

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LABORERS DISTRICT COUNCIL OF W PA PENSION FUND	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LABORERS DISTRICT COUNCIL OF W PA PENSION FUND BOARD OF TRUSTEES 12 EIGHTH STREET, SUITE 500 PITTSBURGH, PA 15222	1c Effective date of plan <u>06/27/1956</u> 2b Employer Identification Number (EIN) <u>25-6135576</u> 2c Plan Sponsor's telephone number <u>412-263-0900</u> 2d Business code (see instructions) <u>561110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JOSEPH LAQUATRA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	16102
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	6882
a(2) Total number of active participants at the end of the plan year		6a(2)	6572
b Retired or separated participants receiving benefits.....		6b	5349
c Other retired or separated participants entitled to future benefits		6c	3111
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	15032
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	968
f Total. Add lines 6d and 6e		6f	16000
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	485

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND BOARD OF TRUSTEES</u></p>	<p>D Employer Identification Number (EIN) <u>25-6135576</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
THE UNION LABOR 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>13-1423090</u>	<u>69744</u>	<u>GA-02095</u>		<u>01/01/2024</u>	<u>12/31/2024</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.

(a) Total amount of commissions paid <u>4002</u>	(b) Total amount of fees paid <u>37225</u>
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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
THE UNION LABORER LIFE INSURANCE CO 8403 COLEVILLE ROAD 13TH FLOOR
SILVER SPRINGS, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>4002</u>	<u>37225</u>	<u>MANAGEMENT FEES</u>	<u>0</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	6617997
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	428081
(4) Transferred from separate account	7c(4)	
(5) Other (specify below).....	7c(5)	-92124
▶ REALIZED & UNREALIZED LOSSES		
(6) Total additions	7c(6)	335957
d Total of balance and additions (add lines 7b and 7c(6))	7d	6953954
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	37225
(3) Transferred to separate account	7e(3)	
(4) Other (specify below).....	7e(4)	6793
▶ COMMISSIONS PLUS MISC EXPENSES		
(5) Total deductions	7e(5)	44018
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	6909936

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	
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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>25-6135576</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>882451081</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>909331634</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>1308912121</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>1308912121</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>2309210488</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>40732794</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>117916777</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>120224990</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE <u>BRADFORD L. RIGBY</u> Signature of actuary <u>BRADFORD L. RIGBY</u> Type or print name of actuary <u>COWDEN ASSOCIATES, INC, FOUR GATEWAY CENTER SUITE 605, 444, PITTSBURGH, PA 15222</u> Firm name Address of the firm	<u>09/17/2025</u> Date <u>23-07217</u> Most recent enrollment number <u>412-394-9330</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	882451081
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5365	1295511825
(2) For terminated vested participants	3702	298181018
(3) For active participants:		
(a) Non-vested benefits		20701381
(b) Vested benefits		694816264
(c) Total active	6877	715517645
(4) Total	15944	2309210488
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.21%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
06/30/2025	77400123					
			Totals ▶	3(b)	77400123	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	0
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	69.5%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P 9P
(2) Females	6c(2)	9PF 9PF
d Valuation liability interest rate	6d	7.50 % 7.50%
e Salary scale	6e	0.00% <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.9%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2551000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2865048	-301929

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	18705076

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	438283075	68619295
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		6549328
e Total charges. Add lines 9a through 9d.....	9e		93873699
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		29361269
g Employer contributions. Total from column (b) of line 3.....	9g		77400123
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	9341319	1043321
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		4709575
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	510819199	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1254031257	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		112514288
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		18640589
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

A Name of plan <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>25-6135576</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

MONDRIAN INTERNATIONAL EQUITY FUND

23-2651513

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

MORGAN STANLEY

23-3060887

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

AMERISERV TRUST & FINANCIAL SERVICE

25-1689052

(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

SIGULER GUFF & COMPANY LLC

26-1412407

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

SIGULER GUFF OPP FUND IV

27-2203321

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

LEXINGTON CAPITAL PARTNERS VII LP

26-4057076

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

LOOMIS, SAYLES & COMPANY LP

04-3200030

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

ARES SPECIAL OPPORTUNITIES FUND

98-1463109

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

ENTRUST REAL ESTATE ADV. SERVICE

25-1561667

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

ENTRUST PARTNERS OFFSHORE LP

90-0644478

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

FRANKLIN BSP CAPITAL LLC

85-2950084

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

U.S. REAL ESTATE INVESTMENT FUND

11-3786306

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

PARTNERS GROUP DIRECT EQUITY IV

98-1438090

(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

(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)

LABORERS COMBINED FUNDS

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	2268571	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)

SILCHESTER INTERN'L INVESTORS LLP

36-7045759

(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 68 71	NONE	534438	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)

J.P. MORGAN INVESTMENT MANAGEMENT

13-4994650

(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 27 50 51	NONE	284819	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)

BNYMELLON

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?
28 50 64 71	NONE	192610	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 70	NONE	178000	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)

PRUDENTIAL REAL ESTATE INVESTORS

22-1211670

(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	158519	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)

ACRISURE, LLC

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?
16 50 70	NONE	156000	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)

RHUMBLINE ADVISORS LIMITED

04-3118582

(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	142909	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)

ARES SPECIAL OPPORTUNITIES FUND

98-1463109

(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	141958	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)

BOYD WATTERSON

34-1922005

(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	121857	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)

CHARTWELL INVESTMENT PARTNERS INC

13-3800295

(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	92739	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 & CO)

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?
53	NONE	90567	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)

BLACKSTONE TACTICAL OPP FUND IV LP

98-1640690

(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	88309	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	81816	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)

US REAL ESTATE INVESTMENT FUND LLC

11-3786306

(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	59435	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)

PNC ADVISORS

25-1211909

(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 72	NONE	44686	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

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	43599	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)

ULLICO INVESTMENT COMPANY

13-1423090

(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	43403	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)

VICTORY CAPITAL

13-2700161

(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	39770	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)

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	33867	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)

CALAMOS ADVISORS LLC

30-6130253

(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	30808	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)

ARDIAN SEC IX LP

98-1653503

(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	28942	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)

SISTERSON & COMPANY 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	28730	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)

PENSION BENEFIT INFORMATION, LLC

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49	NONE	28068	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)

NCCMP

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?
17 49	NONE	6000	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>25-6135576</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>S&P 500 POOLED INDEX FUND L811</u>		
b Name of sponsor of entity listed in (a):	<u>RHUMBLINE ADVISERS LIMITED PARTNERS</u>		
c EIN-PN <u>04-3118582-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>342935160</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AMERICAN FEDERATION OF LABOR & CONG</u>		
b Name of sponsor of entity listed in (a):	<u>AFL-CIO HOUSING INVESTMENT TRUST</u>		
c EIN-PN <u>52-6220193-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>135574</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RHUMBLINE S&P SMALL CAP 600 POOL ID</u>		
b Name of sponsor of entity listed in (a):	<u>RHUMBLINE ADVISORS LIMITED PARTNERS</u>		
c EIN-PN <u>04-3118582-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>53339656</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FBO FRANKLIN BSP CAPITAL CORP</u>		
b Name of sponsor of entity listed in (a):	<u>FBO FRANKLIN BSP CAPITAL CORP</u>		
c EIN-PN <u>85-2950084-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>7613640</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LABORERS PROPRIETARY CASH FUND</u>		
b Name of sponsor of entity listed in (a):	<u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-101</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>19888106</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EMPLOYEE REAL EST CONSTR II EQUITY</u>		
b Name of sponsor of entity listed in (a):	<u>AMERISERV TRUST & FINANCIAL SERVICE</u>		
c EIN-PN <u>25-1689052-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>12621136</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>US BANKCORP ERECT FUND</u>		
b Name of sponsor of entity listed in (a):	<u>AMERISERV TRUST & FINANCIAL SERVICE</u>		
c EIN-PN <u>25-1689052-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>11123626</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB MGT STRATEGIC PROPERTY FD

b Name of sponsor of entity listed in (a): J.P. MORGAN

c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11873226
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SPECIAL SITUATION PROPERTY FD

b Name of sponsor of entity listed in (a): J.P. MORGAN

c EIN-PN 13-3980309-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18941856
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a Name of MTIA, CCT, PSA, or 103-12 IE: SILCHESTER INTL INVESTORS INTL

b Name of sponsor of entity listed in (a): SILCHESTER INTL INVESTORS LLP

c EIN-PN 36-7045783-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68456246
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a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO MTG SEPARATE ACCOUNT J

