

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- 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: [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 LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND 1b Three-digit plan number (PN) 501 1c Effective date of plan 06/08/1953 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) LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES 12 EIGHTH STREET, SUITE 500 PITTSBURGH, PA 15222 2b Employer Identification Number (EIN) 25-6035806 2c Plan Sponsor's telephone number 412-263-0900 2d Business code (see instructions) 561110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/15/2024, PHILIP AMERIS (plan administrator); 2. Filed with authorized/valid electronic signature, 10/15/2024, PHILIP AMERIS (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2023) v. 230728

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="text-align: right;">5817</td> </tr> </table>	5	5817																															
5	5817																																	
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:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;">5448</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;">5135</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;"></td> <td style="text-align: right;">334</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: center;"></td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;"></td> <td style="text-align: right;">5472</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> </table>				6a(1)		5448	6a(2)		5135	6b		334	6c		3	6d		5472	6e			6f			6g(1)			6g(2)			6h		
6a(1)		5448																																
6a(2)		5135																																
6b		334																																
6c		3																																
6d		5472																																
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="text-align: right;"></td> </tr> </table>	7																																
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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 4E 4F 4L 4T 4U 4Q

9a Plan funding 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	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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 25-6035806

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	LPA-001	11785	01/01/2023	08/31/2023

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.

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

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) 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
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(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.

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

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	466707
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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<p>A Name of plan LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 25-6035806</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HM LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041332	93440	4068020010 SLS	5542	01/01/2023	12/31/2023

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

COWDEN ASSOCIATES INC. **FOUR GATEWAY CENTER**
444 LIBERTY AVE SUITE 1900
PITTSBURGH, PA 15222-1222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

(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
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	(c) Amount	(d) Purpose	

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

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. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f 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)

a 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 Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(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)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	594382
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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<p>A Name of plan LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 25-6035806</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	1030801	20081	01/01/2023	12/31/2023

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

<p>(a) Total amount of commissions paid 51354</p>	<p>(b) Total amount of fees paid 8182</p>
---------------------------------------------------------------------	-------------------------------------------------------------

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
GA SOLUTIONS LLC **311 CLOCK TOWER CMNS**
BREWSTER, NY 10509-4059

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51354			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE LLC **PO BOX 1788**
GRAND RAPIDS, MI 49501-1788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	8182	*BONUS	3

(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.

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

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1029158
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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<p>A Name of plan <u>LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>501</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES</u></p>	<p>D Employer Identification Number (EIN) <u>25-6035806</u></p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>42-0127290</u>	<u>61271</u>	<u>1098345</u>	<u>5086</u>	<u>01/01/2023</u>	<u>12/31/2023</u>

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

<p>(a) Total amount of commissions paid <u>34560</u></p>	<p>(b) Total amount of fees paid <u>0</u></p>
--------------------------------------------------------------	---------------------------------------------------

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
GA SOLUTIONS LLC
311 CLOCK TOWER CMNS
BREWSTER, NY 10509-4059

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>34560</u>			<u>3</u>

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	636322
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	10b	

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 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>25-6035806</u>	

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

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

MONDRIAN INVESTMENT GROUP

56-2475915

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

BOYD WATTERSON GSA FUND

25-6035806

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

U.S. REAL ESTATE INVESTMENT FUND LL

11-3786306

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

GMO BENCHMARK-FREE ALLOCATION FUND

72-1566419

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

COWDEN ASSOCIATES

25-1750131

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

ROBECO INVESTMENT MANAGEMENT INC

98-0202744

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

ACRISURE, LLC

26-3554645

(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)

HIGHMARK

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	5220900	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)

LABORERS COMBINED FUNDS OF W PA

25-1333639

(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?
14 50	NONE	2816220	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)

ROBECO INVESTMENT MANAGEMENT INC

98-0202744

(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	713933	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)

HIGHMARK CASUALTY INSURANCE

25-1334623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	593727	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)

MONDRIAN INTERNATIONAL EQUITY FUND

36-7205063

(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	191260	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

25-1900687

(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	138350	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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	137044	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)

GOEHRING RUTTER & BOEHM

25-1291135

(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	72094	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)

HOWARD GROSSINGER, ESQUIRE

25-1266288

(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	69630	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)

BNY MELLON BANK

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 71	NONE	48689	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WODARCZYK & ASSOCIATES, LLC

46-1702961

(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	30203	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(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 72 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"/>

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)

SISTERSON & CO LLP

25-1467156

(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	26900	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)

ACRISURE, LLC (BECKERMAN & COMPANYY

26-3554645

(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?
50 53	NONE	20033	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)

TFG PARTNERS

25-6035806

(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	13333	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)

SEGAL SELECT

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 53	NONE	10209	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>25-6035806</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MONDRIAN INTERNATIONAL EQUITY FD LP</u>	
b Name of sponsor of entity listed in (a):	<u>MONDRIAN PARTNERS</u>	
c EIN-PN <u>36-7205063-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32489063</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

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b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>	
A Name of plan <u>LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND</u>	B Three-digit plan number (PN) ► <u>501</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>25-6035806</u>

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9130077	9835988
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1306678	1932903
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	737412	395580
(2) U.S. Government securities	1c(2)	67747909	83388732
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	41615688	47106221
(B) All other	1c(3)(B)	35107257	32255048
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	143455040	165580415
(5) Partnership/joint venture interests	1c(5)	34371473	30746998
(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)	26907614	32489063
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	64732857	75959169
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1419206	60759

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	426531211	479750876
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1226699	1612642
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1226699	1612642
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	425304512	478138234

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)	107102880	
(B) Participants	2a(1)(B)	1008245	
(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)		108111125
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45447	
(B) U.S. Government securities	2b(1)(B)	2055184	
(C) Corporate debt instruments	2b(1)(C)	2784590	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	361756	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5246977
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2840891	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1957700	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4798591
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	144773544	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	144287118	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		486426
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	11218955	
(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)		5581449
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4309913
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		139753436

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81127711	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1574560	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		82702271
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)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	44037	
(5) Investment advisory and investment management fees	2i(5)	1062978	
(6) Bank or trust company trustee/custodial fees	2i(6)	48689	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	173221	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2888518	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4217443
j Total expenses. Add all expense amounts in column (b) and enter total	2j		86919714

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		52833722
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: **SISTERSON & CO. LLP**

(2) EIN: **25-1467156**

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		3500000
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.			

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 _____.

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Laborers' District Council of Western Pennsylvania Welfare Fund

Opinion

We have audited the accompanying financial statements of Laborers' District Council of Western Pennsylvania Welfare Fund ("Fund"), 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's benefit obligations as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Fund as of December 31, 2023 and 2022, and the changes in its net assets available for benefits and plan's benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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 Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

INDEPENDENT AUDITOR'S REPORT
(continued)

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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as 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 Fund's ability to continue as a going concern for a reasonable period of time.

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

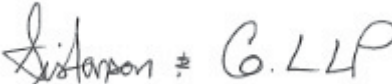
INDEPENDENT AUDITOR'S REPORT
(continued)

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 schedules of Assets (Held at End of Year), Investment Assets both Acquired and Disposed of Within the Plan Year, and Reportable Transactions as of and for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

A handwritten signature in black ink, appearing to read "G. LLP", is located in the lower right quadrant of the page.

October 9, 2024

LABORERS' DISTRICT COUNCIL OF WESTERN PA WELFARE FUND

Attachment for Form 5500

25-6035806

For the Year Ending 12/31/2023

Form 5500
SCHEDULE H

Page 1, Part I

1b(3) Other Receivables

Investment Receivable	1,696,231
Due from broker for Securities Sold	236,672
	<u>1,932,903</u>

1c, (13) Registered Investments

Dreyfus Inst. Cash Manager Plus	39,354,648
GMO Benchmark-Free Alloc-III	36,604,521
Registered Investments ERISA	<u>75,959,169</u>

1c(15), Other

Accounts Receivable G/L	50,642
Prepaid Expenses G/L	10,017
Other	100
	<u>60,759</u>

Page 2, Part I 1h

Accounts Payable G/L	1,064,717
Investment Purchases Payable	378,745
Amounts Due to Laborers Combined Funds	169,180
	<u>1,612,642</u>

Page 3, Part II Expenses

Investment Advisory & Management Fees 2,i(3)

Investment Manager Fees	1,013,481
Investment Advisory Fees	30,000
	<u>1,043,481</u>

Other 2,i,(4)

Laborers Combined Funds G/L	2,816,220
Patient Centered Outcome Research Fee	41,400
Fiduciary Insurance & Other	30,898
	<u>2,888,518</u>

EXTENTION UNTIL 10/15/2024



<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: 24pt;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information				
For calendar plan year 2023 or fiscal plan year beginning		01/01/2023	and ending	12/31/2023
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>			
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>			

Part II Basic Plan Information—enter all requested information			
1a Name of plan LABORERS DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND	1b Three-digit plan number (PN) ▶		501
	1c Effective date of plan	06/08/1953	
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) LABORERS DISTRICT COUNCIL OF W. PA WELFARE FUND BOARD OF TRUSTEES	2b Employer Identification Number (EIN)	25-6035806	
	2c Plan Sponsor's telephone number	(412) 263-0900	
12 EIGHTH STREET, SUITE 500 PITTSBURGH PA 15222	2d Business code (see instructions)	561110	

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

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

SIGN HERE		10/14/2024	Philip Ameris, Chairman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2024	Michael A Facchiano Jr. Sec. Treasur
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2023</u>	<u>2022</u>
<u>ASSETS</u>		
Investments, at fair value (Note 3)		
Common stocks	\$ 165,580,415	\$ 143,455,040
Corporate bonds and notes	79,361,269	76,722,945
Registered investment companies	75,959,169	64,732,857
U.S. government securities	83,388,732	67,747,909
103-12 investment entity	32,489,063	26,907,614
Private equity limited partnership	30,746,998	34,371,473
Interest and non-interest bearing cash	395,580	737,412
	<u>467,921,226</u>	<u>414,675,250</u>
Receivables		
Employers' contributions	9,835,988	9,130,077
Accrued interest and dividends	1,696,231	1,306,678
Due from broker for securities sold	236,672	--
	<u>11,768,891</u>	<u>10,436,755</u>
Amounts due from Laborers' Combined Funds	--	849,592
Other assets	60,759	569,614
	<u>479,750,876</u>	<u>426,531,211</u>
Total assets		
<u>LIABILITIES</u>		
Accounts payable	1,064,717	950,456
Amounts due to Laborers' Combined Funds	169,180	--
Due to broker for securities purchased	378,745	276,243
	<u>1,612,642</u>	<u>1,226,699</u>
Total liabilities		
Net assets available for benefits	<u>\$ 478,138,234</u>	<u>\$ 425,304,512</u>

The accompanying notes are an integral part of these financial statements.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	<u>2023</u>	<u>2022</u>
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 21,596,743	\$ (23,084,325)
Interest	5,246,977	3,695,795
Dividends	4,798,591	3,767,655
Less: investment expense	<u>(1,081,667)</u>	<u>(1,013,481)</u>
Net investment income (loss)	30,560,644	(16,634,356)
Contributions		
Employers	107,102,880	110,099,034
Participants	<u>1,008,245</u>	<u>1,226,920</u>
Total contributions	<u>108,111,125</u>	<u>111,325,954</u>
Total additions	<u>138,671,769</u>	<u>94,691,598</u>
Deductions		
Insurance premiums paid for health care contracts	81,127,711	83,300,569
Insurance premiums paid for death, dismemberment, and disability contracts	1,574,560	1,665,734
Administrative expenses	2,816,220	1,704,659
Legal services	173,221	151,370
Auditing services	44,037	56,157
Patient-centered outcomes research institute fee	41,400	35,871
Miscellaneous expense	<u>60,898</u>	<u>57,383</u>
Total deductions	<u>85,838,047</u>	<u>86,971,743</u>
Net increase	52,833,722	7,719,855
Net assets available for benefits, beginning of year	<u>425,304,512</u>	<u>417,584,657</u>
Net assets available for benefits, end of year	<u>\$ 478,138,234</u>	<u>\$ 425,304,512</u>

