

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
---------------	---

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

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

1a Name of plan <u>SUSQUEHANNA LABORERS COMBINED HEALTH AND WELFARE F</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF SUSQUEHANNA LABORERS COMBINED HEALTH AND WELFARE FUND</u> <u>3031 B WALTON ROAD</u> <u>PLYMOUTH MEETING, PA 19462-2388</u>	1c Effective date of plan <u>05/01/1966</u> 2b Employer Identification Number (EIN) <u>23-6426910</u> 2c Plan Sponsor's telephone number <u>610-941-9400</u> 2d Business code (see instructions) <u>238900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2026	KEITH TONER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																				
5	0																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)	0	6a(2)	0	6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																						
6a(2)	0																						
6b																							
6c																							
6d	0																						
6e																							
6f																							
6g(1)																							
6g(2)																							
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																					
7																							

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan SUSQUEHANNA LABORERS COMBINED HEALTH AND WELFARE F	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUSQUEHANNA LABORERS COMBINED HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-6426910	

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

US BANCORP ASSET MANAGEMENT INC

41-2003732

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

US BANCORP FUND SERVICES LLC

39-1939072

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

QUASAR DISTRIBUTORS LLC

39-1982827

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

THE VANGUARD GROUP

23-1945930

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

PGIM INVESTMENTS LLC
PO BOX 9658
PROVIDENCE, RI 02940

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

BLACKROCK FUND ADVISORS

23-2784752

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

VOYA INVESTMENTS LLC

95-4516049

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

ARTISAN PARTNERS HOLDINGS LP

39-1807188

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

COHEN & STEERS CAPITAL MANAGEMENT

13-3353336

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

VIRTUS INVESTMENT ADVISORS

26-3962811

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

HARDING LOEVNER LP

27-0684167

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

JO HAMBRO CAPITAL MGMT LTD
1 ST. JAMES MARKET - LEVEL 3
LONDON SW1Y4AH GB

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

JENSEN INVESTMENT MANAGEMENT

93-0978027

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

HARTFORD FUNDS MANAGEMENT CO LLC

430 W 7TH STREET, STE 219060
KANSAS CITY, MO 64105

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

DOUBLEINE CAPITAL

30-0596331

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

ROBERT W BAIRD & CO INC

39-6037917

(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

(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

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)

HEALTHCARE STRATEGIES INC

23-2848954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	203989	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)

BREIER GROUP CONSULTING

(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	NONE	46225	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)

DOMENIC A BELLISARIO

310 GRANT STREET, STE 1302
PITTSBURGH, PA 15219

(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		7522	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

US BANK NA

31-0841368

(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 52		6970	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan SUSQUEHANNA LABORERS COMBINED HEALTH AND WELFARE F	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUSQUEHANNA LABORERS COMBINED HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-6426910

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	217358	10759
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19611	3716
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2969	437606
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	636394	288
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	876332	452369
Liabilities			
g Benefit claims payable.....	1g	97631	0
h Operating payables.....	1h	21137	16968
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	175573	25846
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	294341	42814
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	581991	409555

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	122982	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		122982
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	33442	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33442
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2640	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2640
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7222
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		151842

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	-57315	
(3) Other.....	2e(3)	93974	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		36659
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	203989	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15000	
(5) Investment advisory and investment management fees	2i(5)	7660	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	46225	
(8) Legal fees	2i(8)	7522	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	122	
(11) Other expenses.....	2i(11)	7101	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		287619
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		324278

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-172436
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ALAN ROSS & COMPANY, PC

(2) EIN: 20-5367494

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SUSQUEHANNA LABORERS
COMBINED HEALTH & WELFARE FUND

FINANCIAL REPORT

APRIL 30, 2025

CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 17
SUPPLEMENTARY INFORMATION	
Schedule of Assets (Held at End of Year)	18
Schedule of Reportable Transactions	19
Schedule of Administrative Expenses	20

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Susquehanna Laborers Combined Health & Welfare Fund

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Susquehanna Laborers Combined Health and Welfare, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of April 30, 2025, and 2024, and the related statements of changes in net assets available for benefits for the year ended April 30, 2025, and the related notes to the financial statements.