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT COMPANY

c EIN-PN 13-1423090-203	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6909936
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a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMLINE S&P MID CAP 400 POOL ID

b Name of sponsor of entity listed in (a): RHUMLINE ADVISORS LIMITED PARTNERS

c EIN-PN 04-3118582-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55751157
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a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY CAPITAL

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

c EIN-PN 80-6249702-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5486658
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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)
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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)
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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)
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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)
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<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan LABORERS DISTRICT COUNCIL OF W PA PENSION FUND</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS DISTRICT COUNCIL OF W PA PENSION FUND BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 25-6135576</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan LABORERS DISTRICT COUNCIL OF W PA PENSION FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 LABORERS DISTRICT COUNCIL OF W PA PENSION FUND BOARD OF TRUSTEES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 25-6135576</td> </tr> </table>	D Employer Identification Number (EIN) 25-6135576	
D Employer Identification Number (EIN) 25-6135576			

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)	7686584	6516749
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1131363	1924605
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11561	2677
(2) U.S. Government securities	1c(2)	64468204	91918840
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	26678337	24594269
(B) All other	1c(3)(B)	30274458	42742718
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	49879018	54912318
(6) Real estate (other than employer real property)	1c(6)	12502589	12107761
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	525683884	546619732
(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)	72351312	68456246
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	92551733	97712100
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	35807	35330

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	883254850	947543345
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	577047	398527
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	226722	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	803769	398527
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	882451081	947144818

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)	77400123	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		77400123
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1788	
(B) U.S. Government securities.....	2b(1)(B)	1790011	
(C) Corporate debt instruments.....	2b(1)(C)	2532768	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	5533	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4330100
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3957519	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3957519
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	45867841	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	44535850	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1331991
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	11918	
(B) Other.....	2b(5)(B)	-1689839	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1677921

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		87988467
(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)		504934
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		770305
c Other income	2c		254586
d Total income. Add all income amounts in column (b) and enter total	2d		174860104

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	104608743	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		104608743
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)	33173	
(5) Investment advisory and investment management fees	2i(5)	1990592	
(6) Bank or trust company trustee/custodial fees	2i(6)	192610	
(7) Actuarial fees	2i(7)	156000	
(8) Legal fees	2i(8)	159282	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3025967	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5557624
j Total expenses. Add all expense amounts in column (b) and enter total	2j		110166367

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		64693737
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.)			
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 553271.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORERS DISTRICT COUNCIL OF W PA PENSION FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>25-6135576</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	6
---	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer MASCARO CONSTRUCTION COMPANY INC.

b EIN 25-1861933 **c** Dollar amount contributed by employer 1466011135

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer LINDY PAVING INC.

b EIN 25-1422091 **c** Dollar amount contributed by employer 4219207

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer SWANK CONSTRUCTION

b EIN 27-4011754 **c** Dollar amount contributed by employer 2384671

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer JOSEPH B FAY COMPANY

b EIN 25-0930077 **c** Dollar amount contributed by employer 2108871

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer GOLDEN TRIANGLE CONSTRUCTION CO. INC.

b EIN 25-0990800 **c** Dollar amount contributed by employer 1917390

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer CREWS CONTROL LLC

b EIN 38-4011438 **c** Dollar amount contributed by employer 1573419

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer GULISEK CONSTRUCTION LLC

b EIN 26-3776473 **c** Dollar amount contributed by employer 1525751

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer MICHAEL FACCHIANO CONTRACTING

b EIN 25-1630466 **c** Dollar amount contributed by employer 1398176

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer INDEPENDENT ENTERPRISE

b EIN 25-1267229 **c** Dollar amount contributed by employer 1302352

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer ANTHONY FOLINO CONSTRUCTION

b EIN 25-1367237 **c** Dollar amount contributed by employer 1271589

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	74
	b The plan year immediately preceding the current plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	69
	c The second preceding plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	71
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.07
	b The corresponding number for the second preceding plan year.....	15b	1.04
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year.....	16a	1
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	1056787
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....		<input type="checkbox"/>

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....	<input type="checkbox"/>
19	If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a	Enter the percentage of plan assets held as: Public Equity: <u>61.5</u> % Private Equity: <u>7.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>19.0</u> % High-Yield Debt: <u>0.5</u> % Real Assets: <u>10.0</u> % Cash or Cash Equivalents: <u>2.0</u> % Other: _____ %	
b	Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input checked="" type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more	
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a	Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: <input type="checkbox"/> Yes. <input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. <input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. <input type="checkbox"/> No. Other. Provide explanation: _____	

Part VII IRS Compliance Questions

21a	Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21b	If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A
22	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Laborers' District Council of Western Pennsylvania Pension Fund (the "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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits 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 of the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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

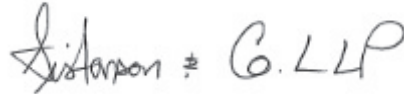
(continued)

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, 2024 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 audit 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.



October 8, 2025

Schedule R Line 13 Contract Rates & Expiration Date

employer number	employer name	contract number	contract name	contract expiration	contract rate
47949	LINDY PAVING INC	40050	CAWP	12/31/2026	11.89
47949	LINDY PAVING INC	40051	CAWP	12/31/2026	11.39
47949	LINDY PAVING INC	40054	CAWP Addendum II	12/31/2026	6.62
47949	LINDY PAVING INC	40055	CAWP Addendum II	12/31/2026	6.62
47949	LINDY PAVING INC	40060	WILSON EXCAVATING & UTILITY	12/31/2026	3.11
47949	LINDY PAVING INC	42651	hh apprentice	12/31/2026	6.18
82240	SWANK CONSTR	40050	CAWP	12/31/2026	11.89
82240	SWANK CONSTR	40051	CAWP	12/31/2026	11.39
26160	FAY JOSEPH B CO	40050	CAWP	12/31/2026	11.89
26160	FAY JOSEPH B CO	40051	CAWP	12/31/2026	11.39
26160	FAY JOSEPH B CO	40090	Master Builders	12/31/2026	12.92
32000	GOLDEN TRIANGLE CONSTR CO	40024	hh apprentice	12/31/2026	5.95
32000	GOLDEN TRIANGLE CONSTR CO	40025	hh apprentice	12/31/2026	5.95
32000	GOLDEN TRIANGLE CONSTR CO	40050	CAWP	12/31/2026	11.89
32000	GOLDEN TRIANGLE CONSTR CO	40054	CAWP Addendum II	12/31/2026	6.62
18431	CREWS CONTROL LLC	40050	CAWP	12/31/2026	11.89
18431	CREWS CONTROL LLC	40054	CAWP Addendum II	12/31/2026	6.62
33661	GULISEK CONSTRUCTION LLC	40024	hh apprentice	12/31/2026	5.95
33661	GULISEK CONSTRUCTION LLC	40025	hh apprentice	12/31/2026	5.59
33661	GULISEK CONSTRUCTION LLC	40050	CAWP	12/31/2026	11.89
51839	MASCARO CONSTRUCTION CO INC	40024	hh apprentice	12/31/2026	5.95
51839	MASCARO CONSTRUCTION CO INC	40090	Master Builders	12/31/2026	7.88
51839	MASCARO CONSTRUCTION CO INC	40200	ind heavy highway	12/31/2026	11.89
51839	MASCARO CONSTRUCTION CO INC	40201	ind heavy highway	12/31/2026	11.39
51839	MASCARO CONSTRUCTION CO INC	40250	Keystone Ind Building I	12/31/2026	7.76
51839	MASCARO CONSTRUCTION CO INC	40251	Keystone Ind Building II	12/31/2026	7.76
25685	FACCHIANO MICHAEL CONTRNG	40050	CAWP	12/31/2026	11.89
25685	FACCHIANO MICHAEL CONTRNG	40051	CAWP	12/31/2026	11.39
25685	FACCHIANO MICHAEL CONTRNG	40054	CAWP Addendum II	12/31/2026	6.62
25685	FACCHIANO MICHAEL CONTRNG	40055	CAWP Addendum II	12/31/2026	6.22
39656	INDEPENDENT ENTERPRISES INC	40200	ind heavy highway	12/31/2026	11.89
39656	INDEPENDENT ENTERPRISES INC	40201	ind heavy highway	12/31/2026	11.39
39656	INDEPENDENT ENTERPRISES INC	40280	Ind Building	12/31/2026	7.88
27172	FOLINO ANTHONY CONSTRUCTION	40050	CAWP	12/31/2026	11.89
27172	FOLINO ANTHONY CONSTRUCTION	40054	CAWP Addendum II	12/31/2026	6.62
27172	FOLINO ANTHONY CONSTRUCTION	40090	Master Builders	12/31/2026	12.92