The accompanying notes are an integral part of these financial statements.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS

	December 31,	
	<u>2023</u>	<u>2022</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Claims incurred but not paid or reported	\$ <u>5,867,833</u>	\$ <u>6,997,924</u>
Other obligations for current benefit coverage, at present value of estimated amounts		
Accumulated eligibility credits	<u>46,947,530</u>	<u>46,748,450</u>
Postretirement benefit obligations, net of amounts currently payable		
Current retirees	8,935,823	10,448,959
Other participants fully eligible for benefits	39,648,405	36,977,683
Other participants not yet fully eligible for benefits	<u>40,084,073</u>	<u>39,691,263</u>
	<u>88,668,301</u>	<u>87,117,905</u>
Plan's total benefit obligations	\$ <u><u>141,483,664</u></u>	\$ <u><u>140,864,279</u></u>

The accompanying notes are an integral part of these financial statements.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS

	Year ended December 31,	
	<u>2023</u>	<u>2022</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Beginning of year	\$ 6,997,924	\$ 7,820,104
Premiums incurred, including benefits reclassified from benefit obligations	75,704,347	77,146,199
Premiums paid	(82,702,271)	(84,966,303)
Claims incurred but not paid or reported	<u>5,867,833</u>	<u>6,997,924</u>
End of year	<u>5,867,833</u>	<u>6,997,924</u>
Other obligations for current benefit coverage, at present value of estimated amounts		
Beginning of year	46,748,450	48,419,686
Increase (decrease) in current benefit obligations attributable to benefits earned	<u>199,080</u>	<u>(1,671,236)</u>
End of year	<u>46,947,530</u>	<u>46,748,450</u>
Total obligation for current benefit coverage	<u>52,815,363</u>	<u>53,746,374</u>
Postretirement benefit obligations, net of amounts currently payable		
Beginning of year	87,117,905	108,684,301
Increases (decreases) during the year attributable to Benefits earned and other changes	157,215	5,583,466
Changes in actuarial assumptions and other actuarial gains and losses	<u>1,393,181</u>	<u>(27,149,862)</u>
End of year	<u>88,668,301</u>	<u>87,117,905</u>
Plan's total benefit obligations, end of year	<u>\$ 141,483,664</u>	<u>\$ 140,864,279</u>

The accompanying notes are an integral part of these financial statements.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Laborers' District Council of Western Pennsylvania Welfare Fund (the "Fund") provides only general information. Participants should refer to the Plan document and Summary Plan Description for a more complete description of the Fund's provisions, which are available from the plan administrator.

General

The Fund was formed in 1953 under an agreement between the Constructors Association of Western Pennsylvania and the Laborers' District Council of Western Pennsylvania (the "Council"). The agreement provides, among other things, that employers of individuals who are covered under collective bargaining agreements with the Council contribute various amounts to the Fund for each hour worked. The Fund provides health and other benefits covering all employees who are covered under collective bargaining agreements with the Council. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Bank of New York Mellon Corporation ("BNY Mellon") serves as the custodian of the Fund's investment assets and, together with several investment managers, manages all of the Fund's investments.

Payments of benefits

The Fund provides health benefits that include medical, hospital, surgical, major medical, vision, prescription, short-term disability, death and dismemberment benefits to eligible members.

Eligibility is achieved by those members with at least 425 hours of paid contributions during a designated work period, or a combination of at least 1,100 hours in two consecutive work periods. Conjoint members attain eligibility the month following a work month based on their preceding contributions instead of hours worked. Commencing with the work period beginning August 1, 2019, the Welfare Fund Agreement was amended to grant credit for hours worked without consideration of the related employer contribution payment status. This amendment first impacted eligibility during the benefit period commencing on March 1, 2020. In response to the Coronavirus pandemic, the Board of Trustees approved that each member will receive 120 hours of Welfare Fund credits in both April and May 2020.

Qualifying members retiring at age 62 or older are provided health benefits, excluding short-term disability, until they become eligible for Medicare. Certain other disabled and early retirees are eligible to pay for benefits under the plan. COBRA coverage is available to terminating employees and their dependents.

The Fund provides certain benefits under group insurance premium-based contracts. The Fund is also self-funded for health insurance.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Payments of benefits (continued)

As of December 31, 2023 and 2022, stop-loss recoveries in the amount of \$0 and \$588, respectively, have been netted against the insurance premiums paid on the statement of changes in net assets available for benefit.

Contributions

The participating employers contribute an amount as determined annually by the actuary. Employees and qualified retirees may contribute specified amounts, determined periodically by the Fund's actuary, to extend coverage.

Fund termination

Although there is no expressed intention to do so, the Fund may be terminated at any time, subject to the provisions of ERISA. In the event of termination of the Fund, assets would be allocated in the following order:

- a. To pay or provide for the payment of reasonable and necessary expenses, including compensation for employees, charges for office space, office supplies and equipment, the costs of collecting contributions, and taxes and other governmental charges.
- b. To pay or provide group life, accident and health, hospitalization and surgical benefits for eligible employees and members of their families.
- c. To provide for payment of all other welfare benefits called for under the Fund.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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 reported amounts of assets, liabilities, benefit obligations and changes therein, eligibility credits, claims payable and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Valuation of investments and income recognition

Interest and non-interest bearing cash, as well as money market and other short-term investments, are valued at cost, which approximates fair value. Investments in 103-12 investment entities and private equity partnerships are valued at their net asset value. The net asset value ("NAV") is determined based on the number of units/shares held by the Fund times the fair value per unit/share of the underlying investments held at the measurement date. Corporate securities (common and preferred), partnership/joint venture interests, registered investment companies, and fixed income securities (U.S. government and corporate debt) are valued based on closing market prices.

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 (depreciation) in fair value of investments includes the Fund's gains and losses on investments bought and sold as well as held during the year.

Investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with investments and the level of uncertainty related to changes in the value of individual investments, it is at least reasonably possible that significant changes can occur in fair value that may materially affect the amounts reported in the financial statements and supplemental schedules.

Post-retirement benefits

The post-retirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2023 and 2022. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Post-retirement benefits (continued)

For measurement purposes, a 5.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for both 2023 and 2022. As of December 31, 2023, the assumed rate increases in subsequent years are as follows:

<u>Year</u>	<u>Rate</u>
2024	7.00%
2025	6.50%
2026-2027	6.00%
2028-2030	5.50%
2031-2037	5.00%
2038-2072	4.50%
2073+	4.00%

The following were other significant assumptions used in the valuation as of December 31, 2023:

Weighted-average discount rate	4.65%
Rates of retirement	50% at age 55 10% at ages 56-61 90% at age 62 30% at ages 63-64 100% at age 65
Mortality Tables utilized	Healthy: 115% of SOA PRI-2012 Blue Collar Headcount Mortality Rates Disabled: SOA PRI-2012 Headcount Disabled Rates

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Post-retirement benefits (continued)

The following were other significant assumptions used in the valuation as of December 31, 2022:

Weighted-average discount rate	4.85%
Rates of retirement	50% at age 55 10% at ages 56-61 90% at age 62 30% at ages 63-64 100% at age 65
Mortality Tables utilized	Healthy: 115% of SOA PRI-2012 Blue Collar Headcount Mortality Rates Disabled: SOA PRI-2012 Headcount Disabled Rates

The foregoing assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of post-retirement benefit obligations.

Other plan benefits

Plan obligations for accumulated eligibility of participants and for future disability payments to members considered permanently disabled are estimated by the Fund's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of Plan's benefit obligations at present value, based on a 4.65% and 4.85% discount rate as of December 31, 2023 and 2022, respectively.

Plan tax status

The Internal Revenue Service ("IRS") has made a favorable determination on the Fund's tax status, verifying its status as tax-exempt. Accordingly, no provision for income taxes has been provided in the accounts of the Fund. The Fund has been amended since receiving the favorable determination on its tax-exempt status, however, management believes that the Fund is designed and being operated in accordance with the applicable requirements of the Internal Revenue Code.

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Plan tax status (continued)

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Fund administrator believes as of both December 31, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund's tax returns for tax years 2020 and beyond remain subject to examination by the IRS.

Administrative expenses

Administrative expenses are paid by the Fund. Administrative services are provided by Laborers' Combined Funds of Western Pennsylvania ("LCFOWPA"), an organization affiliated with the Council. The Fund incurs an administrative fee equal to its proportionate share of direct and indirect costs for services provided by LCFOWPA.

Subsequent events

The Fund evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through October 9, 2024, the date on which the financial statements were available to be issued.

Adoption of Accounting Standards Update ("ASU") 2016-13

On January 1, 2023, the Fund adopted Financial Accounting Standards Board Accounting Standards Codification Topic 326, *Financial Instruments – Credit Losses*, which requires the use of the Current Expected Credit Loss ("CECL") model to estimate and recognize expected credit losses for certain financial assets, including contributions receivable. The CECL model replaces the previous incurred loss model and requires entities to estimate expected credit losses over the life of the financial asset based on historical experience, current conditions, and reasonable and supportable forecasts. The Fund adopted the changes in accounting for credit losses using a modified retrospective method. However, a transition adjustment for the adoption of CECL was not recorded as management determined that no allowance for credit losses was necessary on January 1, 2023. Management has also determined that no allowance for credit losses was necessary as of December 31, 2023.

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 3 - INVESTMENTS

The fair values of investments for which market quotations are available are based on quoted market prices of such investments.

The fair values of all other investments are estimated in good faith by management due to the absence of quoted market values. These estimates of fair value are made primarily by using information provided by the general partners and by taking into consideration valuations reported by the Fund's custodian. Additionally, these estimates are generally computed based on the Fund's proportionate share of the overall value of the investee, net of estimated profit participation. The Fund has not adjusted any of the fair values provided by the general partners or its custodian. Because of the inherent uncertainty of valuation, those estimated fair values may differ significantly from the values that would have been used had a ready market for those investments existed, and the differences could be material.

The fair values of investments are subject to changes in market conditions, and as such, future fair values may differ significantly from those reported in the financial statements. Investments considered to be permanently impaired in value are written down to their estimated net realizable value and the write-down is recorded as a realized loss on investments.

Investments measured and reported at fair value, except for those measured and reported using NAV as a practical expedient, are classified and disclosed in one of the following categories based on the extent of market price observability:

Level I – Quoted prices are available in active markets for identical investments as of the reporting date. The types of investments in Level I include certain U.S. government securities, registered investment companies, and common stocks.

Level II – Pricing inputs are other than quoted market prices included in Level I however, are observable either directly or indirectly for the investment. The types of investments in Level II include certain U.S. government securities, interest and non-interest bearing cash, and corporate debt instruments.

Level III – Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. The Fund was not invested in any Level III investments as of December 31, 2023 and 2022.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 3 - INVESTMENTS (continued)

Investments consist of the following as of December 31:

	2023			
	Level I	Level II	Investments measured at NAV	Total
103-12 investment entity	\$ --	\$ --	\$ 32,489,063	\$ 32,489,063
Private equity limited partnership	--	--	30,746,998	30,746,998
U.S. government securities	44,366,454	39,022,278	--	83,388,732
Registered investment companies	75,959,169	--	--	75,959,169
Common stocks	165,580,415	--	--	165,580,415
Interest and non interest-bearing cash	--	395,580	--	395,580
Corporate debt instruments	--	79,361,269	--	79,361,269
	<u>\$ 285,906,038</u>	<u>\$ 118,779,127</u>	<u>\$ 63,236,061</u>	<u>\$ 467,921,226</u>
	2022			
	Level I	Level II	Investments measured at NAV	Total
103-12 investment entity	\$ --	\$ --	\$ 26,907,614	\$ 26,907,614
Private equity limited partnership	--	--	34,371,473	34,371,473
U.S. government securities	25,697,786	42,050,123	--	67,747,909
Registered investment companies	64,732,857	--	--	64,732,857
Common stocks	143,455,040	--	--	143,455,040
Interest-bearing cash	--	737,412	--	737,412
Corporate debt instruments	--	76,722,945	--	76,722,945
	<u>\$ 233,885,683</u>	<u>\$ 119,510,480</u>	<u>\$ 61,279,087</u>	<u>\$ 414,675,250</u>

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

Form 5500
Schedule H, Line 4i

Plan #: 501
EIN #: 25-6035806

See following schedule prepared by the Bank of New York Mellon Corporation.