Management having determined it is permissible in the circumstances, has elected to have the audit of Susquehanna Laborers Combined Health and Welfare's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from U.S. Bank National Association, a qualified institution, as of April 30, 2025 and for the year ended April 30, 2025, stating that the certified investment information, as described in Note 12 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified by U.S. Bank National Association agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 13 to the financial statements, the Plan is no longer receiving contributions and is expected to have recurring losses from operations. Management's plans in regard to these matters are also described in Note 13. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Susquehanna Laborers Combined Health and Welfare 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Susquehanna Laborers Combined Health and Welfare's ability to continue as a going concern within 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 judgement made by a reasonable user based on the financial statements.

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess 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 Susquehanna Laborers Combined Health and Welfare'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 Susquehanna Laborers Combined Health and Welfare's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures related to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information and the schedule of administrative expenses is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Lapse of Fidelity Bond Coverage

The Plan experienced a lapse in fidelity bond coverage from January 1, 2023 through September 18, 2024. The lapse in coverage is a violation of ERISA Section 412. See Note 15 for additional information.



Reading, Pennsylvania
February 12, 2026

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 APRIL 30, 2025 and 2024

	2025	2024
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Money Market	\$ 437,606	\$ 2,969
Mutual Funds	<u>288</u>	<u>636,394</u>
TOTAL INVESTMENTS	<u>437,894</u>	<u>639,363</u>
RECEIVABLES		
Accrued Interest	1,518	14
Prescription Drug Rebate	<u>-</u>	<u>18,207</u>
TOTAL RECEIVABLES	<u>1,518</u>	<u>18,221</u>
OTHER ASSETS		
Cash	10,759	217,358
Prepaid Expenses	<u>2,198</u>	<u>1,390</u>
Total Other Assets	<u>12,957</u>	<u>218,748</u>
TOTAL ASSETS	<u>452,369</u>	<u>876,332</u>
LIABILITIES		
Accounts Payable and Accrued Expenses	16,968	21,137
Due to Related Parties	15,335	160,352
Contribution Advances	<u>10,511</u>	<u>15,221</u>
TOTAL LIABILITIES	<u>42,814</u>	<u>196,710</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 409,555</u>	<u>\$ 679,622</u>

The Accompanying Notes are an Integral Part of these Financial Statements.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended April 30, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to:		
Contributions		
Employer Contributions	\$ 92,750	\$ 1,547,573
Amounts Received from Other Plans Under Reciprocal Arrangements	30,232	269,233
Participants	-	205,698
	<u>122,982</u>	<u>2,022,504</u>
Less: Amounts Paid to Other Plans Under Reciprocal Arrangements	<u>(93,974)</u>	<u>(153,854)</u>
Total Contributions	<u>29,008</u>	<u>1,868,650</u>
Investment income (loss)		
Net Depreciation in Fair Value of Investments	(7,222)	(195)
Interest & Dividends	36,082	35,974
	<u>28,860</u>	<u>35,779</u>
Less: Investment Expense	<u>(7,660)</u>	<u>(8,836)</u>
Total investment income	<u>21,200</u>	<u>26,943</u>
Other Income	-	5,058
Total Additions	<u>50,208</u>	<u>1,900,651</u>
Deductions from Net Assets Attributed to:		
Medical Claims (Net of reinsurance received of \$0 in 2025 and \$414,332 in 2024)	40,316	1,146,270
Dental Benefits	-	25,479
Vision Benefits	-	4,111
Disability Benefits	-	2,806
Prescription Benefits, net of rebates and subsidies	-	384,932
Stop Loss Premiums	-	92,543
Life Insurance	-	36,340
Fees Mandated by ACA	813	1,177
Professional Fees	272,736	319,527
Administrative Expenses	6,410	69,177
Total Deductions	<u>320,275</u>	<u>2,082,362</u>
Net Decrease	(270,067)	(181,711)
Net Assets Available for Benefits:		
Beginning Year	<u>679,622</u>	<u>861,333</u>
End of Year	<u>\$ 409,555</u>	<u>\$ 679,622</u>

The Accompanying Notes are an Integral Part of these Financial Statements.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of Susquehanna Laborers Combined Health and Welfare Fund (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a multiemployer collectively bargained welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was established May 5, 1966, pursuant to a collective bargaining agreement between the Keystone Contractors Association and Laborers Local 1180. The Plan provides health and welfare benefits to eligible participants. The plan is governed by a Board of Trustees comprised of an equal number of employer and union representatives.

Merger:

On April 30, 1999, Laborers Local Union 1180, Laborers Local Union 1167 and Laborers Local Union 708 Health and Welfare Funds merged to form Susquehanna Laborers Combined Health and Welfare Fund.