SCHEDULE R, LINE 14a

Information on Inactive Participants Whose Contributing Employers are No Longer Making Contributions to the Plan

<u>Employer Withdrawal</u>	<u>Count of Employee</u>
Azcon Scrap Corp	14
Bluelinx Corp	2
KIMs Nursery	4
Lampus R I Co.	11
Marous Bros Construction	10
Rennekamp Supply Co.	2
Showman Ray Jr Excavating Inc.	15
Winfield Lime-Stone Inc.	4
Houston Starr	3
Inches Nursery	9

SCHEDULE R, LINE 14b

Information on Inactive Participants Whose Contributing Employers are No Longer Making Contributions to the Plan

<u>Employer Withdrawal</u>	<u>Count of Employee</u>
Azcon Scrap Corp	14
Bluelinx Corp	2
Lampus R I Co.	9
KIMs Nursery	4
Marous Bros Construction	10
Rennekamp Supply Co.	2
Showman Ray Jr Excavating Inc.	12
Winfield Lime-Stone Inc.	4
Houston Starr	3
Inches Nursery	9

SCHEDULE R, LINE 14c

Information on Inactive Participants Whose Contributing Employers are No Longer Making Contributions to the Plan

<u>Employer Withdrawal</u>	<u>Count of Employee</u>
Azcon Scrap Corp	13
Bluelinx Corp	4
KIMs Nursery	4
Lampus R I Co.	9
Marous Bros Construction	11
Rennekamp Supply Co.	2
Showman Ray Jr Excavating Inc.	12
Winfield Lime-Stone Inc.	4
Houston Starr	3
Inches Nursery	9

PPA Funded Percentage and Projection of Credit Balance

• Projection of Liability to January 1, 2024	
○ Actuarial Accrued Liability, January 1, 2023	\$ 1,305,872,866
○ Normal Cost	15,468,609
○ Estimated Benefit Payments	(104,716,663)
○ Interest at 7.50% to End of Year	94,846,496
• Estimated Actuarial Accrued Liability, January 1, 2024	1,311,471,308
• Estimated Actuarial Value of Plan Assets, January 1, 2024	909,115,941
• Funded Percentage (Ratio of Assets to Liabilities), January 1, 2024	69.32%
• Projection of Estimated Credit Balance	
○ December 31, 2023	\$ 29,820,000
○ December 31, 2024	20,150,000
○ December 31, 2025	10,920,000
○ December 31, 2026	6,320,000
○ December 31, 2027	12,630,000
○ December 31, 2028	29,210,000
○ December 31, 2029	54,220,000
○ December 31, 2030	81,590,000
○ December 31, 2031	119,360,000

Zone Status Determination

Y or N

Critical Status – Red zone if any of a), b), c), or d) apply

- | | |
|---|---|
| a) Is the Plan's Funded Percentage less than 65% and the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 6 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 6 plan years? | N |
| b) Does the plan have an accumulated funding deficiency (negative credit balance) in any of the current or following 3 plan years (4 plan years if the Funded Percentage is 65% or less), without reflecting amortization extensions? | N |
| c) Each of the following are applicable. | |
| i) The Plan's normal cost plus interest on unfunded liability exceeds the present value of anticipated employer and employee contributions for the year. | N |
| ii) The present value of nonforfeitable benefits of inactive participants is greater than the present value of nonforfeitable benefits for active participants. | Y |
| iii) The plan has an accumulated funding deficiency (negative credit balance) in any of the current or following 4 plan years, without reflecting amortization extensions. | N |
| Do all apply? | N |
| d) Is the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 4 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 4 plan years? | N |

Critical and Declining Status – both a) and b) apply

- | | |
|--|---|
| a) Does the Plan meet the criteria above for Critical Status? | N |
| b) Is the Plan projected to become insolvent within the current or following 14 plan years (19 plan years if the ratio of inactive to active participants is at least 2:1 or if the plan is less than 80% funded)? | N |

Endangered Status – Yellow zone if a) does not apply and either b) or c) apply. Orange zone if not a) and both b) and c) apply.

- | | |
|--|---|
| a) Is the Plan in either Critical or Critical and Declining Status? | N |
| b) Is the Plan's Funded Percentage less than 80%? | Y |
| c) Is the Plan projected to have an accumulated funding deficiency (negative credit balance) in any of the current or following 6 plan years (reflecting any amortization extensions)? | N |

Conclusion

Endangered Status

Laborers District Council of W PA Pension Fund
EIN/PN: 25-6135576/001

Attachment to Form 5500 Schedule MB, line 4c - Documentation Regarding Progress Under Funding
Improvement or Rehabilitation Plan

The following table shows the estimated credit balance and funding percentages throughout the
Funding Improvement Period.

Estimated Plan Year End Results:

<u>Date</u>	<u>Credit Balance</u>	<u>Funded Percentage</u>
December 31, 2023	\$ 29,820,000	69%
December 31, 2024	20,150,000	71%
December 31, 2025	10,920,000	73%
December 31, 2026	6,320,000	74%
December 31, 2027	12,630,000	78%
December 31, 2028	29,210,000	82%
December 31, 2029	54,220,000	87%
December 31, 2030	81,590,000	92%
December 31, 2031	119,360,000	98%

The schedule of progress under the Funding Improvement Plan is such that the plan will avoid
accumulated funding deficiencies over the period, avoid a reduction in benefit accrual rate in
future years and avoid an increase in the hourly contribution rate.

Conclusion:

The plan satisfies the schedule of progress as set by the Funding Improvement Plan.

Attachment to Form 5500 Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
Actuarial Methods and Assumptions

As of January 1, 2024

Interest Rates		<u>Current Year</u>	<u>Prior Year</u>
	Minimum/Maximum Funding	7.50%	7.50%
	Present Value of Accrued Benefits	7.50%	7.50%
	Full Funding Limitation		
	Maximum Basis	3.29%	2.55%
	RPA Current Liability	3.29%	2.55%

Mortality	Healthy:	115% of SOA PRI-2012 amount-weighted, sex distinct, pre/post commencement and blue collar adjustment mortality with a 2012 base year
	Disabled:	115% of SOA PRI-2012 amount-weighted, sex distinct, disabled (Total Dataset) mortality with a 2012 base year
	Improvement Scale:	SOA Scale MP-2021

Turnover Based on age as follows:

<u>Age</u>	<u>Rate</u>
20	11.94%
30	11.21
40	9.40
50	4.83

Retirement For active participants at least age 45 with 20+ years of service on 1/1/2011, based on year since attainment of age 55 with 30 years of service, as follows:

<u>Years Since 55/30</u>	<u>Rate</u>
<1	40%
1-7	10
8+	100

100% of participants are assumed to retire at age 62.

For all other active participants, based on age as follows:

<u>Age</u>	<u>Rate</u>
60	50%
61	10
62	100

Terminated vested participants are assumed to retire at age 62.