See accompanying Independent Auditor's Report.



ALL ACCNTS COMPOSITE - LCWG77647500

Schedule of Investments at End of Plan Year at Revalued Cost

1/1/2023 - 12/31/2023

Report ID: M1102E

Status: FINAL

LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
LCWF07803502	949764JC9 WELLS FARGO BANK NA 5.200% 11/23/2026 DD 11/21/23	240,000.000	239,400.00	242,020.80	2,620.80
TOTAL INTEREST-BEARING CASH			239,400.00	242,020.80	2,620.80
U. S. GOVERNMENT SECURITIES					
LCWF07803502	3130AJCT4 FEDERAL HOME LN BK CONS BD 1.830% 03/11/2030 DD 03/11/20	173,076.923	143,740.39	149,879.42	6,139.03
LCWF07803502	3130AJFD6 FEDERAL HOME LN BK CONS BD 2.000% 03/25/2030 DD 03/25/20	400,000.000	331,280.00	349,768.00	18,488.00
LCWF07803502	3130AJJ83 FEDERAL HOME LN BK CONS BD 1.750% 04/23/2030 DD 04/23/20	226,973.684	186,912.83	195,002.17	8,089.34
LCWF07803502	3130AJNG0 FEDERAL HOME LN BK CONS BD 1.000% 06/02/2027 DD 06/02/20	345,000.000	304,621.20	310,410.30	5,789.10
LCWF07803502	3130AJNT2 FEDERAL HOME LN BK CONS BD 1.070% 06/04/2027 DD 06/04/20	345,000.000	305,338.80	311,121.00	5,782.20
LCWF07803502	3130AJNU9 FEDERAL HOME LN BK CONS BD 1.200% 06/08/2028 DD 06/08/20	345,000.000	297,672.90	304,741.95	7,069.05
LCWF07803502	3130AK5Y8 FEDERAL HOME LN BK CONS BD 0.970% 09/21/2028 DD 09/21/20	575,000.000	486,599.50	498,318.00	11,718.50
LCWF07803502	3130AQLU5 FEDERAL HOME LN BK CONS BD 2.750% 02/22/2034 DD 02/22/22	775,000.000	639,410.00	669,398.50	29,988.50
LCWF07803502	3130AQXM0 FEDERAL HOME LN BK CONS BD 2.640% 02/25/2032 DD 02/25/22	215,000.000	184,734.45	186,475.95	1,741.50
LCWF07803502	3130ARNT4 FEDERAL HOME LN BK CONS BD STEP 04/29/2027 DD 04/29/2022	2,160,000.000	2,124,921.19	2,141,316.00	16,394.81
LCWF07803502	3130ASNB1 FEDERAL HOME LN BK CONS BD 4.950% 07/27/2034 DD 07/27/22	660,000.000	643,398.00	648,938.40	5,540.40
LCWF07803502	3130ASWW5 FEDERAL HOME LN BK CONS BD 4.800% 08/16/2032 DD 08/16/22	140,000.000	134,498.00	136,920.00	2,422.00
LCWF07803502	3130AXAR9 FEDERAL HOME LN BK CONS BD 6.000% 09/19/2033 DD 09/19/23	580,000.000	580,000.00	596,605.40	16,605.40
LCWF07803502	3130AXLY2 FEDERAL HOME LN BK CONS BD 6.480% 11/06/2030 DD 11/06/23	1,000,000.000	999,750.00	1,002,120.00	2,370.00
LCWF07803502	3130AXX45 FEDERAL HOME LN BK CONS BD 6.000% 12/12/2030 DD 12/12/23	350,000.000	350,000.00	352,422.00	2,422.00
LCWF07803502	3130AXXX1 FEDERAL HOME LN BK CONS BD 5.650% 12/20/2029 DD 12/20/23	640,000.000	640,000.00	640,627.20	627.20
LCWF07803502	3130AXXZ6 FEDERAL HOME LN BK CONS BD 6.030% 12/20/2034 DD 12/20/23	685,000.000	685,000.00	689,294.95	4,294.95
LCWF07803502	3132DPY93 FHLMC POOL #SD-2536 2.500% 10/01/2051 DD 03/01/23	188,933.188	152,209.31	164,596.70	12,387.39
LCWF07803502	3133EM5S7 FEDERAL FARM CR BK CONS BD 1.370% 03/20/2029 DD 09/20/21	573,000.000	471,407.10	496,659.21	25,252.11
LCWF07803502	3133EMM74 FEDERAL FARM CR BK CONS BD 2.290% 06/28/2034 DD 06/28/21	691,000.000	555,851.81	563,199.55	7,347.74
LCWF07803502	3133EN3D0 FEDERAL FARM CR BK CONS BD 5.950% 11/29/2032 DD 11/29/22	795,000.000	789,991.50	790,889.85	898.35
LCWF07803502	3133ENC24 FEDERAL FARM CR BK CONS BD 4.980% 07/20/2032 DD 07/20/22	682,000.000	667,275.62	677,376.04	10,100.42
LCWF07803502	3133ENC57 FEDERAL FARM CR BK CONS BD 2.200% 11/01/2033 DD 11/01/21	478,000.000	355,775.40	391,357.72	35,582.32
LCWF07803502	3133ENPC8 FEDERAL FARM CR BK CONS BD 2.950% 02/17/2032 DD	648,000.000	568,412.64	584,580.24	16,167.60



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

ALL ACCNTS COMPOSITE - LCWG77647500

1/1/2023 - 12/31/2023

LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCWF07803502	02/17/22 FEDERAL FARM CR BK CONS BD 3.250% 02/23/2035 DD	1,382,000.000	1,193,246.44	1,213,865.88	20,619.44
LCWF07803502	02/23/22 FEDERAL FARM CR BK CONS BD 3.000% 03/08/2032 DD	647,000.000	566,306.16	586,033.19	19,727.03
LCWF07803502	03/08/22 FEDERAL FARM CR BK CONS BD 4.370% 05/17/2032 DD	647,000.000	619,295.46	630,430.33	11,134.87
LCWF07803502	05/17/22 FEDERAL FARM CR BK CONS BD 4.740% 05/24/2033 DD	764,000.000	743,596.00	746,764.16	3,168.16
LCWF07803502	05/24/22 FEDERAL FARM CR BK CONS BD 4.900% 05/24/2035 DD	571,000.000	551,026.42	564,564.83	13,538.41
LCWF07803502	05/24/22 FEDERAL FARM CR BK CONS BD 4.700% 06/29/2032 DD	207,000.000	200,272.50	202,559.85	2,287.35
LCWF07803502	06/29/22 FEDERAL FARM CR BK CONS BD 5.700% 03/21/2030 DD	868,000.000	868,000.00	866,932.36	-1,067.64
LCWF07803502	03/21/23 FEDERAL FARM CR BK CONS BD 5.840% 04/12/2032 DD	338,000.000	338,000.00	335,387.26	-2,612.74
LCWF07803502	04/12/23 FEDERAL FARM CR BK CONS BD 5.690% 06/28/2030 DD	668,000.000	662,656.00	670,037.40	7,381.40
LCWF07803502	06/28/23 FEDERAL FARM CR BK CONS BD 5.980% 12/27/2033 DD	640,000.000	638,880.00	637,683.20	-1,196.80
LCWF07803502	12/27/23 FEDERAL FARM CR BK CONS BD 5.950% 08/11/2033 DD	1,423,000.000	1,423,000.00	1,442,552.02	19,552.02
LCWF07803502	08/11/23 FEDERAL FARM CR BK CONS BD 5.670% 09/18/2029 DD	839,000.000	838,790.25	850,351.67	11,561.42
LCWF07803502	09/18/23 FHLMC POOL #RE-0027 2.000% 05/01/2051 DD 04/01/21	422,156.840	317,013.42	346,544.33	29,530.91
LCWF07803502	FNMA GTD REMIC P/T 20-1 AC 3.500% 08/25/2058 DD 01/01/20	322,769.175	291,190.09	304,839.35	13,649.26
LCWF07803502	3137B8Q75 FHLMC MULTICLASS MTG 4320 AP 3.500% 07/15/2039 DD	486,870.345	470,818.84	474,800.83	3,981.99
LCWF07803502	3137H1VN3 FHLMC MULTICLASS MTG 5131 TG 1.000% 04/25/2049 DD	61,584.543	51,036.40	50,178.47	-857.93
LCWF07803502	07/01/21 FNMA POOL #0FS4809 2.500% 07/01/2036 DD 05/01/23	456,893.570	407,491.96	423,535.77	16,043.81
LCWF07803502	31418EWK2 FNMA POOL #0MA5149 5.500% 09/01/2038 DD 08/01/23	326,028.592	321,087.23	330,697.32	9,610.09
LCWF07803502	31422XY2 FEDERAL AGRIC MTG CORP NT 4.170% 05/24/2029 DD	287,000.000	278,220.67	280,404.74	2,184.07
LCWF07803502	05/24/22 GNMA II POOL #0MA0697 2.500% 01/20/2043 DD 01/01/13	203,059.642	166,762.74	181,754.62	14,991.88
LCWF07803502	36179SSN8 GNMA II POOL #0MA4125 2.500% 12/20/2046 DD 12/01/16	319,828.954	263,958.84	283,442.01	19,483.17
LCWF07803502	3622ACSZ4 GNMA II POOL #0786936 6.000% 09/20/2053 DD 09/01/23	565,951.820	559,850.17	576,529.46	16,679.29
LCWF07803502	38382DXT1 GNMA GTD REMIC P/T 20-45 ME 2.000% 03/20/2050 DD	105,875.273	90,607.03	88,992.40	-1,614.63
LCWF07803502	03/01/20 GNMA GTD REMIC P/T 22-45 JD 2.000% 08/20/2051 DD 03/01/22	219,342.909	188,943.39	193,640.31	4,696.92
LCWF07803502	38383PYG0 GNMA GTD REMIC P/T 22-44 LA 2.000% 02/20/2052 DD 03/01/22	117,272.764	106,131.90	107,556.72	1,424.82
LCWF07803502	38383WQZ2 GNMA GTD REMIC P/T 23-40 J 5.000% 02/20/2045 DD 03/01/23	292,077.796	285,810.32	289,939.79	4,129.47
LCWF07803502	38384AY56 GNMA GTD REMIC P/T 23-79 DA 5.500% 07/20/2050 DD	577,475.325	568,542.53	588,251.01	19,708.48
LCWF07803502	06/01/23 GNMA GTD REMIC P/T 23-150 HE 6.000% 03/20/2042 DD	629,971.637	627,021.79	636,548.54	9,526.75
LCWF07803502	38384CCR8 GNMA GTD REMIC P/T 23-103 DA 5.500% 07/20/2050 DD	334,209.203	328,538.99	340,395.42	11,856.43
LCWF07803502	07/01/23 GNMA GTD REMIC P/T 23-113 LA 5.500% 04/20/2050 DD	311,679.770	304,623.02	317,639.09	13,016.07
LCWF07803502	38384CUE7 GNMA GTD REMIC P/T 23-113 LA 5.500% 04/20/2050 DD	311,679.770	304,623.02	317,639.09	13,016.07
LCWF07803502	08/01/23				