Benefits:

The Plan provides health benefits of the following types: hospitalization, medical, surgical, major medical, adult preventative services, well-child care visits, prescription drug, dental, vision, disability, death, accidental death, dismemberment and loss of sight benefits.

The plan is self-insured for all of the benefits provided to eligible participants, except for the death, accidental death, dismemberment and loss of sight benefits which are guaranteed under a policy of insurance issued by North American Benefits Company.

Plan Changes - January 1, 2024

The Trustee approved the absorption of the Susquehanna Laborers members into the Local 1174 Health and Welfare Fund effective January 1, 2024. The participants in the Susquehanna Laborers Combined Health and Welfare Fund would immediately be eligible for benefits from the Local 1174 Health and Welfare Fund. No assets were transferred to Local 1174 Health and Welfare Fund. However, the accumulated eligibility credits for participants were transferred. After the transfer of the active members to the Local 1174 Health and Welfare Fund, benefits paid will be for trailing claims from dates of service prior to January 1, 2024. The Trustees are reviewing options for the remaining Plan assets.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting:

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

Employer Contributions:

Revenue from employer contributions is determined by hours of work reported by participating employers and the contractual employer contribution rates in effect. Employer contributions are included in revenue during the period in which the work is performed. The accounts receivable represents uncollected contributions for hours worked through April 30.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. The investment advisors are "fiduciaries" as well as "parties of interest" as defined by the Employee Retirement Income Security Act-Section 3(14) P.L. 93-406.

The Plan presents in the statement of changes in net assets the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses on assets sold and the unrealized appreciation (depreciation) on investments held at year end.

Purchases and sales are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that effect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Administrative Expenses:

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. See the Supplementary Schedule of Administrative Expenses for detail on the types and amounts of expenses incurred. Certain investment-related expenses are included in the net appreciation in fair value of investments and as a reduction to investment income on the statement of net assets available for benefits.

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Reciprocal Contributions, Payments and Agreements:

Reciprocal contributions represent payments received from other local pension plans for work performed by plan participants out of the local union's area of operation. Reciprocal payments represent contributions received by participating employers for members of other local unions that are paid to other local benefit plans.

The benefit fund of each local enters into a cooperative contractual arrangement to allow the contributions to be transferred to the employee's home benefit fund. The agreement determines the amount of contributions that will be transferred to or from the benefit fund. The participant must sign an authorization to transfer the contributions to the participant's home benefit fund.

Refunds

Refunds due from the Plan's benefit manager are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates of \$18,983 and \$18,207 and Medicare drug subsidies of \$0 and \$36,410, have been netted with benefits in the accompanying statements of changes in net assets available for benefits for the years ended April 30, 2025 and 2024, respectively.

Stop Loss

Stop loss refunds are recorded when earned in the period in which the benefit was recorded.

Benefit Obligations

Claims payable at April 30 for health claims incurred by active and retired participants but not reported at that date are stated at actual value based on subsequent payments. Claims incurred but not reported, accumulated eligibility credits and the post-retirement benefit obligation were estimated by the Plan's actuary. Plan obligations at April 30 for accumulated eligibility credits for active participants are estimated by the Plan's actuary in accordance with accepted actuarial principles.

During 2025, the Plan's obligation to pay claims expired. Therefore, no additional claims will be paid by the Plan and as of April 30, 2025, benefit obligations will be \$0.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Premiums paid by third-party claims administrators are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when paid by a third-party claims processor. These payments are recorded as claims paid in the accompanying statement of changes in net assets available for benefits.

Note 3. Funding Policy

The Plan is being funded by contributions from employers who have signed the collective bargaining agreement, and in some cases, by covered participants. Employers contribute monthly based on a fixed hourly contribution rate. Self-contributions by covered participants may be made for every dollar short of the required eligibility contribution. The Plan also accepts self-payments from participants under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

The Plan continued to receive employer contributions after the participants were transferred to the Local 1174 Health and Welfare Fund. The contract administrator transferred participant contributions to the Local 1174 Health and Welfare Fund and continued to process reciprocal contributions. The contributions reported represent the amount of contributions that are in excess of the reciprocal contract rate.

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Topic 820 are described below:

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

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

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended April 30, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

There have been no changes in the methodologies used at April 30, 2025 and 2024.