Attachment to Form 5500 Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
Actuarial Methods and Assumptions (continued)**Disability** Based on age as follows:

<u>Age</u>	<u>Rate</u>
20	0.05%
30	0.05
40	0.11
50	0.30
60	0.97

Expenses The normal cost is increased by the prior year's non-investment related expenses rounded to the nearest \$1,000. This amount is assumed to increase by 2.00% annually.**Percent Married** 80% of the participants are assumed to be married, with the female spouse three years younger than the male spouse.**Asset Valuation** Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The trustees elected to apply relief options made available by the Pension Relief Act of 2010, which spread investment losses during the 2008 plan year over a 10 year period. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.**Funding Method** Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years.**Incomplete Data** None**Benefit Accrual Rate** Pension credits and expected contributions were projected on the assumption that all active participants would work the hours equal to the average of the prior three years. Contribution levels are assumed to be equal to the same rate per hour as was earned in the prior year.

Actuarial Methods and Assumptions (continued)

Calculation of Actuarial Present Value of Accrued Plan Benefits The actuarial present value of accrued benefits has been calculated as of the valuation date, based upon the Plan specifications then in effect and upon each participant's age and service as of that date. These calculations consider the same actuarial assumptions as were used in the actuarial valuation.

Projected Industry Activity For the purpose of the credit balance projection, future covered employment for 2024 and beyond has been estimated to be 8,500,000 total hours per year. This assumption has been set with input from the Board of Trustees. 60% of the hours are assumed to be under a Heavy contract and 40% are assumed under a Building contract.

Models Used in Preparing Results Acrisure uses valuation and projection software to model benefit cash flows, present values, and attribution to various periods based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The software model also supports comparisons between periods to measure gains and losses and compile plan experience data to support or modify demographic and certain economic assumptions.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation, and have relied on the expertise of the software vendor for underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

Additionally, projections reflect models developed and maintained by Acrisure. These models generally follow accepted actuarial principles and reflect required Internal Revenue Code and Regulations requirements in determining estimated future funded status and potential outcomes for the Funds being modeled. Outcomes from the modeling process are generally determined by the current Fund position and inputs regarding future economic assumptions and plan participant behavior and demographics.

Based on our experience, because of the detailed structure provided by Code and Regulations, we anticipate that other practitioners using similar data and assumptions would provide results that are materially similar to the outcome from our models. We have developed the models internally and are familiar with their parameters and how they function. In addition, the results are continually reviewed across our multiemployer client base by a group of qualified actuaries and other technical staff.

Plan Provisions

Effective January 1, 1960
Last Amendment Effective March 1, 2020

The following is a summary of the major provisions of the plan as of January 1, 2024. Refer to the plan document for a more complete description of the most recent plan provisions.

Participation	The first day of the Plan Year in which 300 hours of employment are credited in Fund on employee's behalf.
Credited Employment	The lesser of: a) The number of complete years and quarters from first day of month of hire to break in service or retirement, or b) The total number of hours worked divided by 1,000 and rounded to the next lower quarter.
Accrued Benefit	A monthly benefit equal to the following: a) \$15.00 per year of Credited Service prior to June 27, 1956, plus b) 4% of all contributions prior to January 1, 2002, plus c) 3.35% of all contributions during 2003, plus d) 2.25% of all contributions during 2004, plus e) 1% of all contributions on or after January 1, 2005.
Normal Retirement	<u>Eligibility:</u> Age 62 and 1 year of Credited Service (5 years if participation begins on or after January 1, 1999). <u>Benefit:</u> The Accrued Benefit
Early Retirement	<u>Eligibility:</u> Age 52 with 1 year of Credited Service (5 years if participation begins on or after January 1, 1999). <u>Benefit:</u> The Accrued Benefit reduced according to the following: a) Grandfathered Participants <ul style="list-style-type: none"> • The 12/31/2010 amount reduced by 3% per year prior to age 60 (age 62 if not retirement eligible and age plus credited service was less than 62) until age 57 and 6% per year thereafter. • The amount accrued after 12/31/2010 reduced by 6% per year before age 60, but without reduction if the participant has attained age 55 and been credited with 30 or more years of service. b) Non-grandfathered Participants <ul style="list-style-type: none"> • 6% per year

Plan Provisions (Continued)

**Vested
Termination**

Eligibility: Any of the following:

- a) Five Years of Credited Service
- b) Age 52 with 1 year of Credited Service (5 years if participation begins on or after January 1, 1999)
- c) Age plus Credited Service equal to or greater than 62.

Benefit: The Accrued Benefit payable at age 62 or, for those with at least 10 pension credits, as early as age 57 reduced for early commencement.

**Disability
Retirement**

Eligibility: Total and Permanent Disability at any age with at least 10 years of Credited Service with eligibility based on Social Security approval.

Benefit: The Accrued Benefit.

**Pre-
Retirement
Death**

Eligibility: Married at the time of death and eligible for a Vested Termination Benefit.

Benefit: The standard Qualified Preretirement Survivor Annuity. 50% of the benefit the employee would have received had retired before the date of death and elected the standard joint and survivor option. If the participant died prior to the earliest date eligible for an early retirement benefit, the spouse's benefit is deferred to the date the employee would have been 52.

Laborers District Council of W PA Pension Fund

EIN/PN: 25-6135576/001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	22,778,589	2,119,125	95,299,662	120,197,376
2025	13,225,959	2,445,849	92,595,503	108,267,311
2026	15,232,186	3,105,343	89,827,416	108,164,944
2027	19,414,006	4,132,212	86,997,841	110,544,059
2028	20,729,513	5,097,446	84,108,576	109,935,534
2029	23,333,757	6,122,592	81,161,335	110,617,684
2030	24,916,013	7,218,352	78,157,782	110,292,147
2031	26,108,613	8,190,032	75,099,704	109,398,349
2032	28,084,107	9,134,235	71,989,160	109,207,503
2033	28,378,875	10,308,945	68,828,509	107,516,329
2034	30,596,607	11,238,992	65,620,510	107,456,109
2035	30,513,805	11,743,016	62,368,426	104,625,247
2036	31,933,043	12,575,259	59,076,105	103,584,406
2037	32,412,450	13,578,046	55,748,391	101,738,887
2038	33,062,990	14,330,088	52,391,560	99,784,638
2039	33,612,975	14,918,322	49,013,683	97,544,979
2040	33,564,846	15,681,205	45,625,085	94,871,136
2041	33,980,450	16,431,160	42,238,590	92,650,200
2042	34,058,369	16,968,448	38,869,540	89,896,358
2043	34,438,656	17,482,470	35,535,692	87,456,818
2044	34,368,133	18,038,860	32,257,143	84,664,137
2045	34,301,701	18,473,238	29,055,835	81,830,774
2046	34,040,151	18,857,891	25,954,717	78,852,759
2047	33,768,782	19,034,231	22,977,166	75,780,179
2048	33,291,903	19,338,889	20,146,312	72,777,103
2049	32,771,681	19,428,275	17,483,924	69,683,880
2050	32,285,758	19,420,050	15,009,440	66,715,248
2051	31,718,551	19,340,097	12,738,917	63,797,565
2052	30,931,832	19,240,646	10,684,018	60,856,495
2053	30,163,703	19,022,788	8,850,989	58,037,480
2054	29,432,631	18,705,808	7,240,186	55,378,625
2055	28,605,464	18,259,560	5,846,371	52,711,395
2056	27,680,151	17,767,727	4,659,178	50,107,057
2057	26,800,477	17,223,071	3,664,039	47,687,588
2058	25,766,026	16,597,078	2,843,297	45,206,401
2059	24,758,912	15,908,580	2,177,295	42,844,787
2060	23,696,401	15,146,304	1,645,581	40,488,286
2061	22,659,713	14,386,613	1,227,883	38,274,209
2062	21,613,998	13,603,933	904,900	36,122,831
2063	20,579,250	12,801,310	658,958	34,039,518

Laborers District Council of W PA Pension Fund

EIN/PN: 25-6135576/001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	19,454,303	12,008,884	474,428	31,937,614
2065	18,359,934	11,229,972	337,931	29,927,836
2066	17,276,811	10,468,057	238,317	27,983,185
2067	16,196,853	9,725,113	166,529	26,088,494
2068	15,150,945	9,003,145	115,393	24,269,484
2069	14,145,277	8,303,035	79,350	22,527,662
2070	13,177,433	7,627,300	54,182	20,858,916
2071	12,247,371	6,976,731	36,754	19,260,855
2072	11,354,871	6,352,213	24,770	17,731,853
2073	10,497,899	5,755,242	16,583	16,269,724