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

ALL ACCNTS COMPOSITE - LCWG77647500

1/1/2023 - 12/31/2023

Status: FINAL

LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCWF07803502	38384EM44 GNMA GTD REMIC P/T 23-132 CG 5.500% 02/20/2050 DD 09/01/23	440,792.497	432,320.94	449,383.54	17,062.60
LCWF07803502	9128283R9 US TREAS-CPI INFLAT 0.500% 01/15/2028 DD 01/15/18	351,749.884	328,553.94	333,191.56	4,637.62
LCWF07803502	9128285W6 US TREAS-CPI INFLAT 0.875% 01/15/2029 DD 01/15/19	604,376.008	568,772.66	579,215.83	10,443.17
LCWF07803502	91282CHJ3 U S TREASURY NOTE 3.750% 06/30/2030 DD 06/30/23	975,000.000	934,292.69	967,570.50	33,277.81
LCWF07803502	91282CHK0 U S TREASURY NOTE 4.000% 06/30/2028 DD 06/30/23	3,109,000.000	3,056,777.02	3,126,503.67	69,726.65
LCWF07803502	91282CHU8 U S TREASURY NOTE 4.375% 08/15/2026 DD 08/15/23	370,000.000	372,587.11	372,630.70	43.59
LCWF07803502	91282CHW4 U S TREASURY NOTE 4.125% 08/31/2030 DD 08/31/23	2,569,000.000	2,517,733.16	2,604,914.62	87,181.46
LCWF07803502	91282CJ1 U S TREASURY NOTE 4.500% 11/15/2033 DD 11/15/23	1,702,000.000	1,778,759.42	1,790,555.06	11,795.64
LCWF07803502	91282CJN2 U S TREASURY NOTE 4.375% 11/30/2028 DD 11/30/23	2,256,000.000	2,292,071.19	2,310,820.80	18,749.61
LCWF07803602	3128M6J58 FHLMC POOL #G0-4484 6.000% 08/01/2038 DD 07/01/08	3,620.417	3,777.29	3,786.34	9.05
LCWF07803602	3130ALCZ5 FEDERAL HOME LN BK CONS BD STEP 02/26/2031 DD 02/26/2021	635,000.000	521,442.95	539,267.40	17,824.45
LCWF07803602	3130ALGJ7 FEDERAL HOME LN BK CONS BD 1.000% 03/23/2026 DD 03/23/21	599,625.000	537,515.84	557,111.59	19,595.75
LCWF07803602	3130ALK37 FEDERAL HOME LN BK CONS BD STEP 03/17/2031 DD 03/17/2021	925,000.000	776,028.75	814,203.50	38,174.75
LCWF07803602	3130AMXP2 FEDERAL HOME LN BK CONS BD STEP 07/07/2031 DD 07/07/2021	375,000.000	313,803.75	326,523.75	12,720.00
LCWF07803602	3130AP5E1 FEDERAL HOME LN BK CONS BD 1.150% 10/26/2026 DD 10/26/21	635,000.000	562,914.80	581,856.85	18,942.05
LCWF07803602	3130APQ40 FEDERAL HOME LN BK CONS BD 1.500% 11/23/2026 DD 11/23/21	760,000.000	682,936.00	701,609.20	18,673.20
LCWF07803602	3130AQAK9 FEDERAL HOME LN BK CONS BD 1.250% 12/20/2024 DD 12/30/21	475,000.000	444,353.00	458,009.25	13,656.25
LCWF07803602	3130AQM91 FEDERAL HOME LN BK CONS BD STEP 01/27/2032 DD 01/27/2022	1,095,000.000	918,365.55	951,894.45	33,528.90
LCWF07803602	3132E0JA1 FHLMC POOL #SD-3857 6.000% 09/01/2053 DD 09/01/23	660,213.598	652,066.59	671,140.13	19,073.54
LCWF07803602	3133ENC24 FEDERAL FARM CR BK CONS BD 4.980% 07/20/2032 DD 07/20/22	740,000.000	724,023.40	734,982.80	10,959.40
LCWF07803602	3133ENSP6 FEDERAL FARM CR BK CONS BD 3.300% 03/23/2032 DD 03/23/22	800,000.000	720,240.00	740,736.00	20,496.00
LCWF07803602	3133ENV31 FEDERAL FARM CR BK CONS BD 5.870% 10/24/2029 DD 10/24/22	340,000.000	341,856.40	339,881.00	-1,975.40
LCWF07803602	3133ENWU0 FEDERAL FARM CR BK CONS BD 4.300% 05/17/2032 DD 05/17/22	585,000.000	561,032.55	557,715.60	-3,316.95
LCWF07803602	3133EPEQ4 FEDERAL FARM CR BK CONS BD 5.650% 06/28/2030 DD 03/28/23	865,000.000	865,000.00	864,429.10	-570.90
LCWF07803602	3135G06V0 FEDERAL NATL MTG ASSN 4.125% 08/28/2025 DD 08/30/22	750,000.000	736,222.50	746,137.50	9,915.00
LCWF07803602	3135G0K36 FEDERAL NATL MTG ASSN 2.125% 04/24/2026 DD 04/26/16	535,000.000	501,985.15	511,385.10	9,399.95
LCWF07803602	3138ALJY4 FNMA POOL #0AI6578 4.500% 07/01/2041 DD 07/01/11	10,739.929	10,657.68	10,738.10	80.42
LCWF07803602	31402C5Y4 FNMA POOL #0725463 VAR RT 12/01/2033 DD 04/01/04	250.973	244.98	248.72	3.74
LCWF07803602	31418EUZ1 FNMA POOL #0MA5099 4.000% 07/01/2038 DD 06/01/23	854,170.754	817,468.14	837,531.51	20,063.37
LCWF07803602	83162CZC0 SBA GTD PARTN CTF5 2018-20A 1 2.920% 01/01/2038 DD 01/17/18	226,390.221	208,605.01	208,835.92	230.91
LCWF07803602	912810PV4 US TREAS-CPI INFLAT 1.750% 01/15/2028 DD 01/15/08	1,035,243.150	1,035,624.18	1,029,901.30	-5,722.88
LCWF07803602	9128284F4 U S TREASURY NOTE 2.625% 03/31/2025 DD 03/31/18	4,925,000.000	4,744,674.50	4,809,016.25	64,341.75
LCWF07803602	912828X88 U S TREASURY NOTE 2.375% 05/15/2027 DD 05/15/17	2,325,000.000	2,193,099.61	2,209,656.75	16,557.14
LCWF07803602	912828Y69 U S TREASURY NOTE 1.625% 09/30/2026 DD 09/30/19	5,105,000.000	4,674,416.62	4,788,541.05	114,124.43



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

ALL ACCNTS COMPOSITE - LCWG77647500

1/1/2023 - 12/31/2023

LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCWF07803602	912828ZQ6 U S TREASURY NOTE 0.625% 05/15/2030 DD 05/15/20	1,245,000.000	971,344.55	1,018,957.80	47,613.25
LCWF07803602	91282CBL4 U S TREASURY NOTE 1.125% 02/15/2031 DD 02/15/21	2,895,000.000	2,375,859.06	2,420,480.55	44,621.49
LCWF07803602	91282CCG4 U S TREASURY NOTE 0.250% 06/15/2024 DD 06/15/21	2,780,000.000	2,647,071.30	2,719,284.80	72,213.50
LCWF07803602	91282CCV1 U S TREASURY NOTE 1.125% 08/31/2028 DD 08/31/21	2,955,000.000	2,536,773.77	2,611,717.65	74,943.88
LCWF07803602	91282CCX7 U S TREASURY NOTE 0.375% 09/15/2024 DD 09/15/21	2,825,000.000	2,637,551.79	2,735,843.00	98,291.21
LCWF07803602	91282CDJ7 U S TREASURY NOTE 1.375% 11/15/2031 DD 11/15/21	4,950,000.000	4,036,293.56	4,117,212.00	80,918.44
LCWF07803602	91282CEJ6 US TREAS-CPI INFLAT 0.125%004/15/2027 DD 04/15/22	828,179.600	782,960.08	778,795.25	-4,164.83
LCWF07803602	91282CFF3 U S TREASURY NOTE 2.750% 08/15/2032 DD 08/15/22	3,315,000.000	3,044,167.48	3,041,645.10	-2,522.38
TOTAL U. S. GOVERNMENT SECURITIES			81,731,764.16	83,388,732.47	1,656,968.31
CORPORATE DEBT INSTRUMENTS - PREFERRED					
LCWF07803502	01627AAA6 ALIGNED DATA CENTER 1A A2 144A 1.937% 08/15/2046 DD 08/25/21	376,000.000	321,446.16	337,110.32	15,664.16
LCWF07803502	025291AD7 AMERICAN CREDIT ACCEP 2 D 144A 1.340% 07/13/2027 DD 04/29/21	203,000.000	191,971.01	197,683.43	5,712.42
LCWF07803502	03237KAB0 AMUR EQUIPMENT FINA 1A A2 144A 0.750% 11/20/2026 DD 04/20/21	36,921.416	35,575.65	36,501.99	926.34
LCWF07803502	055451BD9 BHP BILLITON FINANCE USA LTD 5.250% 09/08/2030 DD 09/08/23	455,000.000	452,583.95	472,057.95	19,474.00
LCWF07803502	05581JAA2 BNSF RAILWAY CO 2015-1 PA 144A 3.442% 06/16/2028 DD 06/18/15	383,682.276	360,281.49	367,026.63	6,745.14
LCWF07803502	06051GJQ3 BANK OF AMERICA CORP VAR RT 03/11/2027 DD 03/11/21	1,279,000.000	1,133,322.95	1,183,548.23	50,225.28
LCWF07803502	06367WB85 BANK OF MONTREAL 1.850% 05/01/2025 DD 04/27/20	110,000.000	102,666.30	105,474.60	2,808.30
LCWF07803502	06406RBG1 BANK OF NEW YORK MELLON CORP/T VAR RT 06/13/2028 DD 06/13/22	1,096,000.000	1,049,124.08	1,070,002.88	20,878.80
LCWF07803502	06418JAC5 BANK OF NOVA SCOTIA/THE 5.650% 02/01/2034 DD 12/07/23	394,000.000	397,633.14	409,287.20	11,654.06
LCWF07803502	125523BZ2 CIGNA GROUP/THE 4.500% 02/25/2026 DD 02/25/20	423,000.000	416,921.49	420,077.07	3,155.58
LCWF07803502	14318DAC3 CARMAX AUTO OWNER TRUST 2 1 A3 4.750% 10/15/2027 DD 01/25/23	342,000.000	341,971.65	340,673.04	-1,298.61
LCWF07803502	14318XAC9 CARMAX AUTO OWNER TRUST 2 4 A3 6.000% 07/17/2028 DD 10/18/23	234,000.000	233,954.00	240,601.14	6,647.14
LCWF07803502	14319BAC6 CARMAX AUTO OWNER TRUST 2 3 A3 5.280% 05/15/2028 DD 07/26/23	500,000.000	504,765.63	505,465.00	699.37
LCWF07803502	14688FAB2 CARVANA AUTO RECEIVA N1 A 144A 6.360% 04/12/2027 DD 05/02/23	103,058.602	103,054.59	103,293.58	238.99
LCWF07803502	166756AS5 CHEVRON USA INC 3.250% 10/15/2029 DD 10/15/20	390,000.000	357,898.26	370,874.40	12,976.14
LCWF07803502	172967MX6 CITIGROUP INC VAR RT 05/01/2025 DD 05/04/21	85,000.000	79,560.00	83,561.80	4,001.80
LCWF07803502	172967NG2 CITIGROUP INC VAR RT 02/24/2028 DD 02/18/22	195,000.000	176,047.95	183,859.65	7,811.70
LCWF07803502	17327CAN3 CITIGROUP INC VAR RT 01/25/2026 DD 01/25/22	254,000.000	236,974.78	244,101.62	7,126.84
LCWF07803502	22822VAV3 CROWN CASTLE INC 1.050% 07/15/2026 DD 02/16/21	380,000.000	328,730.40	342,969.00	14,238.60
LCWF07803502	233851EC4 MERCEDES-BENZ FINANCE NOR 144A 1.450% 03/02/2026 DD 03/02/21	150,000.000	134,349.00	139,929.00	5,580.00
LCWF07803502	24422EWZ8 JOHN DEERE CAPITAL CORP 4.700% 06/10/2030 DD 06/08/23	146,000.000	145,870.06	148,630.92	2,760.86
LCWF07803502	26210YAA4 DROP MORTGAGE TRUS FILE A 144A VAR RT 10/15/2043 DD 04/30/21	315,000.000	299,980.80	290,981.25	-8,999.55
LCWF07803502	26442CBJ2 DUKE ENERGY CAROLINAS LLC 4.950% 01/15/2033 DD 01/06/23	582,000.000	540,163.44	593,791.32	53,627.88
LCWF07803502	314353AA1 FEDEX CORP 2020-1 CLASS AA PAS 1.875% 08/20/2035 DD	286,297.512	235,216.33	238,222.43	3,006.10