<i>Assets at Fair Value as of April 30, 2025</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market	\$ 437,606	\$ -	\$ -	\$ 437,606
Mutual Funds	288	-	-	288
	<u>\$ 437,894</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 437,894</u>

<i>Assets at Fair Value as of April 30, 2024</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market	\$ 2,969	\$ -	\$ -	\$ 2,969
Mutual Funds	636,394	-	-	636,394
	<u>\$ 639,363</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 639,363</u>

Note 5. Benefit Obligations

Due to the expiration of the claims run out period, Benefit Obligations for claims is \$0 as of April 30, 2025.

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 5 Benefit Obligations (Continued)

The following is the change in Plan benefit obligations for the year ending April 30, 2025:

Amounts currently payable for active and retired participants:

Balance at beginning of year	\$ 97,631
Claims reported and paid net of rebates and reinsurance	(57,315)
Claims paid	(40,316)
Balance at end of year	<u>\$ 0</u>

The following is the benefit obligations as of April 30, 2024:

Amounts currently payable for active and retired participants:

Claims payable and incurred but not reported	\$ 97,631
Post retirement benefits obligations	0
Total benefit obligations	<u>\$ 97,631</u>

The following is the change in Plan benefit obligations for the year ending April 30, 2024:

Amounts currently payable for active and retired participants:

Balance at beginning of year	\$ 224,217
Claims reported and approved for payment	1,491,559
Claims paid	(1,618,145)
Balance at end of year	<u>\$ 97,631</u>

Post employment benefit obligation - net of amounts currently payable:

Balance at beginning of year	\$ 980,169
Decrease due to accumulated eligibility credits	(980,169)
Balance at end of year	<u>\$ 0</u>

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 5. Benefit Obligations (Continued)

Post employment benefit - net of amounts currently payable:

Balance at beginning of year	\$ 9,243,816
Decrease due to benefits earned and other changes	<u>(9,243,816)</u>
Balance at end of year	<u><u>\$ 0</u></u>

Plan Total Benefit Obligation at end of year	<u><u>\$ 97,631</u></u>
--	-------------------------

Note 6. Postretirement Benefit Obligations

The amount reported as the postretirement benefit obligation as of April 30, 2024, represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to 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 (a) currently retired or terminated employees 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 the contributions from the plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent enrolled actuary and is the amount that results from applying actuarial assumptions to historical claims - cost data to estimate future annual incurred claims cost 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 valuation date and the expected date of payment.

As described in Note 1, the Plan has no active participants at the end of the Plan year. Participants started receiving benefits from Laborers Local 1174 Health and Welfare Plan effective January 1, 2024. The participant's accumulated eligibility credits transferred with them.

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 6. Postretirement Benefit Obligations (Continued)

The Trustees have determined that it would not be a prudent use of fund resources to complete an actuarial study to calculate benefit obligations given the insignificant amount of future claim payments. Therefore, the benefit obligations of the Plan as of April 30, 2024 have been reduced to claims paid through October 8, 2024, when claims payments were terminated.

Note 7. Tax Status

The trust established to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable provisions of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

Note 8. Priorities Upon Termination

The Plan's Board of Administration has the right under the Plan to modify the benefits provided to participants. The Plan may be terminated only by joint agreement between the employers and the union, subject to the provisions set forth in ERISA. Upon dissolution or termination of the Plan, the administrator shall continue to pay the expenses and provide the benefits in effect to all eligible participants, beneficiaries, and dependents until the Plan's

Note 9. 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 value of investment securities will occur in the near term and that such changes could materially affect the amount reported in the statements of net assets available for benefits.

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 9. Risks and Uncertainties (Continued)

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

Note 10. Related Party and Party-in-Interest Transactions

Certain assets of the plan are managed by PFM Asset Management, LLC and held by U.S. Bank, the custodian as defined by the Plan. These transactions qualify as party-in-interest transactions.

The Plan is under the control of a Board of Trustees comprised of participating union members and employers and is administered by Healthcare Strategies, Inc., and independent employee benefit administration and consulting firm. Administrative expenses are paid by the Plan.

Certain administrative functions are performed by officers and employees of the Union. No such officer or employee receives compensation from the Plan.

The Plan collected contributions on behalf of certain affiliated entities. As of April 30, 2025 and 2024, the Plan owed \$15,335 and \$160,352, respectively, to the affiliated entities. The amount owed is included in due to related parties on the statements of net assets available for benefits.

The Plan collected contributions in advance of \$25,000 and \$25,000, from an employer for the Plan and certain affiliated entities, for the years ended April 30, 2025 and 2024, respectively. As of April 30, 2025 and 2024, the Plan owed \$10,511 and \$15,221, respectively, to the employer. The amount owed is included in contribution advances on the statements of net assets available for benefits.

