credits	<u>1,150,000</u>	<u>380,000</u>
<b>Balance at end of year</b>	<u><b>6,930,000</b></u>	<u><b>5,780,000</b></u>
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Balance at beginning of year	45,800,000	44,400,000
Increase (decrease) in postretirement benefits attributed to:		
Changes in actuarial assumptions	7,583,000	1,260,000
Benefits earned and other changes	748,000	716,000
Expected benefits paid	(2,944,000)	(2,806,000)
Interest	2,330,000	2,150,000
Plan amendments	-	80,000
Actuarial experience loss	<u>583,000</u>	<u>-</u>
<b>Balance at end of year</b>	<u><b>54,100,000</b></u>	<u><b>45,800,000</b></u>
 <b>Plan's total benefit obligations at end of year</b>	 <u><b>\$ 64,110,488</b></u>	 <u><b>\$ 54,398,637</b></u>

# GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

### **Note 1 - Description of Plan and Significant Accounting Policies**

The following description of the General Building Laborers' Local 66 Welfare Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### ***General***

The Plan first became effective October 1, 1950 and is a welfare benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the General Building Laborers' Local Union No. 66 (the "Union") and various employers and employer associations in the Construction Industry in the Nassau and Suffolk Counties of New York. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

#### ***Purpose***

The purpose of the Plan is to provide health and other benefits to eligible participants.

#### ***Participants consist of the following classes***

##### Active participants and dependents

Initial eligibility for active participants is earned after the completion of 1,000 hours of covered employment during any 12 consecutive month period. Initial coverage continues until the end of the immediately following February or August, whichever comes first. To continue eligibility, participants must earn at least 500 hours from January through June to be eligible from September through February and 500 hours from July through December to be eligible from March through August. Participants who fail to meet the 500 hour per 6 month work period requirement are eligible for benefits due to unemployment. The participant will receive an extension of benefits for the next 6 month work period provided they are considered to be actively seeking employment. A participant may only be eligible once in any 36 month period for an extension of coverage under the Plan during periods of unemployment, provided the participant has met all eligibility requirements under the Plan.

# GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

### Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

#### *Participants consist of the following classes (cont'd)*

##### Retired participants and dependents

In general, participants retiring on or after July 1, 2011 are eligible for benefits if they are age 55 or older, they participated in the Plan for 50 coverage periods (equal to 25 years) in which 6 out of the last 10 coverage periods immediately preceding retirement are consecutive, and they pay the required monthly contribution. Participants who retire with a service pension, with at least 30 years of credited service and pay the required monthly contribution, are also eligible for benefits. Participants who retired prior to July 1, 2011 should refer to the Plan document for eligibility information.

For Medicare eligible retired participants, the Plan provides two benefit options, Empire MediBlue Freedom Medicare Advantage Plan and Emblem Health, Health Insurance Plan of Greater New York ("HIP"). In addition to the eligibility requirements above, participants must have Medicare Part A and Part B to enroll in these options.

All retirees, their spouses and dependent children are required to pay a monthly contribution to maintain coverage. Pre-Medicare eligible retirees and spouses are required to pay \$325 per month and Medicare eligible retirees and their spouses enrolled in the Empire MediBlue Freedom Medicare Advantage Plan are required to pay \$100 per month to continue their coverage.

The Plan pays the premium on behalf of Medicare eligible retirees and spouses enrolled in HIP and are reimbursed fully by the participant.

Total retiree contributions received for the years ended June 30, 2025 and 2024 were \$741,279 and \$765,646, respectively. Postretirement benefit obligations have been reported net of these amounts.

##### Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months. The payment required to continue coverage is the cost of health care benefits, as actuarially determined.

##### Disabled participants

Participants who are in receipt of a Social Security Disability Award and are eligible to receive a disability pension from the General Building Laborers' Local 66 Pension Fund, and were eligible for coverage under the Plan for 20 or more Coverage Periods immediately before the date their disability began, will be eligible for the same benefits under the Plan, as for active participants. If the participant remains totally and permanently disabled and becomes Medicare-eligible, they will be eligible for the Empire MediBlue Freedom Medicare Advantage Plan.

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2025 AND 2024**

**Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

***Benefits***

Benefits are paid by means of a trust and group insurance contracts. The benefits include, but are not limited to vacation, medical, hospital, prescription drug, dental, optical, hearing, supplemental unemployment, Medicare Advantage Plan, life insurance, disability, NYS paid family leave and accidental death and dismemberment.

The Plan maintains a stop-loss insurance arrangement in an effort to limit exposure for self-insured benefits (individual participant claims over a specific dollar amount). Stop loss refunds received for the years ended June 30, 2025 and 2024 approximated \$2,740,000 and \$1,876,000, respectively, and have been netted with benefits paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Actual benefits, including conditions and limitations thereto, are governed by the provisions of the Plan.

***Vacation benefits***

A participant is eligible for vacation benefits if they have worked for an employer, subject to a collective bargaining agreement, at any time during the period. Participants' accounts are credited with amounts withheld from their pay. A participant may, through a written request, choose to have their upcoming year's vacation money paid in two installments to be paid on or about June 1 and December 1, or in one payment on or about December 1. Any participant who does not send in a written request will be paid once a year on December 1.

***Supplemental unemployment benefits***

To be eligible for supplemental unemployment benefits, a participant must be eligible for medical coverage under the Plan, be on the hiring hall list and be receiving an unemployment benefit check from the New York State Unemployment Insurance Fund for periods of unemployment during the months November through April of any year. The maximum benefit during any 52 week period is 15 payments of \$25.

***Death and disability benefits***

The Plan has non-experience rated contracts with Union Labor Life Insurance Company to provide life insurance, disability and accidental death and dismemberment benefits to eligible participants.

All eligible active participants are entitled to \$10,000 of life insurance coverage. Eligible active participants with five consecutive years of service are entitled to an additional life insurance benefit of \$15,000.

# GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

### Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

#### ***Plan termination***

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, trust assets will be used to pay all expenses under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law.

#### ***Basis of accounting***

The financial statements are presented on the accrual basis of accounting.

#### ***Use of estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

#### ***Investment valuation and income recognition***

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

#### ***Employers' and participants' contributions receivable***

Employers' and participants' contributions receivable are estimated based on receipts in the subsequent plan year that pertain to prior plan years.

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan's policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

#### ***Lease***

The Plan assesses whether a contractual arrangement qualifies as a lease at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. If an arrangement qualifies as a lease, the Plan evaluates whether it should be classified as an operating or financing lease.

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2025 AND 2024**

**Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

***Lease (cont'd)***

For leases assessed as long-term, lease right-of-use assets represent the Plan's right to use the underlying asset for the lease term and lease liabilities represent the Plan's obligation to make lease payments arising from the leases. The Plan records a lease liability based on the future estimated cash payments discounted over the non-cancellable portion of the lease term. In the event an implicit discount rate is not readily determined in lease agreements, the Plan uses the risk-free Treasury rate at the lease commencement date in determining the present value of future lease payments. Lease right-of-use assets may include lease payments made and exclude lease incentives. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

***Administrative expense allocation***

The administrative office is occupied by the Plan and its related Annuity, Pension and Training Funds (the "Benefit Funds"). Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended June 30, 2025 and 2024 were \$1,303,710 and \$1,377,647, respectively.

The Plan leases the office space from the General Building Laborers' Local 66 Building Corporation, which is wholly owned by the Union and is a related organization. Rent and related costs are included in the total occupancy expense of the Plan.

The Benefit Funds have an agreement with certain affiliated entities whereby the affiliated entities reimburse the Benefit Funds for estimated administrative expenses relating to the collection of employer contributions and participant dues. These amounts are included in the total reimbursed expenses and collection fees.

# GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2025 AND 2024

#### Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

##### *Postretirement benefits obligations*

Although the Plan has calculated and reported a postretirement benefit obligation, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to retired participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue any benefits. The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The present value of the expected postretirement benefit obligation is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The 2025 valuation reflects assumption changes which increased obligations by \$7,583,000, which was a net result of (1) an increase in obligations due to revising the valuation-year per capita health costs and the future trend on such costs, and (2) a decrease in obligations due to raising the discount rate. An actuarial experience loss increased obligations by \$583,000. This was the net result of gains and losses due to demographic changes.

The 2024 valuation reflects assumption changes which increased obligations by \$1,260,000, which was a net result of (1) an increase in obligations due to revising the valuation-year per capita MAPD cost and the future trend on such costs, and (2) a decrease in obligations due to raising the discount rate. A plan amendment increased obligations by \$80,000. The Plan implemented dental benefit improvements effective July 1, 2024.

The following were other significant assumptions used in the valuation as of June 30, 2025 and 2024:

Discount rate	2025 - 5.50% 2024 - 5.25%
Retirement rates	Ranging from 10% to 100% for ages 55 through 65 (beginning under 55 if disabled and met service requirements)

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2025 AND 2024**

**Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

***Postretirement benefits obligations (cont'd)***

Health trend rates - Hospital and Medical	2025 - Pre-65 - 8.00% for 2026 graded to 4.50% over 7 years 2024 - Pre-65 - 8.00% for 2025 graded to 4.50% over 5 years 2025 - Post-65 - 16.6% for 2026, then 7.50% graded to 4.50% over 13 years 2024 - Post-65 - 4.50%
Health trend rates - Prescription drugs	2025 - Pre-65 - 11.00% for 2026 graded to 4.50% over 13 years 2024 - Pre-65 - 9.00% for 2025 graded to 4.50% over 9 years 2025 - Post-65 - 16.6% for 2026, then 7.50% graded to 4.50% over 13 years 2024 - Post-65 - 4.50%
Administrative expense increase rate	3.00%
Mortality - Healthy	Non-Annuitants - RP-2006 Headcount Weighted Employee Mortality Table with generational projection using Scale MP-2018 from 2006 Annuitants - RP-2006 Headcount Weighted Healthy Annuitant Morality Table with generational projection using Scale MP-2018 from 2006
Mortality - Disabled	90% of the RP-2006 Headcount Weighted Disabled Retiree Morality Table with generational projection using Scale MP-2018 from 2006

# GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

### Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

#### *Postretirement benefits obligations (cont'd)*

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

The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

The average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation as of June 30, 2025 and 2024 by \$7,643,000 and \$6,373,000, respectively.

Retirees, their spouses and dependent children, are required to make a monthly contribution ("retiree contributions") to maintain coverage (see Note 1). Projected retiree contributions as of June 30, 2025 and 2024 were \$7,953,000 and \$8,488,000, respectively. Postretirement benefit obligations have been reported net of these amounts.

#### *Other Plan benefits*

Estimated claims payable, claims incurred but not reported, and premiums due to insurers are based on payments made in the subsequent plan year which pertain to prior plan years.

Plan obligations for accumulated eligibility of active participants are estimated annually at June 30th, based on historical claims cost data and projected claims for active participants' future claims. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value. Although the Plan has calculated and reported an obligation for accumulated eligibility, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to active participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue benefits. The amount reported as the accumulated eligibility obligation represents the estimated present value of those estimated future benefits that are attributed by the terms of the Plan to active participants' service rendered through June 30th.

### Note 2 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

# GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2025 AND 2024

#### Note 3 - 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The asset'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.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Interest bearing cash: Cash in banks is valued at cost. Value of certificates of deposit estimated by the manager of the account and prevailing interest rates and market prices.