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

ALL ACCNTS COMPOSITE - LCWG77647500

1/1/2023 - 12/31/2023

LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	08/13/20				
LCWF07803502	33845AAA5 FLAGSHIP CREDIT AUTO 4 A 144A 0.810% 07/17/2026 DD	77,685.405	75,387.48	76,553.53	1,166.05
	11/24/21				
LCWF07803502	35564KPU7 FREDDIE MAC STAC DNA1 M1A 144A VAR RT 01/25/2042 DD	195,146.695	188,906.54	194,508.57	5,602.03
	01/21/22				
LCWF07803502	36263DAB3 GLS AUTO RECEIVABLES 4A B 144A 1.530% 04/15/2026 DD	62,121.074	59,413.23	61,545.21	2,131.98
	12/17/21				
LCWF07803502	375558BF9 GILEAD SCIENCES INC 3.650% 03/01/2026 DD 09/14/15	73,000.000	70,460.33	71,449.48	989.15
LCWF07803502	38141GXR0 GOLDMAN SACHS GROUP INC/THE VAR RT 01/27/2032 DD	516,000.000	399,032.68	417,655.56	18,622.88
	01/27/21				
LCWF07803502	38141GYA6 GOLDMAN SACHS GROUP INC/THE VAR RT 03/09/2027 DD	339,000.000	297,279.27	312,625.80	15,346.53
	03/08/21				
LCWF07803502	39154TBJ6 GREATAMERICA LEASING 1 A3 144A 0.340% 08/15/2024 DD	20,453.409	19,906.91	20,365.46	458.55
	02/10/21				
LCWF07803502	42806MAA7 HERTZ VEHICLE FINANC 1A A 144A 1.210% 12/26/2025 DD	229,000.000	211,650.96	221,055.99	9,405.03
	06/30/21				
LCWF07803502	438516CL8 HONEYWELL INTERNATIONAL INC 4.250% 01/15/2029 DD	725,000.000	724,135.25	726,935.75	2,800.50
	05/17/23				
LCWF07803502	46647PBX3 JPMORGAN CHASE & CO VAR RT 02/04/2032 DD 02/04/21	171,000.000	129,671.92	139,236.75	9,564.83
LCWF07803502	46647PCB0 JPMORGAN CHASE & CO VAR RT 04/22/2027 DD 04/22/21	1,252,000.000	1,113,412.31	1,155,733.72	42,321.41
LCWF07803502	46647PDU7 JPMORGAN CHASE & CO VAR RT 07/24/2029 DD 07/24/23	383,000.000	368,564.73	388,990.12	20,425.39
LCWF07803502	58769FAC9 MERCEDES-BENZ AUTO RECEIV 2 A3 5.950% 11/15/2028 DD	461,000.000	460,960.58	474,166.16	13,205.58
	10/25/23				
LCWF07803502	58770AAC7 MERCEDES-BENZ AUTO RECEIV 1 A3 4.510% 11/15/2027 DD	413,000.000	411,420.02	410,393.97	-1,026.05
	01/25/23				
LCWF07803502	63942BAA2 NAVIENT PRIVATE EDUCA A A 144A 0.840% 05/15/2069 DD	75,125.595	65,014.48	66,209.69	1,195.21
	01/28/21				
LCWF07803502	65246PAA9 NEWREZ WAREHOUSE SECU 1 A 144A VAR RT 05/25/2055 DD	102,266.667	100,388.11	102,112.24	1,724.13
	05/06/21				
LCWF07803502	65339KCM0 NEXTERA ENERGY CAPITAL HOLDING 4.900% 02/28/2028 DD	647,000.000	654,599.63	653,094.74	-1,504.89
	02/09/23				
LCWF07803502	68784YAF1 OSCAR US FUNDING X 1A A4 144A 3.270% 05/10/2026 DD	12,829.900	12,667.86	12,796.09	128.23
	03/26/19				
LCWF07803502	694308KM8 PACIFIC GAS AND ELECTRIC CO 6.400% 06/15/2033 DD	118,000.000	118,004.72	124,390.88	6,386.16
	06/05/23				
LCWF07803502	716973AC6 PFIZER INVESTMENT ENTERPRISES 4.450% 05/19/2028 DD	444,000.000	443,827.63	444,222.00	394.37
	05/19/23				
LCWF07803502	718172DA4 PHILIP MORRIS INTERNATIONAL IN 5.125% 02/15/2030 DD	627,000.000	616,463.44	638,618.31	22,154.87
	02/15/23				
LCWF07803502	74977RDL5 COOPERATIVE RABOBANK UA 144A VAR RT 12/15/2027 DD	250,000.000	217,660.00	227,637.50	9,977.50
	12/15/21				
LCWF07803502	78485KAA3 STWD 2022-FL3 LTD FL3 A 144A VAR RT 11/15/2038 DD	358,000.000	345,470.00	349,050.00	3,580.00
	02/01/22				
LCWF07803502	87277JAA9 TRTX 2022-FL5 ISSUE FL5 A 144A VAR RT 02/15/2039 DD	323,000.000	315,732.50	315,328.75	-403.75
	02/16/22				
LCWF07803502	89114TZD7 TORONTO-DOMINION BANK/THE 1.200% 06/03/2026 DD	297,000.000	264,974.49	272,770.74	7,796.25
	06/03/21				
LCWF07803502	89115A2H4 TORONTO-DOMINION BANK/THE 4.693% 09/15/2027 DD	346,000.000	343,068.76	345,612.48	2,543.72
	09/15/22				
LCWF07803502	89236TKQ7 TOYOTA MOTOR CREDIT CORP 4.625% 01/12/2028 DD	659,000.000	660,941.64	667,810.83	6,869.19
	01/12/23				
LCWF07803502	89788MAH5 TRUIST FINANCIAL CORP VAR RT 07/28/2026 DD 07/28/22	207,000.000	203,555.52	202,742.01	-813.51



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

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ALL ACCNTS COMPOSITE - LCWG77647500

1/1/2023 - 12/31/2023

LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCWF07803502	907825AA1 UNION PACIFIC RAILROAD CO 2014 3.227% 05/14/2026 DD 05/20/14	431,501.723	409,900.73	415,363.56	5,462.83
LCWF07803502	91159HJK7 US BANCORP VAR RT 02/01/2029 DD 02/01/23	147,000.000	136,221.07	144,808.23	8,587.16
LCWF07803502	91324PEQ1 UNITEDHEALTH GROUP INC 5.300% 02/15/2030 DD 10/28/22	387,000.000	398,490.03	405,448.29	6,958.26
LCWF07803502	92343VFR0 VERIZON COMMUNICATIONS INC 1.750% 01/20/2031 DD 11/20/20	425,000.000	336,386.00	349,073.75	12,687.75
LCWF07803502	92348KCD3 VERIZON MASTER TRUST 7 A1A 5.670% 11/20/2029 DD 11/20/23	287,000.000	286,964.50	295,667.44	8,702.94
LCWF07803502	927804GK4 VIRGINIA ELECTRIC AND POWER CO 5.000% 04/01/2033 DD 03/30/23	219,000.000	218,374.39	222,050.67	3,676.28
LCWF07803502	95000U2V4 WELLS FARGO & CO VAR RT 03/24/2028 DD 03/24/22	347,000.000	321,745.34	331,239.26	9,493.92
LCWF07803502	95000U3B7 WELLS FARGO & CO VAR RT 07/25/2033 DD 07/25/22	77,000.000	74,581.43	75,117.35	535.92
LCWF07803502	96042RAD0 WESTLAKE AUTOMOBILE 2A B 144A 0.620% 07/15/2026 DD 06/16/21	1,575.827	1,521.16	1,573.49	52.33
LCWF07803602	031162DR8 AMGEN INC 5.250% 03/02/2033 DD 03/02/23	1,015,000.000	1,012,596.00	1,042,090.35	29,494.35
LCWF07803602	040555DD3 ARIZONA PUBLIC SERVICE CO 2.200% 12/15/2031 DD 08/16/21	885,000.000	679,027.90	721,204.20	42,176.30
LCWF07803602	06051GHB8 BANK OF AMERICA CORP VAR RT 02/05/2026 DD 02/05/18	710,000.000	699,364.20	708,920.80	9,556.60
LCWF07803602	06051GJG5 BANK OF AMERICA CORP VAR RT 09/25/2025 DD 09/25/20	1,595,000.000	1,469,360.20	1,539,494.00	70,133.80
LCWF07803602	172967MF5 CITIGROUP INC VAR RT 04/24/2025 DD 04/24/19	1,375,000.000	1,332,656.50	1,364,536.25	31,879.75
LCWF07803602	20030NCT6 COMCAST CORP 4.150% 10/15/2028 DD 10/05/18	1,500,000.000	1,441,328.20	1,480,380.00	39,051.80
LCWF07803602	20030NCU3 COMCAST CORP 4.250% 10/15/2030 DD 10/05/18	1,035,000.000	991,893.30	1,021,586.40	29,693.10
LCWF07803602	24703DBL4 DELL INTERNATIONAL LLC / EMC C 5.750% 02/01/2033 DD 01/24/23	695,000.000	691,754.20	732,808.00	41,053.80
LCWF07803602	254687DK9 WALT DISNEY CO/THE 3.375% 11/15/2026 DD 11/15/19	770,000.000	730,497.80	748,108.90	17,611.10
LCWF07803602	37045XCS3 GENERAL MOTORS FINANCIAL CO IN 5.650% 01/17/2029 DD 01/17/19	480,000.000	473,456.75	492,100.80	18,644.05
LCWF07803602	38141GWL4 GOLDMAN SACHS GROUP INC/THE VAR RT 06/05/2028 DD 06/05/17	1,635,000.000	1,518,604.15	1,563,256.20	44,652.05
LCWF07803602	458140BR0 INTEL CORP 3.900% 03/25/2030 DD 03/25/20	695,000.000	652,383.25	674,977.05	22,593.80
LCWF07803602	458140CG3 INTEL CORP 5.200% 02/10/2033 DD 02/10/23	515,000.000	514,464.25	538,581.85	24,117.60
LCWF07803602	45866FAW4 INTERCONTINENTAL EXCHANGE INC 4.600% 03/15/2033 DD 05/23/22	395,000.000	380,370.34	394,437.55	14,067.21
LCWF07803602	46647PAX4 JPMORGAN CHASE & CO VAR RT 12/05/2029 DD 12/05/18	985,000.000	931,472.00	965,615.20	34,143.20
LCWF07803602	46647PCV6 JPMORGAN CHASE & CO VAR RT 02/24/2026 DD 02/24/22	1,165,000.000	1,096,543.20	1,128,325.80	31,782.60
LCWF07803602	59022CAA1 BANK OF AMERICA CORP VAR RT 09/15/2026 DD 09/12/06	630,000.000	611,528.40	621,891.90	10,363.50
LCWF07803602	6174468Q5 MORGAN STANLEY VAR RT 04/28/2026 DD 04/28/20	1,020,000.000	948,722.20	980,005.80	31,283.60
LCWF07803602	61746BDQ6 MORGAN STANLEY 3.875% 04/29/2024 DD 04/28/14	415,000.000	408,700.30	412,692.60	3,992.30
LCWF07803602	61747YER2 MORGAN STANLEY VAR RT 04/20/2028 DD 04/20/22	675,000.000	644,122.05	660,183.75	16,061.70
LCWF07803602	673920AE4 OBX 2023-J2 TRUST J2 A5 144A VAR RT 11/25/2053 DD 10/01/23	909,946.145	894,913.93	908,280.94	13,367.01
LCWF07803602	69121KAE4 BLUE OWL CAPITAL CORP 3.400% 07/15/2026 DD 12/08/20	940,000.000	822,356.05	874,077.80	51,721.75
LCWF07803602	718172DE6 PHILIP MORRIS INTERNATIONAL IN 5.625% 09/07/2033 DD 09/07/23	635,000.000	620,892.15	664,343.35	43,451.20
LCWF07803602	740189AM7 PRECISION CASTPARTS CORP 3.250% 06/15/2025 DD 06/10/15	450,000.000	434,856.30	440,739.00	5,882.70
LCWF07803602	773903AH2 ROCKWELL AUTOMATION INC 3.500% 03/01/2029 DD 03/01/19	850,000.000	793,943.20	821,032.00	27,088.80
LCWF07803602	78646UAA7 SAFEHOLD GL HOLDINGS LLC 2.800% 06/15/2031 DD 05/07/21	1,120,000.000	865,451.15	921,849.60	56,398.45
LCWF07803602	808513BN4 CHARLES SCHWAB CORP/THE 0.750% 03/18/2024 DD 03/18/21	1,000,000.000	950,680.00	989,740.00	39,060.00