Note 11. Concentration of Credit Risk

The Plan maintains bank accounts with Fulton Bank (formerly with Republic Bank). Accounts at the institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash at April 30, 2025 did not exceed the federally insured limits.

Republic Bank was closed by the Pennsylvania Department of Banking during April 2024 and all assets were transferred to Fulton Bank. The Plan did not suffer any losses due to the closure of the bank.

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 12. Information Prepared and Certified by Trustee

The information related to investments disclosed in the accompanying financial statements and supplemental schedule including all investments held at April 30, 2025, and net appreciation in value of investments, dividends and interest for the year ended April 30, 2025 was obtained or derived from data that has been prepared and certified to as complete and accurate by U.S. Bank National Association, a qualified institution, and the trustee of the Plan.

Note 13. Going Concern Considerations

With the absorption of all of the participants into Laborers Local 1174 Health and Welfare Plan, the Plan will no longer be receiving contributions from employers and participants. The only source of income will be investment returns. The Plan is expected to have future recurring losses due to paying the trailing benefits and administrative expenses. Management has not made a determination to terminate the Plan and is considering options for the remaining assets of the Plan. Because of these factors, there is substantial doubt about the ability of the Plan to be a going concern.

Note 14. Subsequent Events

The Plan has evaluated subsequent events through February 12, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

Note 15. Lapse of Fidelity Bond

Under ERISA Section 412, employee benefit plans are required to maintain a fidelity bond to protect the plans from the risk of loss due to fraud or dishonesty. The Plan had purchased a three year fidelity bond that covered January 1, 2020 through January 1, 2023. Since the purchase of the fidelity bond, the Trustees changed several plan professionals including the contract administrator, independent auditor and legal counsel. The lapse in coverage was discovered in September 2024. An ERISA dishonesty bond and a separate ERISA compliance bond was purchased effective September 18, 2024. Because of the span of time the Plan was without coverage and the changes in professionals, the Trustees have been unable to secure a fidelity bond with retroactive coverage.

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 16. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at April 30, 2025 and 2024, to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	\$ 409,555	\$ 679,622
Claims payable and claims incurred but not reported	<u>-</u>	<u>(97,631)</u>
Net assets available for benefits per the Form 5500	<u>\$ 409,555</u>	<u>\$ 581,991</u>

The following is a reconciliation of net assets available for benefits per the financial statements at April 30, 2025, to Form 5500:

	2025
Benefits paid to or for participants as reported on the financial statement	\$ 40,316
Add: Claims payable and claims incurred but not reported at April 30, 2024	<u>(97,631)</u>
Benefits paid to participants as reported on Form 5500	<u>\$ (57,315)</u>

Claims payable and claims incurred but not reported are included on the statements of benefit obligations on the financial statement but are included as liabilities on Form 5500.

See Independent Auditors' Report.

SUPPLEMENTARY INFORMATION

SUSQUHANNA LABORERS COMBINED HEALTH AND WELFARE FUND
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 APRIL 30, 2025

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
MONEY MARKET FUNDS	FIRST AM GOVT OB FD CL Z	\$ 437,606	\$ 437,606
MUTUAL FUNDS	PGIM TOTAL RETURN BOND CIR6	201	203
	VOYA INTERMEDIATE BOND FUND CLASS R6	84	85
		<u>285</u>	<u>288</u>
		<u>\$ 437,891</u>	<u>\$ 437,894</u>

SUSQUEHANNA LABORERS COMBINED HEALTH AND WELFARE FUND
 SCHEDULE OF REPORTABLE TRANSACTIONS
 YEAR ENDED APRIL 30, 2025

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET (INCLUDING INTEREST RATE AND MATURITY IN CASE OF A LOAN)	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) COST OF ASSET	(h) CURRENT VALUE OF ASSET	(i) NET GAIN OR (LOSS)
MUTUAL FUNDS						
FIRST AMERICAN GOVT OBLIGATION FUND CL Z	PURCHASED	\$ 678,138	\$ 243,503	678,138	243,503	\$ -
FIRST AMERICAN GOVT OBLIGATION FUND CL Z	SOLD		86,327	243,503	86,327	28,904
VANGUARD TOTAL STOCK MARKET ETF	SOLD		137,754	57,422	137,754	(11,081)
BAIRD CORE PLUS BOND FUND INSTITUTE	SOLD		57,178	148,835	57,178	(8,763)
DOUBLE CORE FIX INCOME	SOLD		102,876	65,941	102,876	(317)
ISHARES CORE U.S. AGGREGATE BOND EFT	SOLD		113,184	103,193	113,184	(17,308)
PGIM TOTAL RETURN BOND CI R6	SOLD		57,925	130,492	57,925	(10,933)
VOYA INTERMEDIATE BOND FUND CLASS R6	SOLD			68,858		