Laborers District Council of W PA Pension Fund
 EIN/PN: 25-6135576/001
 Attachment to Form 5500
 Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Years of credited service

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.
Under 25	279	26	498	115	94	358	0		0		0		0		0		0		0		871	113
25 to 29	349	21	388	122	308	401	35	995	0		0		0		0		0		0		1080	197
30 to 34	134	23	318	127	315	450	116	1,115	17		0		0		0		0		0		900	376
35 to 39	99	27	234	127	255	409	124	1,101	81	1,508	11		0		0		0		0		804	518
40 to 44	73	27	189	133	161	412	98	1,009	105	1,431	73	1,964	15		0		0		0		714	734
45 to 49	45	26	129	139	161	438	80	1,060	68	1,443	118	1,831	69	2,594	2		0		0		672	1,004
50 to 54	37	22	115	132	124	386	68	983	79	1,417	110	1,937	78	2,475	62	3,333	5		0		678	1,294
55 to 59	18		65	147	111	451	58	953	75	1,347	109	1,861	79	2,367	72	3,425	61	3,877	7		655	1,711
60 to 64	11		39	134	63	422	41	1,047	50	1,399	68	1,880	44	2,421	38	3,168	41	3,677	16		411	1,753
65 to 69	3		12		25	364	9		9		8		3		8		3		5		85	1,302
70 & up	0		1		2		0		1		0		0		0		0		0		4	
Unknown	2		1		0		0		0		0		0		0		0		0		3	
Total	1050	24	1989	125	1619	416	629	1,045	485	1,420	497	1,887	288	2,469	182	3,341	110	3,809	28	4,496	6877	741

Laborers District Council of W PA Pension Fund

EIN/PN: 25-6135576/001

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability	
		Payments	Total
2024	78,194,313	159,358	78,353,671
2025	87,720,000	159,358	87,879,358
2026	89,420,000	159,358	89,579,358
2027	85,170,000	96,539	85,266,539
2028	89,420,000	0	89,420,000
2029	93,670,000	0	93,670,000
2030	93,670,000	0	93,670,000
2031	93,670,000	0	93,670,000
2032	93,670,000	0	93,670,000
2033	93,670,000	0	93,670,000

Schedule of Amortization Bases

MINIMUM FUNDING	<u>Initial</u> <u>Amount</u>	<u>Date</u> <u>Established</u>	<u>Remaining</u> <u>Period</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>					
Amendment 95	\$ 5,569,808	1/1/1995	1.0	\$ 440,154	\$ 440,154
Amendment 96	26,557,838	1/1/1996	2.0	4,038,087	2,091,800
Amendment 98	39,033,217	1/1/1998	4.0	11,069,930	3,074,410
Assumption 99	20,883,871	1/1/1999	5.0	7,154,615	1,644,896
Amendment 00	32,608,869	1/1/2000	7.0	14,624,518	2,568,403
Amendment 01	3,642,441	1/1/2001	7.0	1,633,932	286,893
Assumption 04	18,727,288	1/1/2004	10.0	10,884,544	1,475,035
Assumption 06	44,967,811	1/1/2006	12.0	29,452,346	3,541,842
PRA Relief 09	110,377,115	1/1/2009	14.0	80,112,865	8,778,637
PRA Relief 10	16,813,045	1/1/2010	14.0	12,332,913	1,351,381
PRA Relief 11	15,171,136	1/1/2011	14.0	11,256,950	1,233,477
Assumption 12	46,719,562	1/1/2012	3.0	10,036,464	3,589,984
Experience Loss 12	50,896,464	1/1/2012	3.0	15,041,682	5,380,426
PRA Relief 12	16,566,609	1/1/2012	14.0	12,446,689	1,363,850
Experience Loss 13	8,779,113	1/1/2013	4.0	4,210,380	1,169,301
Experience Loss 14	10,189,432	1/1/2014	5.0	4,670,549	1,073,798
Experience Loss 15	4,529,194	1/1/2015	6.0	2,408,414	477,302
Experience Loss 16	48,176,965	1/1/2016	7.0	28,907,976	5,077,056
Experience Loss 17	47,012,246	1/1/2017	8.0	31,195,340	4,954,314
Experience Loss 18	46,239,249	1/1/2018	9.0	33,414,629	4,872,853
Experience Loss 19	56,848,510	1/1/2019	10.0	44,206,123	5,990,894
Experience Loss 20	34,853,820	1/1/2020	11.0	28,884,898	3,673,017
Experience Loss 21	14,168,223	1/1/2021	12.0	12,415,730	1,493,097
Assumption Change 22	2,053,730	1/1/2022	13.0	1,890,570	216,429
Experience Loss 23	26,570,071	1/1/2023	14.0	<u>25,552,777</u>	<u>2,800,046</u>
Subtotal				\$ 438,283,075	\$ 68,619,295
<u>Credits</u>					
Experience Gain 22	\$ 7,035,187	1/1/2022	13.0	\$ 6,476,271	\$ 741,392
Experience Gain 24	2,865,048	1/1/2024	15.0	<u>2,865,048</u>	<u>301,929</u>
Subtotal				\$ 9,341,319	\$ 1,043,321
Net Amortization Balance and Payment				\$ 428,941,756	\$ 67,575,974
Credit Balance as of January 1, 2024				29,361,269	
Unfunded Liability				\$ 399,580,487	
MAXIMUM FUNDING	<u>Initial</u> <u>Amount</u>	<u>Payment</u>		<u>Balance</u>	<u>Limit</u> <u>Adjustment</u>
Fresh Start 2024	\$399,580,487	\$54,151,864		\$399,580,487	\$54,151,864
Subtotal				\$399,580,487	\$54,151,864

Changes Since Last Year

Plan Changes

None

Method Changes

None

Assumption Changes

The assumptions have been reviewed, and the following changes made:

- The interest rate used to calculate RPA '94 current liability has been changed to 3.29% from 2.55% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.


A Name of plan LABORERS DISTRICT COUNCIL OF W PA PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LABORERS DISTRICT COUNCIL OF W PA PENSION FUND	D Employer Identification Number (EIN) 25-6135576	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	882,451,081
(2) Actuarial value of assets for funding standard account.....	1b(2)	909,331,634
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,308,912,121
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	1,308,912,121
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	2,309,210,488
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	40,732,794
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	117,916,777
(3) Expected plan disbursements for the plan year	1d(3)	120,224,990

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>9/17/2025</u> Date <u>2307217</u> Most recent enrollment number <u>412-394-9330</u> Telephone number (including area code)
	<u>BRADFORD L. RIGBY</u> Type or print name of actuary <u>Acrisure</u> Firm name <u>FOUR GATEWAY CENTER, SUITE 605 444 LIBERTY AVENUE</u> <u>PITTSBURGH PA 15222</u> Address of the firm	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	882,451,081
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5,365	1,295,511,825
(2) For terminated vested participants	3,702	298,181,018
(3) For active participants:		
(a) Non-vested benefits		20,701,381
(b) Vested benefits		694,816,264
(c) Total active	6,877	715,517,645
(4) Total	15,944	2,309,210,488
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	38.21 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2025	77,400,123	0			
Totals ▶			3(b)	77,400,123	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	69.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." <input type="checkbox"/>	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

k Has a change been made in funding method for this plan year? Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m** []

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.29%

	Pre-retirement			Post-retirement		
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males.....	6c(1)	9P		9P		
(2) Females	6c(2)	9PF		9PF		
d Valuation liability interest rate	6d	7.50%		7.50%		
e Salary scale	6e	0.00%	<input type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					7.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g					7.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h					13.9%
i Expense load included in normal cost reported in line 9b	6i				<input type="checkbox"/> N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)					%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)					2,551,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)				<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2,865,048	-301,929

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a** []

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)** []

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)** []

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)** []

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date	9b	18,705,076
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	438,283,075
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	6,549,328
e Total charges. Add lines 9a through 9d	9e	93,873,699
Credits to funding standard account:		
f Prior year credit balance, if any	9f	29,361,269
g Employer contributions. Total from column (b) of line 3	9g	77,400,123
h Amortization credits as of valuation date.....		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h	9,341,319
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,254,031,257
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	112,514,288
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	18,640,589
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EXTENSION UNTIL 10/15/2025

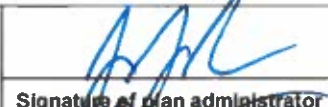
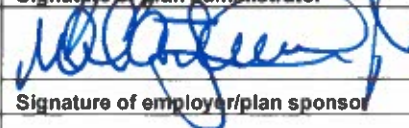
<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; text-align: center;">2024</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 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
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 W PA PENSION FUND	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 06/27/1956
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 PENSION FUND BOARD OF TRUSTEES 12 EIGHTH STREET, SUITE 500 PITTSBURGH PA 15222	2b	Employer Identification Number (EIN) 25-6135576
		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.