Schedule of Investments at End of Plan Year at Revalued Cost

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ALL ACCNTS COMPOSITE - LCWG77647500

1/1/2023 - 12/31/2023

LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCWF07803602	828807CV7 SIMON PROPERTY GROUP LP 3.500% 09/01/2025 DD 08/17/15	410,000.000	393,270.50	400,541.30	7,270.80
LCWF07803602	828807DF1 SIMON PROPERTY GROUP LP 2.450% 09/13/2029 DD 09/13/19	1,490,000.000	1,245,948.30	1,327,664.50	81,716.20
LCWF07803602	89788KAA4 TRUIST BANK 2.250% 03/11/2030 DD 03/09/20	1,445,000.000	1,179,543.90	1,195,723.05	16,179.15
LCWF07803602	927804FQ2 VIRGINIA ELECTRIC AND POWER CO 3.450% 02/15/2024 DD 02/07/14	350,000.000	343,854.00	348,869.50	5,015.50
LCWF07803602	927804FX7 VIRGINIA ELECTRIC AND POWER CO 3.500% 03/15/2027 DD 03/16/17	685,000.000	647,864.80	662,484.05	14,619.25
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			45,679,238.22	47,106,221.31	1,426,983.09
CORPORATE DEBT INSTRUMENTS					
LCWF07803502	00206RMT6 AT&T INC 5.400% 02/15/2034 DD 06/02/23	270,000.000	264,801.10	279,018.00	14,216.90
LCWF07803502	02665WEB3 AMERICAN HONDA FINANCE CORP 2.250% 01/12/2029 DD 01/13/22	368,000.000	321,707.30	332,712.48	11,005.18
LCWF07803502	02665WEV9 AMERICAN HONDA FINANCE CORP 5.650% 11/15/2028 DD 11/15/23	446,000.000	447,560.98	467,220.68	19,659.70
LCWF07803502	031162DP2 AMGEN INC 5.150% 03/02/2028 DD 03/02/23	98,000.000	97,126.82	100,259.88	3,133.06
LCWF07803502	054989AB4 BAT CAPITAL CORP 6.421% 08/02/2033 DD 08/02/23	332,000.000	335,067.78	348,453.92	13,386.14
LCWF07803502	06051GLS6 BANK OF AMERICA CORP VAR RT 09/15/2029 DD 09/15/23	212,000.000	212,000.00	218,981.16	6,981.16
LCWF07803502	064159VL7 BANK OF NOVA SCOTIA/THE 1.300% 06/11/2025 DD 06/11/20	341,000.000	312,679.95	323,175.93	10,495.98
LCWF07803502	097023CT0 BOEING CO/THE 4.875% 05/01/2025 DD 05/04/20	467,000.000	462,703.60	464,702.36	1,998.76
LCWF07803502	10373QAV2 BP CAPITAL MARKETS AMERICA INC 3.017% 01/16/2027 DD 07/16/18	93,000.000	86,707.62	89,144.22	2,436.60
LCWF07803502	10373QBV1 BP CAPITAL MARKETS AMERICA INC 4.893% 09/11/2033 DD 05/11/23	271,000.000	273,079.25	276,192.36	3,113.11
LCWF07803502	126650DJ6 CVS HEALTH CORP 3.750% 04/01/2030 DD 03/31/20	284,000.000	262,424.52	267,297.96	4,873.44
LCWF07803502	13648TAA5 CANADIAN PACIFIC RAILWAY CO 2.050% 03/05/2030 DD 03/05/20	55,000.000	45,213.30	47,142.15	1,928.85
LCWF07803502	14040HCH6 CAPITAL ONE FINANCIAL CORP VAR RT 11/02/2027 DD 11/02/21	320,000.000	278,812.80	287,971.20	9,158.40
LCWF07803502	26078JAC4 DUPONT DE NEMOURS INC 4.493% 11/15/2025 DD 11/28/18	202,000.000	199,305.70	200,547.62	1,241.92
LCWF07803502	26441CBH7 DUKE ENERGY CORP 2.450% 06/01/2030 DD 05/15/20	236,000.000	194,674.04	206,039.80	11,365.76
LCWF07803502	26441CBS3 DUKE ENERGY CORP 4.300% 03/15/2028 DD 08/11/22	237,000.000	228,477.48	233,876.34	5,398.86
LCWF07803502	268317AU8 ELECTRICITE DE FRANCE SA 144A 4.500% 09/21/2028 DD 09/21/18	263,000.000	249,702.72	259,391.64	9,688.92
LCWF07803502	29478JAA8 EQUUS 2021-EQAZ MOR EQAZ A 144A VAR RT 10/15/2038 DD 11/03/21	199,995.991	192,470.15	195,976.07	3,505.92
LCWF07803502	302520AC5 FNB CORP/PA 5.150% 08/25/2025 DD 08/25/22	101,000.000	99,880.92	100,249.57	368.65
LCWF07803502	35137LAL9 FOX CORP 3.500% 04/08/2030 DD 04/07/20	399,000.000	354,543.42	368,628.12	14,084.70
LCWF07803502	35137LAM7 FOX CORP 3.050% 04/07/2025 DD 04/07/20	228,000.000	228,281.67	221,971.68	-2,309.99
LCWF07803502	37045XDV5 GENERAL MOTORS FINANCIAL CO IN 4.300% 04/06/2029 DD 04/07/22	523,000.000	480,818.83	504,297.52	23,478.69
LCWF07803502	37045XDW3 GENERAL MOTORS FINANCIAL CO IN 5.000% 04/09/2027 DD 06/09/22	613,000.000	602,004.80	611,682.05	9,677.25
LCWF07803502	379929AD4 GM FINANCIAL AUTOMOBILE L 3 A3 5.380% 11/20/2026 DD 08/16/23	212,000.000	211,974.58	213,447.96	1,473.38
LCWF07803502	404280BT5 HSBC HOLDINGS PLC VAR RT 06/19/2029 DD 06/19/18	204,000.000	190,748.16	197,998.32	7,250.16
LCWF07803502	58013MFQ2 MCDONALD'S CORP 3.600% 07/01/2030 DD 03/27/20	357,000.000	332,921.21	339,146.43	6,225.22
LCWF07803502	60700FAE3 MMAF EQUIPMENT FINAN A A3 144A 2.840% 11/13/2023 DD	0.002	0.00	0.00	0.00



Schedule of Investments at End of Plan Year at Revalued Cost

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ALL ACCNTS COMPOSITE - LCWG77647500

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LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCWF07803502	65339KBR0 03/27/19 NEXTERA ENERGY CAPITAL HOLDING 2.250% 06/01/2030 DD 05/12/20	283,000.000	230,476.39	242,219.70	11,743.31
LCWF07803502	666807BN1 NORTHROP GRUMMAN CORP 3.250% 01/15/2028 DD 10/13/17	176,000.000	162,601.12	168,254.24	5,653.12
LCWF07803502	68389XCD5 ORACLE CORP 2.300% 03/25/2028 DD 03/24/21	376,000.000	326,251.44	342,787.92	16,536.48
LCWF07803502	68785AAC9 OSCAR US FUNDING XI 1A A3 144A 0.700% 04/10/2025 DD 02/26/21	61,413.000	59,442.92	61,089.88	1,646.96
LCWF07803502	693475BJ3 PNC FINANCIAL SERVICES GROUP I VAR RT 10/28/2033 DD 10/28/22	37,000.000	37,526.88	38,726.05	1,199.17
LCWF07803502	693475BR5 PNC FINANCIAL SERVICES GROUP I VAR RT 06/12/2029 DD 06/12/23	632,000.000	630,110.10	645,234.08	15,123.98
LCWF07803502	808513CD5 CHARLES SCHWAB CORP/THE VAR RT 05/19/2029 DD 05/19/23	206,000.000	201,863.52	211,483.72	9,620.20
LCWF07803502	808513CE3 CHARLES SCHWAB CORP/THE VAR RT 05/19/2034 DD 05/19/23	74,000.000	75,767.86	76,492.32	724.46
LCWF07803502	808513CG8 CHARLES SCHWAB CORP/THE 5.875% 08/24/2026 DD 08/24/23	193,000.000	192,837.88	197,990.98	5,153.10
LCWF07803502	89231WAA1 TOYOTA AUTO LOAN EXT 1A A 144A 4.930% 06/25/2036 DD 07/25/23	590,000.000	591,401.22	595,746.60	4,345.38
LCWF07803502	907818EY0 UNION PACIFIC CORP 3.950% 09/10/2028 DD 06/08/18	440,000.000	422,474.80	436,774.80	14,300.00
LCWF07803502	90932LAJ6 UNITED AIRLINES 2023-1 CLASS A 5.800% 07/15/2037 DD 06/20/23	311,000.000	297,878.48	315,929.35	18,050.87
LCWF07803502	92343VGH1 VERIZON COMMUNICATIONS INC 2.100% 03/22/2028 DD 03/22/21	614,000.000	534,434.75	555,927.88	21,493.13
LCWF07803502	92867UAD4 VOLKSWAGEN AUTO LEASE TRU A A3 5.810% 10/20/2026 DD 09/19/23	675,000.000	674,899.49	683,390.25	8,490.76
LCWF07803502	94984GAB3 WELLS FARGO MORTGAGE AR12 1A2 VAR RT 09/25/2036 DD 08/01/06	0.001	0.00	0.00	0.00
LCWF07803602	035240AV2 ANHEUSER-BUSCH INBEV WORLDWIDE 3.500% 06/01/2030 DD 04/03/20	360,000.000	328,691.70	343,274.40	14,582.70
LCWF07803602	036752AB9 ELEVANCE HEALTH INC 3.650% 12/01/2027 DD 11/21/17	1,245,000.000	1,176,061.00	1,205,931.90	29,870.90
LCWF07803602	04010LAY9 ARES CAPITAL CORP 3.250% 07/15/2025 DD 01/15/20	1,310,000.000	1,207,143.90	1,253,421.10	46,277.20
LCWF07803602	04010LAZ6 ARES CAPITAL CORP 3.875% 01/15/2026 DD 07/15/20	905,000.000	831,136.90	869,677.85	38,540.95
LCWF07803602	05329WAN2 AUTONATION INC 3.500% 11/15/2024 DD 11/10/17	925,000.000	888,741.02	905,232.75	16,491.73
LCWF07803602	064159MK9 BANK OF NOVA SCOTIA/THE 3.400% 02/11/2024 DD 02/11/19	240,000.000	236,097.60	239,260.80	3,163.20
LCWF07803602	126650CX6 CVS HEALTH CORP 4.300% 03/25/2028 DD 03/09/18	184,000.000	178,273.92	181,092.80	2,818.88
LCWF07803602	126650DG2 CVS HEALTH CORP 3.250% 08/15/2029 DD 08/15/19	1,110,000.000	995,406.05	1,034,808.60	39,402.55
LCWF07803602	169905AF3 CHOICE HOTELS INTERNATIONAL IN 3.700% 12/01/2029 DD 11/27/19	450,000.000	392,767.96	398,677.50	5,909.54
LCWF07803602	30225VAP2 EXTRA SPACE STORAGE LP 2.200% 10/15/2030 DD 04/15/23	855,000.000	669,509.70	712,163.70	42,654.00
LCWF07803602	302491AU9 FMC CORP 3.450% 10/01/2029 DD 09/20/19	535,000.000	475,583.80	483,618.60	8,034.80
LCWF07803602	302491AW5 FMC CORP 5.150% 05/18/2026 DD 05/18/23	545,000.000	544,620.20	544,449.55	-170.65
LCWF07803602	35910EAA2 *FRONTIER ISSUER LLC 1 A2 144A 6.600% 08/20/2053 DD 08/08/23	685,000.000	658,606.74	682,006.55	23,399.81
LCWF07803602	36270FAD5 *GS MORTGAGE-BACKED PJ3 A3 144A VAR RT 10/27/2053 DD 05/01/23	895,349.705	859,255.93	872,124.33	12,868.40
LCWF07803602	36270XBB9 *GS MORTGAGE-BACKE PJ4 A16 144A VAR RT 01/25/2054 DD 08/01/23	843,236.543	841,345.19	854,704.56	13,359.37
LCWF07803602	42250PAB9 HEALTHPEAK OP LLC 2.875% 01/15/2031 DD 06/23/20	855,000.000	716,806.35	743,277.15	26,470.80
LCWF07803602	46590XAZ9 JBS USA LUX SA / JBS USA FOOD 5.125% 02/01/2028 DD 08/01/23	1,050,000.000	995,259.50	1,044,088.50	48,829.00