SUSQUEHANNA LABORERS COMBINED HEALTH & WELFARE FUND

SCHEDULE OF ADMINISTRATIVE EXPENSES AND PROFESSIONAL FEES

For the Years Ended April 30, 2025 and 2024

	2025	2024
Administrative Expenses		
Insurance and bond	\$ 5,289	\$ 4,273
Claims administration fees	-	60,950
Dues	-	250
Printing, postage and office	999	3,704
Trustee meeting	122	-
	<u>6,410</u>	<u>\$ 69,177</u>
Total Administrative Expenses		
Professional Fees		
Actuary and consulting	\$ 46,225	\$ 58,975
Audit	15,000	37,025
Legal	7,522	45,227
Third party administrator	203,989	178,300
	<u>272,736</u>	<u>\$ 319,527</u>
Total Professional Fees		

See Independent Auditors' Report.

SUSQUEHANNA LABORERS COMBINED HEALTH WELFARE FUND
 SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 APRIL 30, 2025

EIN: 23-6426910
 FORM: 5500
 PLAN: #501

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	COST	CURRENT VALUE
MONEY MARKET FUNDS	FIRST AM GOVT OB FD CL Z		<u>\$ 437,606</u>	<u>\$ 437,606</u>
MUTUAL FUNDS	PGIM TOTAL RETURN BOND CI R6 VOYA INTERMEDIATE BOND FUND CLASS R6		201 <u>84</u> 285	203 <u>85</u> 288
			<u><u>\$ 437,891</u></u>	<u><u>\$ 437,894</u></u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- 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.)
B This return/report is: [] a single-employer plan [] a DFE (specify)
[] the first return/report [] the final return/report
[] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here [X]
D Check box if filing under: [X] 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: SUSQUEHANNA LABORERS COMBINED HEALTH AND WELFARE F
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF SUSQUEHANNA LABORERS COMBINED HEALTH AN
Mailing address (include room, apt., suite no. and street, or P.O. Box): 3031 B WALTON ROAD
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions): PLYMOUTH MEETING PA 19462-2388
2b Employer Identification Number (EIN): 23-6426910
2c Plan Sponsor's telephone number: 610-941-9400
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. Row 1: Keith W Toner, 2/13/2026, KEITH TONER. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	0
---	----------	---

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a (1) Total number of active participants at the beginning of the plan year a (2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		0
	6a(1)	
	6a(2)	
	6b	
	6c	
	6d	
	6e	
	6f	
	6g(1)	
	6g(2)	
	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

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

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

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

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

SUSQUEHANNA LABORERS COMBINED
HEALTH AND WELFARE FUND
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED APRIL 30, 2025

EIN: 23-6426910
FORM: 5500
PLAN: 501

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET (INCLUDING INTEREST RATE AND MATURITY IN CASE OF A LOAN)	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
--------------------------------------	--	--------------------------	-------------------------	----------------------------	---	---------------------------------

MUTUAL FUNDS

FIRST AMERICAN GOVT OBLIGATION FUND CL Z	PURCHASED	\$ 678,138		\$ 678,138		
FIRST AMERICAN GOVT OBLIGATION FUND CL Z	SOLD		\$ 243,503	243,503	\$ 243,503	\$ -
VANGUARD TOTAL STOCK MARKET ETF	SOLD		86,327	57,422	86,327	28,904
BAIRD CORE PLUS BOND FUND INSTITUTE	SOLD		137,754	148,835	137,754	(11,081)
DOUBLE CORE FIX INCOME	SOLD		57,178	65,941	57,178	(8,763)
ISHARES CORE U.S. AGGREGATE BOND EFT	SOLD		102,876	103,193	102,876	(317)
PGIM TOTAL RETURN BOND CI R6	SOLD		113,184	130,492	113,184	(17,308)
VOYA INTERMEDIATE BOND FUND CLASS R6	SOLD		57,925	68,858	57,925	(10,933)