SIGN HERE		10/09/2025	Joseph J. Laquatra Jr., Chairman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/09/2025	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 (2024)
v. 240311

O LABORERS' DISTRICT COUNCIL OF WESTERN PA PENSION FUND
Attachment for Form 5500
25-6135576
For the Year Ending 12/31/2024

Form 5500

Schedule H Part I Line 1,b (3)

Accrued Interest & Dividends	1,355,962	
Amount due from Laborers' Combined Funds	259,296	
Receivable for Investments Sold	209,827	
Prepaid Expenses	80,693	
Retirement Benefits Receivable	17,312	
Accounts Receivables	1,515	
TOTAL OTHER RECEIVABLES	1,924,605	1,b,3

Schedule H Part II Line 2,i,(11) Other

Adminstrative Services	2,268,571.00	
Pension Benefit Guaranty Ins.	595,774.00	
Tax Payments	32,555.00	
Fiduciary Responsibility Ins.	90,566.00	
Retiree Research Fees	28,068.00	
NCCMP Membership	6,000.00	
Miscellaneous	4,433.00	
TOTAL OTHER EXPENSES	3,025,967.00	2i(11)

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LABORERS DISTRICT COUNCIL OF W PA PENSION FUND	D Employer Identification Number (EIN) 25-6135576	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

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Statement by Enrolled Actuary
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SIGN HERE	Signature of actuary	<u>9/17/2025</u> Date
	<u>BRADFORD L. RIGBY</u> Type or print name of actuary	<u>2307217</u> Most recent enrollment number
	<u>Acrisure</u> Firm name	<u>412-394-9330</u> Telephone number (including area code)
	<u>FOUR GATEWAY CENTER, SUITE 605 444 LIBERTY AVENUE</u> <u>PITTSBURGH PA 15222</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

k Has a change been made in funding method for this plan year? Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.29%

	Pre-retirement			Post-retirement		
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males	6c(1)	9P		9P		
(2) Females	6c(2)	9PF		9PF		
d Valuation liability interest rate	6d	7.50%		7.50%		
e Salary scale	6e	0.00%	<input type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					7.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g					7.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h					13.9%
i Expense load included in normal cost reported in line 9b	6i					<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)					%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)					2,551,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)					<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2,865,048	-301,929

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date	9b	18,705,076
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	438,283,075
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	6,549,328
e Total charges. Add lines 9a through 9d	9e	93,873,699
Credits to funding standard account:		
f Prior year credit balance, if any	9f	29,361,269
g Employer contributions. Total from column (b) of line 3	9g	77,400,123
h Amortization credits as of valuation date.....		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h(1)	9,341,319
(2) "RPA '94" override (90% current liability FFL)	9h(2)	
(3) FFL credit	9h(3)	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	4,709,575
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	510,819,199
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,254,031,257
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	112,514,288
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	18,640,589
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

Form 5500
Schedule H, Line 4i

Plan #: 001
EIN #: 25-6135576

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

See accompanying Independent Auditor's Report.



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

ALL ACCTS COMP - LCPG77937500

01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
LCPF07632502	NC9123455 CAD (CANADIAN DOLLARS)	3,849.720	2,919.55	2,676.76	(242.79)
TOTAL INTEREST-BEARING CASH			2,919.55	2,676.76	(242.79)
U. S. GOVERNMENT SECURITIES					
LCPF07632502	36225BJB5 GNMA POOL #0781158 8.000% 04/15/2030 DD 04/01/00	2,715.515	2,828.90	2,819.08	(9.82)
LCPF07632502	9128284V9 U S TREASURY NOTE 2.875% 08/15/2028 DD 08/15/18	3,900,000.000	3,734,158.51	3,709,407.00	(24,751.51)
LCPF07632502	912828P46 U S TREASURY NOTE 1.625% 02/15/2026 DD 02/15/16	435,000.000	414,135.56	422,563.35	8,427.79
LCPF07632502	91282CAE1 U S TREASURY NOTE 0.625% 08/15/2030 DD 08/15/20	8,055,000.000	6,546,146.29	6,540,579.45	(5,566.84)
LCPF07632502	91282CDJ7 U S TREASURY NOTE 1.375% 11/15/2031 DD 11/15/21	6,575,000.000	5,567,139.86	5,372,498.25	(194,641.61)
LCPF07632502	91282CDL2 U S TREASURY NOTE 1.500% 11/30/2028 DD 11/30/21	4,755,000.000	4,279,955.40	4,270,037.55	(9,917.85)
LCPF07632502	91282CDY4 U S TREASURY NOTE 1.875% 02/15/2032 DD 02/15/22	1,795,000.000	1,551,252.93	1,509,702.70	(41,550.23)
LCPF07632502	91282CGH8 U S TREASURY NOTE 3.500% 01/31/2028 DD 01/31/23	5,095,000.000	5,030,408.98	4,977,560.25	(52,848.73)
LCPF07632502	91282CGJ4 U S TREASURY NOTE 3.500% 01/31/2030 DD 01/31/23	7,165,000.000	7,031,991.00	6,873,097.90	(158,893.10)
LCPF07632502	91282CGM7 U S TREASURY NOTE 3.500% 02/15/2033 DD 02/15/23	1,165,000.000	1,113,606.60	1,083,857.75	(29,748.85)
LCPF07632502	91282CHZ7 U S TREASURY NOTE 4.625% 09/30/2030 DD 09/30/23	5,115,000.000	5,227,705.28	5,161,955.70	(65,749.58)
LCPF07641902	3128M9U26 FHLMC POOL #G0-7501 4.000% 10/01/2043 DD 10/01/13	7,772.081	7,580.27	7,301.33	(278.94)
LCPF07641902	3128MAAA7 FHLMC POOL #G0-7801 4.000% 10/01/2044 DD 09/01/14	13,298.841	12,874.62	12,419.12	(455.50)
LCPF07641902	3128MJQD5 FHLMC POOL #G0-8451 4.500% 06/01/2041 DD 06/01/11	7,562.407	7,571.88	7,338.94	(232.94)
LCPF07641902	31292LPX7 FHLMC POOL #C0-4038 3.500% 06/01/2042 DD 06/01/12	13,183.816	12,502.62	12,024.17	(478.45)
LCPF07641902	312945DS4 FHLMC POOL #A9-6413 4.000% 01/01/2041 DD 01/01/11	7,327.675	7,164.97	6,920.33	(244.64)
LCPF07641902	3132CWC69 FHLMC POOL #SB-0093 2.500% 12/01/2031 DD 10/01/19	45,977.938	43,401.34	43,375.59	(25.75)
LCPF07641902	3132DWCX9 FHLMC POOL #SD-8186 3.500% 10/01/2051 DD 10/01/21	54,723.995	50,527.23	48,775.50	(1,751.73)
LCPF07641902	3132DWD34 FHLMC POOL #SD-8222 4.000% 06/01/2052 DD 05/01/22	89,121.062	84,408.34	81,567.16	(2,841.18)
LCPF07641902	3132DWE74 FHLMC POOL #SD-8258 5.000% 10/01/2052 DD 09/01/22	92,904.340	92,005.04	89,925.83	(2,079.21)
LCPF07641902	3132DWFH1 FHLMC POOL #SD-8268 5.500% 10/01/2052 DD 10/01/22	61,959.750	62,472.79	61,156.13	(1,316.66)
LCPF07641902	3132DWFU2 FHLMC POOL #SD-8279 6.000% 11/01/2052 DD 10/01/22	46,396.007	47,279.38	46,714.75	(564.63)
LCPF07641902	3132KFYG1 FHLMC POOL #V6-1611 3.000% 04/01/2032 DD 04/01/17	22,740.565	21,743.86	21,687.22	(56.64)
LCPF07641902	3133AACP5 FHLMC POOL #QB-3678 2.000% 09/01/2050 DD 09/01/20	58,284.991	47,920.18	45,730.40	(2,189.78)
LCPF07641902	3133BBTU3 FHLMC POOL #QE-2363 3.500% 05/01/2052 DD 05/01/22	115,466.625	106,000.66	102,260.71	(3,739.95)
LCPF07641902	3133BPUN6 FHLMC POOL #QF-2389 5.500% 10/01/2052 DD 10/01/22	43,782.044	44,120.04	43,316.64	(803.40)
LCPF07641902	3133KJA69 FHLMC POOL #RA-2729 2.500% 06/01/2050 DD 05/01/20	57,042.669	49,090.91	47,146.91	(1,944.00)
LCPF07641902	3133KKD63 FHLMC POOL #RA-3725 2.000% 10/01/2050 DD 09/01/20	58,671.460	48,268.47	46,119.87	(2,148.60)
LCPF07641902	3133KKU72 FHLMC POOL #RA-4206 2.500% 12/01/2050 DD 12/01/20	102,051.870	85,352.97	83,318.21	(2,034.76)
LCPF07641902	3133KMY58 FHLMC POOL #RA-6132 2.500% 10/01/2051 DD 10/01/21	90,905.194	77,439.36	74,732.25	(2,707.11)
LCPF07641902	3137F4VQ2 FHLMC MULTICLASS MTG 4774 LP 3.500% 09/15/2046 DD 03/01/18	18,453.188	17,704.55	17,773.93	69.38
LCPF07641902	3138ABYR4 FNMA POOL #0AH9719 4.500% 04/01/2041 DD 03/01/11	2,859.607	2,859.11	2,771.42	(87.69)
LCPF07641902	3138AKQW2 FNMA POOL #0AI5868 4.500% 07/01/2041 DD 06/01/11	6,143.632	6,142.59	5,954.16	(188.43)
LCPF07641902	3138ASS78 FNMA POOL #0AJ1441 3.500% 09/01/2026 DD 09/01/11	1,364.842	1,337.37	1,350.88	13.51
LCPF07641902	3138EJP44 FNMA POOL #0AL2242 4.000% 08/01/2042 DD 08/01/12	6,889.583	6,710.27	6,475.38	(234.89)
LCPF07641902	3138EJXN3 FNMA POOL #0AL2484 4.000% 07/01/2042 DD 09/01/12	26,241.781	25,585.98	24,750.98	(835.00)