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LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCWF07803602	465988AD5 *JP MORGAN MORTGAGE T 9 A4 144A VAR RT 04/25/2054 DD 10/01/23	298,111.820	291,452.67	298,711.02	7,258.35
LCWF07803602	47233WBM0 JEFFERIES FINANCIAL GROUP INC 5.875% 07/21/2028 DD 07/21/23	535,000.000	532,326.40	549,075.85	16,749.45
LCWF07803602	534187BK4 LINCOLN NATIONAL CORP 3.400% 01/15/2031 DD 05/15/20	535,000.000	443,878.80	480,248.10	36,369.30
LCWF07803602	55903VBA0 WARNERMEDIA HOLDINGS INC 3.755% 03/15/2027 DD 03/15/23	1,170,000.000	1,057,499.70	1,121,971.50	64,471.80
LCWF07803602	571903BL6 MARRIOTT INTERNATIONAL INC/MD 4.900% 04/15/2029 DD 03/27/23	330,000.000	326,495.83	332,458.50	5,962.67
LCWF07803602	68389XCJ2 ORACLE CORP 6.250% 11/09/2032 DD 11/09/22	605,000.000	636,395.15	659,171.70	22,776.55
LCWF07803602	78646UAB5 SAFEHOLD GL HOLDINGS LLC 2.850% 01/15/2032 DD 11/18/21	905,000.000	692,161.45	735,059.10	42,897.65
LCWF07803602	883556CS9 THERMO FISHER SCIENTIFIC INC 1.215% 10/18/2024 DD 10/22/21	695,000.000	652,369.95	672,822.55	20,452.60
LCWF07803602	892356AB2 TRACTOR SUPPLY CO 5.250% 05/15/2033 DD 05/05/23	680,000.000	678,225.20	697,183.60	18,958.40
LCWF07803602	92343VGJ7 VERIZON COMMUNICATIONS INC 2.550% 03/21/2031 DD 03/22/21	1,000,000.000	822,906.40	863,500.00	40,593.60

TOTAL CORPORATE DEBT INSTRUMENTS

29,528,674.56 30,505,585.75 976,911.19

CORPORATE STOCK - COMMON

LCWF07803402	001055102 AFLAC INC	21,498.000	1,549,521.75	1,773,585.00	224,063.25
LCWF07803402	001744101 AMN HEALTHCARE SERVICES INC	16,276.000	1,132,695.94	1,218,746.88	86,050.94
LCWF07803402	00287Y109 ABBVIE INC	19,603.000	3,165,695.52	3,037,876.91	-127,818.61
LCWF07803402	00508Y102 ACUIITY BRANDS INC	7,727.000	1,363,155.54	1,582,721.41	219,565.87
LCWF07803402	00790R104 ADVANCED DRAINAGE SYSTEMS INC	3,975.000	329,538.11	559,044.00	229,505.89
LCWF07803402	01973R101 ALLISON TRANSMISSION HOLDINGS	13,991.000	585,914.05	813,576.65	227,662.60
LCWF07803402	020002101 ALLSTATE CORP/THE	6,370.000	864,160.82	891,672.60	27,511.78
LCWF07803402	02079K305 ALPHABET INC	24,021.000	2,385,823.63	3,355,493.49	969,669.86
LCWF07803402	026874784 AMERICAN INTERNATIONAL GROUP I	40,252.000	2,547,548.95	2,727,073.00	179,524.05
LCWF07803402	03073E105 CENCORA INC	8,223.000	1,366,899.61	1,688,839.74	321,940.13
LCWF07803402	031100100 AMETEK INC	5,896.000	826,007.71	972,191.44	146,183.73
LCWF07803402	031162100 AMGEN INC	7,306.000	1,920,225.13	2,104,274.12	184,048.99
LCWF07803402	032654105 ANALOG DEVICES INC	9,397.000	1,618,747.68	1,865,868.32	247,120.64
LCWF07803402	036752103 ELEVANCE HEALTH INC	5,018.000	2,538,501.19	2,366,288.08	-172,213.11
LCWF07803402	038222105 APPLIED MATERIALS INC	5,781.000	568,956.21	936,926.67	367,970.46
LCWF07803402	042735100 ARROW ELECTRONICS INC	6,585.000	690,542.47	805,016.25	114,473.78
LCWF07803402	053332102 AUTOZONE INC	694.000	1,713,267.11	1,794,413.34	81,146.23
LCWF07803402	05352A100 AVANTOR INC	63,232.000	1,330,330.95	1,443,586.56	113,255.61
LCWF07803402	055622104 BP PLC ADR	15,018.000	524,569.62	531,637.20	7,067.58
LCWF07803402	05589G102 BRP GROUP INC	13,520.000	287,516.50	324,750.40	37,233.90
LCWF07803402	060505104 BANK OF AMERICA CORP	80,644.000	2,671,498.01	2,715,283.48	43,785.47
LCWF07803402	077454106 BELDEN INC	5,567.000	400,704.02	430,050.75	29,346.73
LCWF07803402	097023105 BOEING CO/THE	7,532.000	1,397,386.65	1,963,291.12	565,904.47
LCWF07803402	09857L108 BOOKING HOLDINGS INC	901.000	1,836,074.40	3,196,045.22	1,359,970.82
LCWF07803402	110122108 BRISTOL-MYERS SQUIBB CO	60,015.000	4,196,906.51	3,079,369.65	-1,117,536.86
LCWF07803402	12514G108 CDW CORP/DE	4,366.000	778,562.67	992,479.12	213,916.45



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Schedule of Investments at End of Plan Year at Revalued Cost

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LABORERS WELFARE

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LCWF07803402	125523100	CIGNA GROUP/THE	3,244.000	1,072,782.91	971,415.80	-101,367.11
LCWF07803402	136385101	CANADIAN NATURAL RESOURCES LTD	14,271.000	794,242.72	935,035.92	140,793.20
LCWF07803402	15135B101	CENTENE CORP	21,877.000	1,791,230.06	1,623,492.17	-167,737.89
LCWF07803402	17275R102	CISCO SYSTEMS INC	41,998.000	2,020,074.08	2,121,738.96	101,664.88
LCWF07803402	172967424	CITIGROUP INC	30,670.000	1,389,316.98	1,577,664.80	188,347.82
LCWF07803402	192446102	COGNIZANT TECHNOLOGY SOLUTIONS	24,904.000	1,431,693.27	1,880,999.12	449,305.85
LCWF07803402	20825C104	CONOCOPHILLIPS	7,433.000	876,643.23	862,748.31	-13,894.92
LCWF07803402	22052L104	CORTEVA INC	18,631.000	1,091,413.88	892,797.52	-198,616.36
LCWF07803402	231561101	CURTISS-WRIGHT CORP	3,677.000	617,082.58	819,198.83	202,116.25
LCWF07803402	254709108	DISCOVER FINANCIAL SERVICES	13,048.000	1,212,471.51	1,466,595.20	254,123.69
LCWF07803402	285512109	ELECTRONIC ARTS INC	2,270.000	277,971.08	310,558.70	32,587.62
LCWF07803402	29275Y102	ENERSYS	4,718.000	350,220.78	476,329.28	126,108.50
LCWF07803402	302130109	EXPEDITORS INTERNATIONAL OF WA	14,006.000	1,480,261.02	1,781,563.20	301,302.18
LCWF07803402	302491303	FMC CORP	10,381.000	1,284,776.63	654,522.05	-630,254.58
LCWF07803402	31620M106	FIDELITY NATIONAL INFORMATION	10,217.000	691,912.44	613,735.19	-78,177.25
LCWF07803402	339041105	FLEETCOR TECHNOLOGIES INC	10,154.000	1,879,848.42	2,869,621.94	989,773.52
LCWF07803402	37940X102	GLOBAL PAYMENTS INC	13,918.000	1,428,936.89	1,767,586.00	338,649.11
LCWF07803402	37959E102	GLOBE LIFE INC	9,293.000	1,120,456.98	1,131,143.96	10,686.98
LCWF07803402	38141G104	GOLDMAN SACHS GROUP INC/THE	4,999.000	1,719,678.78	1,928,464.23	208,785.45
LCWF07803402	406216101	HALLIBURTON CO	30,488.000	1,124,625.96	1,102,141.20	-22,484.76
LCWF07803402	412822108	HARLEY-DAVIDSON INC	42,193.000	1,803,870.26	1,554,390.12	-249,480.14
LCWF07803402	42824C109	HEWLETT PACKARD ENTERPRISE CO	29,949.000	478,346.25	508,534.02	30,187.77
LCWF07803402	443201108	HOWMET AEROSPACE INC	33,373.000	1,322,471.80	1,806,146.76	483,674.96
LCWF07803402	444859102	HUMANA INC	3,568.000	1,810,230.40	1,633,466.08	-176,764.32
LCWF07803402	447462102	HURON CONSULTING GROUP INC	10,363.000	756,399.94	1,065,316.40	308,916.46
LCWF07803402	460690100	INTERPUBLIC GROUP OF COS INC/T	24,492.000	818,313.10	799,418.88	-18,894.22
LCWF07803402	46625H100	JPMORGAN CHASE & CO	18,862.000	2,538,708.77	3,208,426.20	669,717.43
LCWF07803402	466313103	JABIL INC	10,658.000	738,188.59	1,357,829.20	619,640.61
LCWF07803402	478160104	JOHNSON & JOHNSON	23,682.000	4,175,074.30	3,711,916.68	-463,157.62
LCWF07803402	482480100	KLA CORP	1,673.000	636,421.86	972,514.90	336,093.04
LCWF07803402	49177J102	KENVUE INC	48,658.000	992,977.05	1,047,606.74	54,629.69
LCWF07803402	49271V100	KEURIG DR PEPPER INC	30,125.000	1,019,382.50	1,003,765.00	-15,617.50
LCWF07803402	501889208	LKQ CORP	17,463.000	907,843.11	834,556.77	-73,286.34
LCWF07803402	512807108	LAM RESEARCH CORP	1,278.000	544,257.24	1,001,006.28	456,749.04
LCWF07803402	515098101	LANDSTAR SYSTEM INC	7,214.000	1,191,251.57	1,396,991.10	205,739.53
LCWF07803402	525327102	LEIDOS HOLDINGS INC	4,114.000	432,905.17	445,299.36	12,394.19
LCWF07803402	540424108	LOEWS CORP	23,037.000	1,347,225.74	1,603,144.83	255,919.09
LCWF07803402	570535104	MARKEL GROUP INC	1,209.000	1,634,878.89	1,716,659.10	81,780.21
LCWF07803402	574599106	MASCO CORP	11,689.000	549,661.44	782,929.22	233,267.78
LCWF07803402	57667L107	MATCH GROUP INC	41,336.000	1,638,615.56	1,508,764.00	-129,851.56
LCWF07803402	58155Q103	MCKESSON CORP	4,677.000	1,759,149.02	2,165,357.46	406,208.44
LCWF07803402	58933Y105	MERCK & CO INC	21,448.000	2,377,859.07	2,338,260.96	-39,598.11
LCWF07803402	595017104	MICROCHIP TECHNOLOGY INC	22,714.000	1,693,953.80	2,048,348.52	354,394.72