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2025 AND 2024**

**Note 3 - Fair value measurements (cont'd)**

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2025, with fair value measurements on a recurring basis:

	<u>2025</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>Investments at fair value</b>				
Interest bearing cash	\$ 3,232,049	\$ 2,064,374	\$ 1,167,675	\$ -
U.S. government securities	11,894,796	10,263,585	1,631,211	-
Corporate debt instruments	8,124,559	-	8,124,559	-
Registered investment companies	<u>14,559,822</u>	<u>14,559,822</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	\$ <u><u>37,811,226</u></u>	\$ <u><u>26,887,781</u></u>	\$ <u><u>10,923,445</u></u>	\$ <u><u>-</u></u>

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>Investments at fair value</b>				
Interest bearing cash	\$ 2,566,839	\$ 2,566,839	\$ -	\$ -
U.S. government securities	17,628,343	17,249,555	378,788	-
Corporate debt instruments	1,920,926	-	1,920,926	-
Registered investment companies	<u>23,453,256</u>	<u>23,453,256</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	\$ <u><u>45,569,364</u></u>	\$ <u><u>43,269,650</u></u>	\$ <u><u>2,299,714</u></u>	\$ <u><u>-</u></u>

# GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

### Note 4 - Risks and uncertainties

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

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

### Note 5 - Burial plots

Included in Other assets on the Statements of Net Assets Available for Benefits are burial plots reported at a cost of \$85,525. They are held to provide benefits to eligible participants and, therefore, reported at cost. As of June 30, 2025 and 2024 the estimated fair market value (wholesale value) of the plots was approximately \$1,328,000 and \$1,333,000, respectively.

### Note 6 - Employers' and participants' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are generally based on hourly rates.

Employers are required to withhold vacation benefit contributions from participants' pay based on hourly rates specified in collective bargaining agreements and remit these contributions to the Plan.

Retiree and COBRA contributions are detailed in Note 1 under the Participant section.

### Note 7 - Reciprocal agreements

The Plan is party to reciprocal agreements with other welfare funds of the Laborers International Union of North America. Under these current reciprocal agreements, employers' contributions are, for the most part, returned to the home area for members working outside their "home jurisdiction". For financial statement purposes, reciprocal contributions receivable and payable are recorded when the amounts become ascertainable. Reciprocity received for the years ended June 30, 2025 and 2024 was \$1,740,426 and \$1,846,814, respectively. Reciprocity paid for the years ended June 30, 2025 and 2024 was \$1,703,665 and \$1,373,757, respectively. Reciprocal contributions received and paid are reported in Employers' contributions on the Statements of Changes in Net Assets Available for Benefits.

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2025 AND 2024**

**Note 8 - Benefit obligations compared to net assets available for benefits**

	<u>2025</u>	<u>2024</u>
Net assets available for benefits	\$ 40,513,564	\$ 37,988,014
Plan's total benefit obligations	<u>64,110,488</u>	<u>54,398,637</u>
 Plan's total benefit obligations over net assets available for benefits	 <u>\$ (23,596,924)</u>	 <u>\$ (16,410,623)</u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2025 and 2024 relate primarily to the postretirement benefit obligation, the funding of which is not explicitly covered by the contribution rate provided by the current bargaining agreement. Such postretirement benefits have been historically funded from current contributions for active participants, and the Trustees may choose to continue this "pay as you go" funding, or the Trustees may seek to increase contributions or reduce benefits.

**Note 9 - Reconciliation of financial statements to Form 5500**

For financial statement purposes, claims payable, claims incurred but not reported, and premiums due to insurers are presented on the Statement of Plan Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

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

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 40,513,564	\$ 37,988,014
Less: claims payable, claims incurred but not reported, and premiums due to insurers	<u>3,080,488</u>	<u>2,818,637</u>
 Net assets available for benefits as reported on Form 5500	 <u>\$ 37,433,076</u>	 <u>\$ 35,169,377</u>

The net increase (decrease) in net assets available for benefits is also affected by the difference in the reporting requirements related to benefit obligations. For financial statement purposes the change in benefit liabilities between two years is shown on the Statement of Changes in Plan Benefit Obligations. For Form 5500 purposes this change is included in benefits paid.

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2025 AND 2024**

**Note 9 - Reconciliation of financial statements to Form 5500 (cont'd)**

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 3,275,297	\$ 60,846	\$ 3,336,143
Contributions	<u>16,050,926</u>	<u>-</u>	<u>16,050,926</u>
Total additions	<u>19,326,223</u>	<u>60,846</u>	<u>19,387,069</u>
Benefits paid to or for participants	15,282,001	261,851	15,543,852
Administrative expenses	<u>1,518,672</u>	<u>60,846</u>	<u>1,579,518</u>
Total deductions	<u>16,800,673</u>	<u>322,697</u>	<u>17,123,370</u>
Net increase	<u>\$ 2,525,550</u>	<u>\$ (261,851)</u>	<u>\$ 2,263,699</u>

**Note 10 - Tax status**

The trust funding the Plan has received an exemption letter from the IRS dated November 21, 1952, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULE OF INTEREST BEARING CASH**

**JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
BANK OF AMERICA N.A. CD	4.20%	03/08/2027	\$ 104,849	\$ 105,318
GOLDMAN SACHS BANK USA CD	4.30%	03/11/2027	162,050	162,737
WELLS FARGO BANK NA CD	4.25%	03/11/2027	162,912	163,699
AMERICAN EXPRESS NATIONAL BANK CD	4.05%	04/10/2028	161,950	163,227
MORGAN STANLEY BANK NATIONAL AS CD	4.10%	05/08/2028	163,149	164,410
MORGAN STANLEY PRIVATE BANK NATI CD	4.10%	05/08/2028	163,149	164,410
AMERICAN EXPRESS NATIONAL BANK CD	4.25%	06/12/2028	82,000	82,565
MORGAN STANLEY PRIVATE BANK NATI CD	4.25%	06/30/2028	79,800	80,560
MORGAN STANLEY BANK NATIONAL AS CD	4.30%	07/02/2029	79,720	80,749
CAPITAL ONE BANK	VARIABLE	ON DEMAND	2,064,374	2,064,374
			<u>\$ 3,223,953</u>	<u>\$ 3,232,049</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	U.S. GOVERNMENT SECURITIES		CURRENT VALUE
			PAR OR MATURITY VALUE	COST	
UNITED STATES TREASURY NOTES	3.75%	04/30/2027	\$ 169,000	\$ 168,505	\$ 168,973
UNITED STATES TREASURY NOTES	3.88%	05/31/2027	569,000	568,461	570,331
UNITED STATES TREASURY NOTES	4.38%	07/15/2027	625,000	631,616	632,788
UNITED STATES TREASURY NOTES	4.13%	11/15/2027	619,000	622,845	624,732
UNITED STATES TREASURY NOTES	3.75%	04/15/2028	424,000	422,725	424,530
UNITED STATES TREASURY NOTES	3.88%	06/15/2028	62,000	62,329	62,329
UNITED STATES TREASURY NOTES	3.75%	12/31/2028	635,000	631,701	635,572
FEDERAL FARM CREDIT BANKS	4.70%	03/05/2029	215,000	215,000	215,052
UNITED STATES TREASURY NOTES	3.63%	08/31/2029	534,000	527,304	531,351
FEDERAL FARM CREDIT BANKS	4.95%	12/26/2029	532,000	531,867	532,404
UNITED STATES TREASURY NOTES	3.88%	04/30/2030	450,000	447,824	451,760
UNITED STATES TREASURY NOTES	4.00%	05/31/2030	652,000	651,931	658,318
FEDERAL HOME LOAN BANKS	5.15%	05/28/2031	435,000	435,000	435,231
FEDERAL FARM CREDIT BANKS	4.94%	06/18/2031	214,000	214,000	214,131
UNITED STATES TREASURY NOTES	4.13%	07/31/2031	314,000	314,319	317,605
UNITED STATES TREASURY NOTES	4.13%	02/29/2032	314,000	313,411	316,870
UNITED STATES TREASURY NOTES	4.00%	04/30/2032	331,000	325,936	331,414
UNITED STATES TREASURY NOTES	4.13%	05/31/2032	88,000	87,440	88,743
FEDERAL FARM CREDIT BANKS	4.80%	06/23/2032	106,000	105,958	106,021
UNITED STATES TREASURY NOTES	3.50%	02/15/2033	441,000	420,018	425,115
FEDERAL FARM CREDIT BANKS	5.11%	03/25/2033	108,000	107,514	107,842
UNITED STATES TREASURY NOTES	4.00%	02/15/2034	534,000	522,194	528,430
FEDERAL FARM CREDIT BANKS	5.25%	03/03/2034	215,000	214,549	215,002
FEDERAL HOME LOAN BANKS	5.35%	06/12/2034	435,000	433,913	435,352
UNITED STATES TREASURY NOTES	4.63%	02/15/2035	611,000	623,793	630,381
UNITED STATES TREASURY NOTES	4.25%	05/15/2035	493,000	484,834	493,769
FNMA	1.63%	09/14/2035	146,000	107,631	109,539
GNMA II POOL	2.50%	01/20/2043	78,890	67,723	69,025
FNR 2024-24 SER 24-9 CL	5.50%	06/25/2044	62,553	62,572	63,294
FEDERAL HOME LOAN MORTGAGE CORP1	2.00%	05/01/2051	47,497	36,499	37,626
FHLMC POOL	5.00%	12/01/2052	439,257	427,521	432,585
FNMA PASS-THRU I POOL	4.50%	04/01/2053	319,875	301,919	306,488
FNMA PASS-THRU I POOL	5.50%	03/01/2054	212,310	211,381	213,682
FNMA PASS-THRU I POOL	6.00%	03/01/2055	109,338	110,585	111,647
FNMA POOL	5.50%	09/01/2056	385,387	392,132	396,864
			<u>\$ 11,926,107</u>	<u>\$ 11,802,950</u>	<u>\$ 11,894,796</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**  
**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**  
**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE	
CARMAX AUTO OWNER TRUST	6.00%	07/17/2028	\$ 104,000	\$ 105,431	\$ 105,499	
PACIFICORP	5.10%	02/15/2029	138,000	139,819	140,690	
STATE STREET CORP	4.53%	02/20/2029	40,000	40,020	40,328	
CISCO SYSTEMS INC	4.85%	02/26/2029	99,000	100,919	101,453	
GM FINANCIAL CONSUMER AUTOMOBILE	5.10%	03/16/2029	200,000	201,383	201,774	
JPMORGAN	5.30%	07/24/2029	126,000	128,539	129,365	
TOYOTA MOTOR CREDIT CORP	4.55%	08/09/2029	205,000	205,144	206,644	
CATERPILLAR FINANCIAL SERVICES	4.38%	08/16/2029	56,000	56,029	56,425	
CARMAX AUTO OWNER TRUST	4.60%	10/15/2029	425,000	427,756	428,119	
BANK OF NY MELLON CORP	6.32%	10/25/2029	92,000	97,089	97,701	
VERIZON MASTER TRUST	5.67%	11/20/2029	66,000	67,073	67,319	
HONEYWELL INTERNATIONAL	4.70%	02/01/2030	75,000	75,438	76,118	
JOHNSON & JOHNSON	4.70%	03/01/2030	97,000	98,795	99,283	
PEPSICO INC	2.75%	03/19/2030	140,000	130,099	131,286	
COCA COLA	1.65%	06/01/2030	42,000	36,872	37,251	
JPMORGAN CHASE	5.00%	07/22/2030	154,000	155,281	156,812	
ROYAL BANK OF CANADA	4.65%	10/18/2030	147,000	145,881	147,259	
JPMORGAN	5.14%	01/24/2031	46,000	46,578	47,172	
UNITEDHEALTH GROUP INC	2.30%	05/15/2031	111,000	96,268	97,824	
JOHN DEERE CAPITAL CORP	4.40%	09/08/2031	55,000	54,227	54,874	
HONEYWELL INTERNATIONAL	4.75%	02/01/2032	76,000	75,624	76,673	
CHEVRON USA INC	4.82%	04/15/2032	114,000	114,365	116,242	
BANK OF NY MELLON CORP	5.06%	07/22/2032	312,000	314,468	319,369	
DUKE ENERGY CAROLINAS LLC	4.95%	01/15/2033	113,000	113,014	114,976	
FEDEX	1.88%	02/20/2034	167,821	141,578	144,898	
UNITED AIR	5.80%	07/15/2037	85,978	85,358	87,698	
			<u>\$ 3,286,799</u>	<u>\$ 3,253,048</u>	<u>\$ 3,283,052</u>	