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

ALL ACCTS COMP - LCPG77937500

01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07641902	3138EKB61 FNMA POOL #0AL2760 4.500% 08/01/2042 DD 11/01/12	17,210.411	17,207.48	16,680.16	(527.32)
LCPF07641902	3138EKR09 FNMA POOL #0AL3191 3.500% 02/01/2028 DD 02/01/13	2,166.822	2,117.87	2,138.85	20.98
LCPF07641902	3138ERJN1 FNMA POOL #0AL9268 3.000% 10/01/2046 DD 10/01/16	29,238.154	26,671.61	25,349.48	(1,322.13)
LCPF07641902	3138LWS69 FNMA POOL #0AO5940 3.500% 06/01/2042 DD 06/01/12	6,444.725	6,095.51	5,870.31	(225.20)
LCPF07641902	3138M3RR7 FNMA POOL #0AP0495 3.500% 08/01/2042 DD 07/01/12	16,602.320	15,705.27	15,117.91	(587.36)
LCPF07641902	3138M5LP2 FNMA POOL #0AP2133 3.500% 08/01/2042 DD 08/01/12	13,164.346	12,418.59	11,990.74	(427.85)
LCPF07641902	3138MGBP9 FNMA POOL #0AQ0945 3.000% 11/01/2042 DD 11/01/12	14,879.216	13,697.27	13,111.57	(585.70)
LCPF07641902	3138W9A26 FNMA POOL #0AS0024 3.500% 07/01/2043 DD 06/01/13	9,566.167	8,997.88	8,690.86	(307.02)
LCPF07641902	3138WDHT1 FNMA POOL #0AS3841 3.000% 11/01/2029 DD 10/01/14	2,172.491	2,093.62	2,101.56	7.94
LCPF07641902	3138WE4S5 FNMA POOL #0AS5332 4.000% 07/01/2045 DD 06/01/15	23,292.566	22,484.10	21,636.46	(847.64)
LCPF07641902	3138WFHF6 FNMA POOL #0AS5629 3.500% 08/01/2045 DD 07/01/15	22,015.359	20,572.06	19,751.74	(820.32)
LCPF07641902	3138WIFYH3 FNMA POOL #0AS6111 4.000% 11/01/2045 DD 10/01/15	8,031.647	7,752.97	7,455.54	(297.43)
LCPF07641902	3138WG5R1 FNMA POOL #0AS7155 3.000% 05/01/2046 DD 04/01/16	13,530.300	12,350.98	11,734.83	(616.15)
LCPF07641902	3138WGAM6 FNMA POOL #0AS6311 3.500% 12/01/2045 DD 11/01/15	16,816.954	15,714.43	15,088.00	(626.43)
LCPF07641902	3138WPLH5 FNMA POOL #0AT2127 3.000% 04/01/2043 DD 03/01/13	37,190.846	34,235.27	32,773.32	(1,461.95)
LCPF07641902	3138WVX55 FNMA POOL #0AT7899 3.500% 07/01/2043 DD 07/01/13	15,869.474	14,959.53	14,444.71	(514.82)
LCPF07641902	31402DGA2 FNMA POOL #0725693 VAR RT 10/01/2033 DD 08/01/04	1,336.234	1,353.37	1,367.45	14.08
LCPF07641902	3140EY5C1 FNMA POOL #0BC4442 3.000% 04/01/2046 DD 03/01/16	14,128.678	12,886.08	12,246.60	(639.48)
LCPF07641902	3140HEAY8 FNMA POOL #0BK0922 4.500% 07/01/2048 DD 07/01/18	45,247.508	44,666.99	43,174.72	(1,492.27)
LCPF07641902	3140J7TS4 FNMA POOL #0BM3260 3.500% 01/01/2048 DD 12/01/17	22,606.942	21,124.39	20,282.04	(842.35)
LCPF07641902	3140J9VB4 FNMA POOL #0BM5109 3.000% 12/01/2032 DD 12/01/18	16,714.036	16,026.80	16,025.42	(1.38)
LCPF07641902	3140KTTP4 FNMA POOL #0BQ7629 1.500% 11/01/2035 DD 11/01/20	38,223.661	33,459.10	33,020.27	(438.83)
LCPF07641902	3140L04D6 FNMA POOL #0BR2619 2.000% 02/01/2051 DD 01/01/21	51,512.878	42,842.77	40,726.60	(2,116.17)
LCPF07641902	3140MAV92 FNMA POOL #0BU8739 4.000% 06/01/2052 DD 06/01/22	92,992.260	88,060.89	85,179.98	(2,880.91)
LCPF07641902	3140MMY28 FNMA POOL #0BV7928 4.500% 08/01/2052 DD 08/01/22	81,463.299	79,077.21	76,747.39	(2,329.82)
LCPF07641902	3140Q74T1 FNMA POOL #0CA0833 3.500% 12/01/2047 DD 11/01/17	17,500.273	16,352.63	15,700.54	(652.09)
LCPF07641902	3140Q7TF4 FNMA POOL #0CA0549 4.000% 10/01/2047 DD 09/01/17	9,212.798	8,889.25	8,543.21	(346.04)
LCPF07641902	3140QC6X9 FNMA POOL #0CA5385 4.500% 03/01/2050 DD 02/01/20	10,523.714	10,313.96	10,004.16	(309.80)
LCPF07641902	3140QCMJ2 FNMA POOL #0CA4860 3.000% 12/01/2049 DD 11/01/19	26,058.517	23,375.01	22,453.32	(921.69)
LCPF07641902	3140QELU4 FNMA POOL #0CA6638 2.500% 08/01/2050 DD 07/01/20	43,528.021	37,301.79	35,865.78	(1,436.01)
LCPF07641902	3140QEWD0 FNMA POOL #0CA6943 2.000% 09/01/2050 DD 08/01/20	41,189.201	34,024.36	32,345.06	(1,679.30)
LCPF07641902	3140QFSY6 FNMA POOL #0CA7734 2.500% 11/01/2050 DD 10/01/20	59,647.332	50,864.86	49,022.95	(1,841.91)
LCPF07641902	3140QNK35 FNMA POOL #0CB3013 2.000% 03/01/2052 DD 02/01/22	45,559.498	37,539.20	35,792.45	(1,746.75)
LCPF07641902	3140QNSX1 FNMA POOL #0CB3233 3.000% 04/01/2052 DD 03/01/22	131,852.261	117,758.59	113,051.45	(4,707.14)
LCPF07641902	3140QQL52 FNMA POOL #0CB4847 5.500% 10/01/2052 DD 09/01/22	44,679.082	45,024.01	44,201.02	(822.99)
LCPF07641902	3140X4DE3 FNMA POOL #0FM1000 3.000% 04/01/2047 DD 06/01/19	37,837.541	34,395.13	32,781.31	(1,613.82)
LCPF07641902	3140X4LB0 FNMA POOL #0FM1221 3.500% 07/01/2049 DD 07/01/19	17,110.381	15,945.68	15,350.06	(595.62)
LCPF07641902	3140X64G3 FNMA POOL #0FM3522 3.000% 02/01/2035 DD 06/01/20	32,006.446	30,698.00	30,620.57	(77.43)
LCPF07641902	3140X6FL0 FNMA POOL #0FM2870 3.000% 03/01/2050 DD 04/01/20	58,371.556	51,111.61	50,469.80	(641.81)
LCPF07641902	3140X7S42 FNMA POOL #0FM4138 2.500% 09/01/2050 DD 08/01/20	26,708.322	23,163.89	22,151.88	(1,012.01)
LCPF07641902	3140X84N4 FNMA POOL #0FM5328 1.500% 01/01/2031 DD 12/01/20	28,672.868	26,501.78	26,627.63	125.85
LCPF07641902	3140XBGV6 FNMA POOL #0FM7411 2.000% 05/01/2051 DD 05/01/21	62,441.303	51,050.14	48,598.07	(2,452.07)
LCPF07641902	3140XBNR7 FNMA POOL #0FM7599 3.500% 01/01/2051 DD 05/01/21	100,100.434	92,964.31	89,520.82	(3,443.49)