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LCWF07803402	596278101 MIDDLEBY CORP/THE	7,785.000	1,091,993.10	1,145,718.45	53,725.35
LCWF07803402	62944T105 NVR INC	304.000	1,413,755.51	2,128,136.80	714,381.29
LCWF07803402	653656108 NICE LTD ADR	4,502.000	810,394.32	898,194.02	87,799.70
LCWF07803402	668771108 GEN DIGITAL INC	17,069.000	366,275.16	389,514.58	23,239.42
LCWF07803402	674215207 CHORD ENERGY CORP	7,566.000	1,038,468.02	1,257,696.18	219,228.16
LCWF07803402	681919106 OMNICOM GROUP INC	8,397.000	720,407.16	726,424.47	6,017.31
LCWF07803402	68389X105 ORACLE CORP	14,001.000	1,149,075.19	1,476,125.43	327,050.24
LCWF07803402	717081103 PFIZER INC	54,613.000	2,777,114.32	1,572,308.27	-1,204,806.05
LCWF07803402	718172109 PHILIP MORRIS INTERNATIONAL IN	12,035.000	1,209,943.28	1,132,252.80	-77,690.48
LCWF07803402	718546104 PHILLIPS 66	5,374.000	561,378.57	715,494.36	154,115.79
LCWF07803402	723787107 PIONEER NATURAL RESOURCES CO	3,325.000	759,281.55	747,726.00	-11,555.55
LCWF07803402	747525103 QUALCOMM INC	14,522.000	1,604,144.03	2,100,316.86	496,172.83
LCWF07803402	76118Y104 RESIDEO TECHNOLOGIES INC	16,756.000	276,204.90	315,347.92	39,143.02
LCWF07803402	770323103 ROBERT HALF INC	14,916.000	1,133,478.61	1,311,414.72	177,936.11
LCWF07803402	780259305 SHELL PLC ADR	10,666.000	608,697.24	701,822.80	93,125.56
LCWF07803402	78467J100 SS&C TECHNOLOGIES HOLDINGS INC	22,008.000	1,203,283.98	1,344,908.88	141,624.90
LCWF07803402	80105N105 SANOFI SA ADR	52,540.000	2,544,156.10	2,612,814.20	68,658.10
LCWF07803402	806857108 SCHLUMBERGER LTD	27,707.000	1,480,660.18	1,441,872.28	-38,787.90
LCWF07803402	808513105 CHARLES SCHWAB CORP/THE	12,981.000	1,078,312.51	893,092.80	-185,219.71
LCWF07803402	808625107 SCIENCE APPLICATIONS INTERNATI	11,513.000	1,264,558.18	1,431,296.16	166,737.98
LCWF07803402	87165B103 SYNCHRONY FINANCIAL	17,659.000	581,468.75	674,397.21	92,928.46
LCWF07803402	874054109 TAKE-TWO INTERACTIVE SOFTWARE	10,851.000	1,294,726.05	1,746,468.45	451,742.40
LCWF07803402	87901J105 TEGNA INC	27,328.000	474,016.74	418,118.40	-55,898.34
LCWF07803402	88023U101 TEMPUR SEALY INTERNATIONAL INC	39,135.000	1,353,800.12	1,994,710.95	640,910.83
LCWF07803402	883203101 TEXTRON INC	13,881.000	984,673.03	1,116,310.02	131,636.99
LCWF07803402	89417E109 TRAVELERS COS INC/THE	7,214.000	1,328,826.66	1,374,194.86	45,368.20
LCWF07803402	91324P102 UNITEDHEALTH GROUP INC	4,816.000	2,553,127.20	2,535,479.52	-17,647.68
LCWF07803402	92826C839 VISA INC	9,622.000	2,006,634.41	2,505,087.70	498,453.29
LCWF07803402	929740108 WESTINGHOUSE AIR BRAKE TECHNOL	13,095.000	1,311,560.35	1,661,755.50	350,195.15
LCWF07803402	949746101 WELLS FARGO & CO	29,043.000	1,203,528.51	1,429,496.46	225,967.95
LCWF07803402	963320106 WHIRLPOOL CORP	5,075.000	716,169.79	617,982.75	-98,187.04
LCWF07803402	98311A105 WYNDHAM HOTELS & RESORTS INC	12,903.000	934,591.07	1,037,530.23	102,939.16
LCWF07803402	98956P102 ZIMMER BIOMET HOLDINGS INC	6,569.000	836,532.41	799,447.30	-37,085.11
LCWF07803402	G0176J109 ALLEGION PLC	22,171.000	2,444,314.49	2,808,843.99	364,529.50
LCWF07803402	G0403H108 AON PLC	3,094.000	929,111.50	900,415.88	-28,695.62
LCWF07803402	G25508105 CRH PLC	40,903.000	2,118,713.78	2,828,851.48	710,137.70
LCWF07803402	G25839104 COCA-COLA EUROPACIFIC PARTNERS	7,618.000	422,519.20	508,425.32	85,906.12
LCWF07803402	G5960L103 MEDTRONIC PLC	24,590.000	1,913,180.13	2,025,724.20	112,544.07
LCWF07803402	G7496G103 RENAISSANCERE HOLDINGS LTD	9,132.000	1,699,377.02	1,789,872.00	90,494.98
LCWF07803402	G8060N102 SENSATA TECHNOLOGIES HOLDING P	11,115.000	448,037.27	417,590.55	-30,446.72
LCWF07803402	G9618E107 WHITE MOUNTAINS INSURANCE GROU	1,119.000	1,583,260.48	1,684,106.19	100,845.71
LCWF07803402	H1467J104 CHUBB LTD	8,611.000	1,899,386.55	1,946,086.00	46,699.45
LCWF07803402	H84989104 TE CONNECTIVITY LTD	4,885.000	562,919.44	686,342.50	123,423.06



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

ALL ACCNTS COMPOSITE - LCWG77647500

1/1/2023 - 12/31/2023

LABORERS WELFARE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss	
LCWF07803402	M22465104 CHECK POINT SOFTWARE TECHNOLOG	19,383.000	2,529,551.38	2,961,528.57	431,977.19	
LCWF07803402	Y2573F102 FLEX LTD	42,714.000	921,669.73	1,301,068.44	379,398.71	
TOTAL CORPORATE STOCK - COMMON			149,557,654.35	165,580,414.81	16,022,760.46	
PARTNERSHIP/JOINT VENTURE INTEREST						
LCWF07803902	99VVA89V5 INTERCONTINENTAL US RE FD LLC	17,181,656.000	20,733,049.00	17,181,656.00	-3,551,393.00	
LCWF07804002	99VVBW2H9 BOYD WATTERSON GSA FUND LP	13,565,342.000	18,884,625.00	13,565,342.00	-5,319,283.00	
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			39,617,674.00	30,746,998.00	-8,870,676.00	
OTHER INVESTMENTS						
LCWF07803502	45905UR71 INTERNATIONAL BANK FOR RECONST 2.700% 12/28/2037 DD 12/28/17	658,000.000	510,502.72	514,990.28	4,487.56	
LCWF07803502	45906M3N9 INTERNATIONAL BANK FOR RECONST 6.000% 01/06/2033 DD 01/06/23	400,000.000	399,940.00	400,888.00	948.00	
LCWF07803502	45906M4D0 INTERNATIONAL BANK FOR RECONST 5.750% 06/27/2033 DD 06/27/23	401,000.000	396,789.50	402,022.55	5,233.05	
LCWF07803502	45906M4J7 INTERNATIONAL BANK FOR RECONST 6.400% 10/11/2033 DD 10/11/23	430,000.000	430,860.00	431,560.90	700.90	
TOTAL OTHER INVESTMENTS			1,738,092.22	1,749,461.73	11,369.51	
103-12 INVESTMENT ENTITIES						
LCWF07803202	999796253 MONDRIAN INTERNATIONAL EQUITY FUND LP	717,105.854	20,650,075.03	32,489,062.99	11,838,987.96	
TOTAL 103-12 INVESTMENT ENTITIES			20,650,075.03	32,489,062.99	11,838,987.96	
REGISTERED INVESTMENT COMPANIES						
LCWF07800502	996086609 DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	28,386,851.150	28,386,851.15	28,386,851.15	0.00	
LCWF07803402	996086609 DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	3,119,351.030	3,119,351.03	3,119,351.03	0.00	
LCWF07803502	996086609 DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	839,706.630	839,706.63	839,706.63	0.00	
LCWF07803602	996086609 DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	7,008,738.750	7,008,738.75	7,008,738.75	0.00	
LCWF07803802	362008310 GMO BENCHMARK-FREE ALLOC-III	1,411,666.855	36,654,287.13	36,604,521.55	-49,765.58	
TOTAL REGISTERED INVESTMENT COMPANIES			76,008,934.69	75,959,169.11	-49,765.58	
GRAND TOTAL			444,751,507.23	467,767,666.97	23,016,159.74	
				Non-interest bearing cash	153,559	0.00 C
					467,921,226	23,016,159.74 I

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

SCHEDULE OF INVESTMENT ASSETS BOTH ACQUIRED AND DISPOSED OF WITHIN THE SAME YEAR

December 31, 2023

Form 5500
Schedule H, Line 4i

Plan #: 501
EIN #: 25-6035806

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
American Express Co.	Corporate debt, par value \$383,000, variable rate due 7/27/2029 dated 7/28/2023	\$ 383,000	\$ 368,117
Comcast Corp.	Corporate debt, par value \$582,000, 4.800% due 5/15/2033 dated 5/9/2023	580,207	578,205
Humana Inc.	Corporate debt, par value \$89,000, 5.700% due 3/13/2026 dated 3/13/2023	88,986	88,789
Intel Corp.	Corporate debt, par value \$74,000, 5.125% due 2/10/2030 dated 2/10/2023	74,305	71,650
J. P. Morgan Chase & Co.	Corporate debt, par value \$581,000, variable rate due 3/13/2026 dated 3/13/2020	540,481	547,761
Micron Technology Inc.	Corporate debt, par value \$300,000, 5.375% due 4/15/2028 dated 4/11/2023	299,646	299,226
PNC Financial Services Group I	Corporate debt, par value \$374,000, variable rate due 10/20/2034 dated 10/20/2023	379,868	402,534
Pacific Gas & Electric Co.	Corporate debt, par value \$118,000, 6.100% due 1/15/2029 dated 6/5/2023	118,077	118,418
Royal Bank of Canada	Corporate debt, par value \$303,000, 5.000% due 5/2/2033 dated 4/27/2023	296,001	295,388
Charles Schwab Corp.	Corporate debt, par value \$76,000, variable rate due 8/24/2034 dated 8/24/2023	73,110	71,254
Starbucks Corp.	Corporate debt, par value \$357,000, 2.550% due 11/15/2030 dated 5/7/2020	311,443	306,274
U.S. Bancorp	Corporate debt, par value \$257,000, variable rate due 2/1/2034 dated 2/1/2023	237,668	230,418
Wells Fargo & Co.	Corporate debt, par value \$77,000, variable rate due 4/24/2034 dated 4/24/2023	77,000	77,230

See accompanying Independent Auditor's Report.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2023

Form 5500
Schedule H, Line 4j

Plan #: 501
EIN #: 25-6035806

<u>Identity of party involved</u>	<u>Description of asset</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Cost of asset</u>	<u>Current value of asset on transaction date</u>	<u>Net gain or (loss)</u>
Dreyfus	Dreyfus Govt Cash Mgmt Instl 289	\$ --	\$ 185,696,381	\$ 185,696,381	\$ --	--
Dreyfus	Dreyfus Govt Cash Mgmt Instl 289	192,596,655	--	--	--	--

See accompanying Independent Auditor's Report.