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	CORPORATE DEBT INSTRUMENTS - OTHER	COST	CURRENT VALUE
			PAR OR MATURITY VALUE		
CROWN CASTLE INC	1.05%	07/15/2026	\$ 109,000	\$ 104,348	\$ 104,979
GOLDMAN SACHS	1.43%	03/09/2027	73,000	71,018	71,423
BANK OF AMERICA CORP	1.66%	03/11/2027	136,000	132,597	133,412
MORGAN STANLEY	1.59%	05/04/2027	81,000	78,566	79,044
NORTHROP GRUMMAN CORP	3.25%	01/15/2028	73,000	70,981	71,317
MERCEDES-BENZ AUTO LEASE TRUST	5.32%	01/18/2028	121,000	122,215	122,478
NEXTERA ENERGY CAPITAL	4.90%	02/28/2028	92,000	92,870	93,238
DUKE ENERGY HOLDING CORP	4.30%	03/15/2028	69,000	68,685	69,085
NISSAN AUTO LEASE TRUST	4.75%	03/15/2028	205,000	206,113	207,306
AMERICAN HONDA FINANCE	2.00%	03/24/2028	158,000	147,338	148,441
GENERAL MOTORS FINL CO	2.40%	04/10/2028	35,000	32,368	32,928
COMCAST CORP	3.55%	05/01/2028	40,000	39,122	39,332
ORACLE CORP	4.80%	08/03/2028	72,000	72,568	73,183
AMERICAN HONDA FINANCE	2.25%	01/12/2029	106,000	97,249	98,330
T-MOBILE USA INC	3.38%	04/15/2029	125,000	118,955	120,269
JOHNSON CONTROLS INTERNATIONAL	5.50%	04/19/2029	130,000	134,047	134,823
BANK OF AMERICA CORP	5.20%	04/25/2029	163,000	165,461	166,579
CHARLES SCHWAB CORP	5.64%	05/19/2029	31,000	32,028	32,132
GENERAL MOTORS FINL CO	5.55%	07/15/2029	74,000	74,195	75,593
MORGAN STANLEY VAR	5.45%	07/20/2029	104,000	106,290	106,959
AMERICAN TOWER CORP	3.80%	08/15/2029	45,000	43,271	43,752
ABBVIE INC	3.20%	11/21/2029	32,000	30,293	30,608
THE TORONTO-DOMINION BANK	4.78%	12/17/2029	60,000	60,242	60,704
GENERAL MOTORS FINL CO	5.35%	01/07/2030	135,000	135,585	136,644
NATIONAL RURAL UTILITIES COOP	4.95%	02/07/2030	72,000	72,870	73,644
BROADCOM INC	4.35%	02/15/2030	55,000	54,067	54,796
PHILIP MORRIS INTL	5.13%	02/15/2030	183,000	186,682	188,276
3M CO	4.80%	03/15/2030	161,000	161,497	163,676
ENERGY TRANSFER OPERATING	3.75%	05/15/2030	98,000	92,293	94,027
NEXTERA ENERGY CAPITAL	2.25%	06/01/2030	73,000	64,638	65,742
PACIFIC GAS & ELECTRIC	4.55%	07/01/2030	49,000	47,201	47,825
CAPITAL ONE FINL CORP	5.46%	07/26/2030	126,000	127,346	129,657
VERIZON COMMUNICATION	1.75%	01/20/2031	99,000	84,099	85,306
GOLDMAN SACHS	5.21%	01/28/2031	116,000	117,153	118,716
BANK OF NOVA SCOTIA DEB	5.13%	02/14/2031	80,000	80,697	81,463
CITIGROUP INC	4.95%	05/07/2031	174,000	173,468	175,984
PHILLIPS 66 CO	5.25%	06/15/2031	121,000	122,412	124,297
CONOCOPHILLIPS	4.85%	01/15/2032	150,000	149,106	151,547
GOLDMAN SACHS	1.99%	01/27/2032	139,000	117,708	120,396
FORD MOTOR CO DEL	3.25%	02/12/2032	76,000	62,095	64,076
EOG RESOURCES INC	5.00%	07/15/2032	134,000	133,721	135,629
VIRGINIA ELEC & POWER CO	5.00%	04/01/2033	72,000	71,193	72,740
BP CAP MARKETS AMERICA	4.89%	09/11/2033	132,000	129,550	132,314
TRUIST FINANCIAL CORPORATION	5.12%	01/26/2034	127,000	125,693	127,080
PNC FINANCIAL SERVICES	6.88%	10/20/2034	118,000	129,057	131,912
DOMINION	5.45%	03/15/2035	72,000	71,003	72,611
WASTE MANAGEMENT INC	4.95%	03/15/2035	116,000	116,588	116,492
AMERICAN EXPRESS CO	5.28%	07/26/2035	60,000	59,448	60,742
			<u>\$ 4,872,000</u>	<u>\$ 4,783,990</u>	<u>\$ 4,841,507</u>

GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2025

EIN 11-1627279, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT FUND	774,122	\$ 774,122	\$ 774,122
VANGUARD S&P 500 INDEX FUND	24,076	<u>4,865,889</u>	<u>13,785,700</u>
		<u>\$ 5,640,011</u>	<u>\$ 14,559,822</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR**

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
	UNITED STATES TREASURY NOTES 4.25% 6/30/2031	\$ 1,737,768	\$ -	\$ -	\$ -	\$ -	\$ 1,737,768	\$ -
	UNITED STATES TREASURY NOTES 4.25% 6/30/2031	-	1,698,147	-	-	1,737,769	1,698,147	(39,622)
	GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	3,230,207	-	-	-	-	3,230,207	-
	GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	-	13,816,572	-	-	13,816,572	13,816,572	-
	UNITED STATES TREASURY NOTES 4.25% 6/30/2029	35,199	-	-	-	-	35,199	-
	UNITED STATES TREASURY NOTES 4.25% 6/30/2029	-	3,252,415	-	-	3,266,397	3,252,415	(13,982)
	UNITED STATES TREASURY NOTES 4.125% 10/31/2026	1,967,357	-	-	-	-	1,967,357	-
	UNITED STATES TREASURY NOTES 4.125% 10/31/2026	-	760,713	-	-	758,981	760,713	1,732

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**  
**SCHEDULES OF HEALTH CARE BENEFITS - ACTIVE PARTICIPANTS**  
**YEARS ENDED JUNE 30, 2025 AND 2024**

	<b>2025</b>	<b>2024</b>
Hospital	\$ 4,585,282	\$ 3,925,777
Medical	2,963,709	2,473,544
Prescription drug	1,177,374	945,070
Administrative fees	308,224	304,087
Dental	235,994	176,749
Optical/hearing	48,704	22,395
Other	750	2,250
Total health care benefits	<b>\$ 9,320,037</b>	<b>\$ 7,849,872</b>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**  
**SCHEDULES OF HEALTH CARE BENEFITS - RETIRED PARTICIPANTS**  
**YEARS ENDED JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
Hospital	\$ 1,304,058	\$ 717,309
Medical	486,170	558,503
Prescription drug	358,852	168,455
Administrative fees	41,412	43,678
Dental	39,922	52,315
Optical/hearing	8,218	11,070
Medicare	<u>3,780</u>	<u>4,635</u>
Total health care benefits	<u>\$ 2,242,412</u>	<u>\$ 1,555,965</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULES OF INVESTMENT EXPENSES**

**YEARS ENDED JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
CS McKee	\$ 6,979	\$ -
Dahab Associates, Inc.	9,638	8,755
Hancock Whitney	3,560	3,032
Lazard Asset Management, LLC	39,545	41,903
ProxyVote Plus Holdings Inc.	<u>1,124</u>	<u>1,124</u>
Total investment expenses	<u>\$ 60,846</u>	<u>\$ 54,814</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

**YEARS ENDED JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
Payroll	\$ 430,682	\$ 418,062
Payroll taxes	34,890	34,231
Employee benefits	317,317	327,310
Occupancy	69,933	80,047
Telephone	4,159	5,342
Office	16,980	17,983
Printing and postage	19,906	9,834
Legal and collection	85,067	151,146
Accounting	84,316	73,230
Payroll audits	82,027	99,990
Actuarial consulting	151,642	116,786
Computer	214,820	192,778
Insurance	18,534	16,244
Conferences and meetings	11,123	7,682
Depreciation	3,029	3,304
Reimbursed expenses and collection fees	<u>(25,753)</u>	<u>(52,391)</u>
Total administrative expenses	<u>\$ 1,518,672</u>	<u>\$ 1,501,578</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULE OF INTEREST BEARING CASH**

**JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
BANK OF AMERICA N.A. CD	4.20%	03/08/2027	\$ 104,849	\$ 105,318
GOLDMAN SACHS BANK USA CD	4.30%	03/11/2027	162,050	162,737
WELLS FARGO BANK NA CD	4.25%	03/11/2027	162,912	163,699
AMERICAN EXPRESS NATIONAL BANK CD	4.05%	04/10/2028	161,950	163,227
MORGAN STANLEY BANK NATIONAL AS CD	4.10%	05/08/2028	163,149	164,410
MORGAN STANLEY PRIVATE BANK NATI CD	4.10%	05/08/2028	163,149	164,410
AMERICAN EXPRESS NATIONAL BANK CD	4.25%	06/12/2028	82,000	82,565
MORGAN STANLEY PRIVATE BANK NATI CD	4.25%	06/30/2028	79,800	80,560
MORGAN STANLEY BANK NATIONAL AS CD	4.30%	07/02/2029	79,720	80,749
CAPITAL ONE BANK	VARIABLE	ON DEMAND	2,064,374	2,064,374
			<u>\$ 3,223,953</u>	<u>\$ 3,232,049</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	U.S. GOVERNMENT SECURITIES		CURRENT VALUE
			PAR OR MATURITY VALUE	COST	
UNITED STATES TREASURY NOTES	3.75%	04/30/2027	\$ 169,000	\$ 168,505	\$ 168,973
UNITED STATES TREASURY NOTES	3.88%	05/31/2027	569,000	568,461	570,331
UNITED STATES TREASURY NOTES	4.38%	07/15/2027	625,000	631,616	632,788
UNITED STATES TREASURY NOTES	4.13%	11/15/2027	619,000	622,845	624,732
UNITED STATES TREASURY NOTES	3.75%	04/15/2028	424,000	422,725	424,530
UNITED STATES TREASURY NOTES	3.88%	06/15/2028	62,000	62,329	62,329
UNITED STATES TREASURY NOTES	3.75%	12/31/2028	635,000	631,701	635,572
FEDERAL FARM CREDIT BANKS	4.70%	03/05/2029	215,000	215,000	215,052
UNITED STATES TREASURY NOTES	3.63%	08/31/2029	534,000	527,304	531,351
FEDERAL FARM CREDIT BANKS	4.95%	12/26/2029	532,000	531,867	532,404
UNITED STATES TREASURY NOTES	3.88%	04/30/2030	450,000	447,824	451,760
UNITED STATES TREASURY NOTES	4.00%	05/31/2030	652,000	651,931	658,318
FEDERAL HOME LOAN BANKS	5.15%	05/28/2031	435,000	435,000	435,231
FEDERAL FARM CREDIT BANKS	4.94%	06/18/2031	214,000	214,000	214,131
UNITED STATES TREASURY NOTES	4.13%	07/31/2031	314,000	314,319	317,605
UNITED STATES TREASURY NOTES	4.13%	02/29/2032	314,000	313,411	316,870
UNITED STATES TREASURY NOTES	4.00%	04/30/2032	331,000	325,936	331,414
UNITED STATES TREASURY NOTES	4.13%	05/31/2032	88,000	87,440	88,743
FEDERAL FARM CREDIT BANKS	4.80%	06/23/2032	106,000	105,958	106,021
UNITED STATES TREASURY NOTES	3.50%	02/15/2033	441,000	420,018	425,115
FEDERAL FARM CREDIT BANKS	5.11%	03/25/2033	108,000	107,514	107,842
UNITED STATES TREASURY NOTES	4.00%	02/15/2034	534,000	522,194	528,430
FEDERAL FARM CREDIT BANKS	5.25%	03/03/2034	215,000	214,549	215,002
FEDERAL HOME LOAN BANKS	5.35%	06/12/2034	435,000	433,913	435,352
UNITED STATES TREASURY NOTES	4.63%	02/15/2035	611,000	623,793	630,381
UNITED STATES TREASURY NOTES	4.25%	05/15/2035	493,000	484,834	493,769
FNMA	1.63%	09/14/2035	146,000	107,631	109,539
GNMA II POOL	2.50%	01/20/2043	78,890	67,723	69,025
FNR 2024-24 SER 24-9 CL	5.50%	06/25/2044	62,553	62,572	63,294
FEDERAL HOME LOAN MORTGAGE CORP1	2.00%	05/01/2051	47,497	36,499	37,626
FHLMC POOL	5.00%	12/01/2052	439,257	427,521	432,585
FNMA PASS-THRU I POOL	4.50%	04/01/2053	319,875	301,919	306,488
FNMA PASS-THRU I POOL	5.50%	03/01/2054	212,310	211,381	213,682
FNMA PASS-THRU I POOL	6.00%	03/01/2055	109,338	110,585	111,647
FNMA POOL	5.50%	09/01/2056	385,387	392,132	396,864
			<u>\$ 11,926,107</u>	<u>\$ 11,802,950</u>	<u>\$ 11,894,796</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**  
**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CARMAX AUTO OWNER TRUST	6.00%	07/17/2028	\$ 104,000	\$ 105,431	\$ 105,499
PACIFICORP	5.10%	02/15/2029	138,000	139,819	140,690
STATE STREET CORP	4.53%	02/20/2029	40,000	40,020	40,328
CISCO SYSTEMS INC	4.85%	02/26/2029	99,000	100,919	101,453
GM FINANCIAL CONSUMER AUTOMOBILE	5.10%	03/16/2029	200,000	201,383	201,774
JPMORGAN	5.30%	07/24/2029	126,000	128,539	129,365
TOYOTA MOTOR CREDIT CORP	4.55%	08/09/2029	205,000	205,144	206,644
CATERPILLAR FINANCIAL SERVICES	4.38%	08/16/2029	56,000	56,029	56,425
CARMAX AUTO OWNER TRUST	4.60%	10/15/2029	425,000	427,756	428,119
BANK OF NY MELLON CORP	6.32%	10/25/2029	92,000	97,089	97,701
VERIZON MASTER TRUST	5.67%	11/20/2029	66,000	67,073	67,319
HONEYWELL INTERNATIONAL	4.70%	02/01/2030	75,000	75,438	76,118
JOHNSON & JOHNSON	4.70%	03/01/2030	97,000	98,795	99,283
PEPSICO INC	2.75%	03/19/2030	140,000	130,099	131,286
COCA COLA	1.65%	06/01/2030	42,000	36,872	37,251
JPMORGAN CHASE	5.00%	07/22/2030	154,000	155,281	156,812
ROYAL BANK OF CANADA	4.65%	10/18/2030	147,000	145,881	147,259
JPMORGAN	5.14%	01/24/2031	46,000	46,578	47,172
UNITEDHEALTH GROUP INC	2.30%	05/15/2031	111,000	96,268	97,824
JOHN DEERE CAPITAL CORP	4.40%	09/08/2031	55,000	54,227	54,874
HONEYWELL INTERNATIONAL	4.75%	02/01/2032	76,000	75,624	76,673
CHEVRON USA INC	4.82%	04/15/2032	114,000	114,365	116,242
BANK OF NY MELLON CORP	5.06%	07/22/2032	312,000	314,468	319,369
DUKE ENERGY CAROLINAS LLC	4.95%	01/15/2033	113,000	113,014	114,976
FEDEX	1.88%	02/20/2034	167,821	141,578	144,898
UNITED AIR	5.80%	07/15/2037	85,978	85,358	87,698
			<u>\$ 3,286,799</u>	<u>\$ 3,253,048</u>	<u>\$ 3,283,052</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CROWN CASTLE INC	1.05%	07/15/2026	\$ 109,000	\$ 104,348	\$ 104,979
GOLDMAN SACHS	1.43%	03/09/2027	73,000	71,018	71,423
BANK OF AMERICA CORP	1.66%	03/11/2027	136,000	132,597	133,412
MORGAN STANLEY	1.59%	05/04/2027	81,000	78,566	79,044
NORTHROP GRUMMAN CORP	3.25%	01/15/2028	73,000	70,981	71,317
MERCEDES-BENZ AUTO LEASE TRUST	5.32%	01/18/2028	121,000	122,215	122,478
NEXTERA ENERGY CAPITAL	4.90%	02/28/2028	92,000	92,870	93,238
DUKE ENERGY HOLDING CORP	4.30%	03/15/2028	69,000	68,685	69,085
NISSAN AUTO LEASE TRUST	4.75%	03/15/2028	205,000	206,113	207,306
AMERICAN HONDA FINANCE	2.00%	03/24/2028	158,000	147,338	148,441
GENERAL MOTORS FINL CO	2.40%	04/10/2028	35,000	32,368	32,928
COMCAST CORP	3.55%	05/01/2028	40,000	39,122	39,332
ORACLE CORP	4.80%	08/03/2028	72,000	72,568	73,183
AMERICAN HONDA FINANCE	2.25%	01/12/2029	106,000	97,249	98,330
T-MOBILE USA INC	3.38%	04/15/2029	125,000	118,955	120,269
JOHNSON CONTROLS INTERNATIONAL	5.50%	04/19/2029	130,000	134,047	134,823
BANK OF AMERICA CORP	5.20%	04/25/2029	163,000	165,461	166,579
CHARLES SCHWAB CORP	5.64%	05/19/2029	31,000	32,028	32,132
GENERAL MOTORS FINL CO	5.55%	07/15/2029	74,000	74,195	75,593
MORGAN STANLEY VAR	5.45%	07/20/2029	104,000	106,290	106,959
AMERICAN TOWER CORP	3.80%	08/15/2029	45,000	43,271	43,752
ABBVIE INC	3.20%	11/21/2029	32,000	30,293	30,608
THE TORONTO-DOMINION BANK	4.78%	12/17/2029	60,000	60,242	60,704
GENERAL MOTORS FINL CO	5.35%	01/07/2030	135,000	135,585	136,644
NATIONAL RURAL UTILITIES COOP	4.95%	02/07/2030	72,000	72,870	73,644
BROADCOM INC	4.35%	02/15/2030	55,000	54,067	54,796
PHILIP MORRIS INTL	5.13%	02/15/2030	183,000	186,682	188,276
3M CO	4.80%	03/15/2030	161,000	161,497	163,676
ENERGY TRANSFER OPERATING	3.75%	05/15/2030	98,000	92,293	94,027
NEXTERA ENERGY CAPITAL	2.25%	06/01/2030	73,000	64,638	65,742
PACIFIC GAS & ELECTRIC	4.55%	07/01/2030	49,000	47,201	47,825
CAPITAL ONE FINL CORP	5.46%	07/26/2030	126,000	127,346	129,657
VERIZON COMMUNICATION	1.75%	01/20/2031	99,000	84,099	85,306
GOLDMAN SACHS	5.21%	01/28/2031	116,000	117,153	118,716
BANK OF NOVA SCOTIA DEB	5.13%	02/14/2031	80,000	80,697	81,463
CITIGROUP INC	4.95%	05/07/2031	174,000	173,468	175,984
PHILLIPS 66 CO	5.25%	06/15/2031	121,000	122,412	124,297
CONOCOPHILLIPS	4.85%	01/15/2032	150,000	149,106	151,547
GOLDMAN SACHS	1.99%	01/27/2032	139,000	117,708	120,396
FORD MOTOR CO DEL	3.25%	02/12/2032	76,000	62,095	64,076
EOG RESOURCES INC	5.00%	07/15/2032	134,000	133,721	135,629
VIRGINIA ELEC & POWER CO	5.00%	04/01/2033	72,000	71,193	72,740
BP CAP MARKETS AMERICA	4.89%	09/11/2033	132,000	129,550	132,314
TRUIST FINANCIAL CORPORATION	5.12%	01/26/2034	127,000	125,693	127,080
PNC FINANCIAL SERVICES	6.88%	10/20/2034	118,000	129,057	131,912
DOMINION	5.45%	03/15/2035	72,000	71,003	72,611
WASTE MANAGEMENT INC	4.95%	03/15/2035	116,000	114,588	116,492
AMERICAN EXPRESS CO	5.28%	07/26/2035	60,000	59,448	60,742
			<u>\$ 4,872,000</u>	<u>\$ 4,783,990</u>	<u>\$ 4,841,507</u>

GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2025

EIN 11-1627279, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT FUND	774,122	\$ 774,122	\$ 774,122
VANGUARD S&P 500 INDEX FUND	24,076	<u>4,865,889</u>	<u>13,785,700</u>
		<u>\$ 5,640,011</u>	<u>\$ 14,559,822</u>

**GENERAL BUILDING LABORERS' LOCAL 66 WELFARE FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2025**

**EIN 11-1627279, PLAN NO. 501**

**FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR**

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
	UNITED STATES TREASURY NOTES 4.25% 6/30/2031	\$ 1,737,768	\$ -	\$ -	\$ -	\$ -	\$ 1,737,768	\$ -
	UNITED STATES TREASURY NOTES 4.25% 6/30/2031	-	1,698,147	-	-	1,737,769	1,698,147	(39,622)
	GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	3,230,207	-	-	-	-	3,230,207	-
	GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	-	13,816,572	-	-	13,816,572	13,816,572	-
	UNITED STATES TREASURY NOTES 4.25% 6/30/2029	35,199	-	-	-	-	35,199	-
	UNITED STATES TREASURY NOTES 4.25% 6/30/2029	-	3,252,415	-	-	3,266,397	3,252,415	(13,982)
	UNITED STATES TREASURY NOTES 4.125% 10/31/2026	1,967,357	-	-	-	-	1,967,357	-
	UNITED STATES TREASURY NOTES 4.125% 10/31/2026	-	760,713	-	-	758,981	760,713	1,732