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

ALL ACCTS COMP - LCPG77937500

01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07641902	3140XCEW4 FNMA POOL #0FM8248 2.500% 08/01/2051 DD 07/01/21	76,843.426	66,614.04	63,914.52	(2,699.52)
LCPF07641902	3140XF7F2 FNMA POOL #0FS0893 3.000% 02/01/2052 DD 02/01/22	143,020.864	126,770.85	121,723.63	(5,047.22)
LCPF07641902	3140XGWN5 FNMA POOL #0FS1552 2.500% 11/01/2051 DD 04/01/22	99,067.451	84,682.88	81,566.19	(3,116.69)
LCPF07641902	3140XKBL3 FNMA POOL #0FS3642 5.000% 11/01/2052 DD 12/01/22	70,348.968	69,742.52	68,066.14	(1,676.38)
LCPF07641902	3140XKVG2 FNMA POOL #0FS4214 4.000% 07/01/2052 DD 03/01/23	47,091.054	45,214.96	43,736.29	(1,478.67)
LCPF07641902	31412REL7 FNMA POOL #0932639 5.000% 03/01/2040 DD 02/01/10	2,472.421	2,478.22	2,425.91	(52.31)
LCPF07641902	31413HCQ9 FNMA POOL #0945679 5.500% 09/01/2037 DD 09/01/07	1,698.080	1,750.20	1,713.35	(36.85)
LCPF07641902	31416LZQ2 FNMA POOL #0AA3450 4.500% 02/01/2039 DD 03/01/09	9,846.038	9,839.26	9,542.58	(296.68)
LCPF07641902	31416XPB4 FNMA POOL #0AB1845 4.000% 11/01/2040 DD 10/01/10	7,635.414	7,452.49	7,201.72	(250.77)
LCPF07641902	31416XJX9 FNMA POOL #0AB2077 4.000% 01/01/2041 DD 12/01/10	10,084.042	9,813.99	9,478.29	(335.70)
LCPF07641902	31416XQ52 FNMA POOL #0AB2275 4.500% 02/01/2041 DD 01/01/11	11,953.847	11,951.82	11,585.19	(366.63)
LCPF07641902	31416XSX9 FNMA POOL #0AB2333 4.000% 02/01/2041 DD 01/01/11	9,971.069	9,725.97	9,404.61	(321.36)
LCPF07641902	31417BA31 FNMA POOL #0AB4525 4.000% 02/01/2042 DD 01/01/12	9,065.955	8,829.86	8,539.68	(290.18)
LCPF07641902	31417EWW9 FNMA POOL #0AB7859 3.500% 02/01/2043 DD 01/01/13	15,054.899	14,204.18	13,698.90	(505.28)
LCPF07641902	31418ALS5 FNMA POOL #0MA1236 3.500% 11/01/2042 DD 10/01/12	20,484.413	19,335.47	18,644.50	(690.97)
LCPF07641902	31418ASU3 FNMA POOL #0MA1430 3.000% 05/01/2043 DD 04/01/13	16,214.331	14,925.62	14,287.58	(638.04)
LCPF07641902	31418AVT2 FNMA POOL #0MA1525 3.500% 08/01/2043 DD 07/01/13	15,928.626	15,002.08	14,477.85	(524.23)
LCPF07641902	31418D3G5 FNMA POOL #0MA4398 2.000% 08/01/2051 DD 07/01/21	68,122.672	54,253.32	53,270.57	(982.75)
LCPF07641902	31418DCA8 FNMA POOL #0MA3664 4.000% 04/01/2049 DD 04/01/19	64,488.310	61,932.63	59,701.34	(2,231.29)
LCPF07641902	31418DTP7 FNMA POOL #0MA4157 1.500% 09/01/2050 DD 09/01/20	44,015.288	34,353.91	32,565.15	(1,788.76)
LCPF07641902	31418DWX6 FNMA POOL #0MA4261 2.000% 01/01/2035 DD 01/01/21	48,403.444	43,680.22	42,902.88	(777.34)
LCPF07641902	31418ECB4 FNMA POOL #0MA4565 3.500% 02/01/2052 DD 02/01/22	61,442.235	56,725.92	54,547.80	(2,178.12)
LCPF07641902	31418EE63 FNMA POOL #0MA4656 4.500% 06/01/2052 DD 06/01/22	75,805.852	73,585.51	71,417.45	(2,168.06)
LCPF07641902	31418EJ76 FNMA POOL #0MA4785 5.000% 10/01/2052 DD 09/01/22	86,303.607	85,585.56	83,536.71	(2,048.85)
LCPF07641902	31418EV80 FNMA POOL #0MA5138 5.500% 09/01/2053 DD 08/01/23	79,838.121	79,445.17	78,841.74	(603.43)
LCPF07641902	31418U4U5 FNMA POOL #0AD7134 5.000% 07/01/2040 DD 07/01/10	4,182.259	4,254.61	4,166.12	(88.49)
LCPF07641902	31419BCT0 FNMA POOL #0AE0981 3.500% 03/01/2041 DD 02/01/11	8,495.530	8,075.61	7,749.28	(326.33)
LCPF07641902	31419GCH5 FNMA POOL #0AE5471 4.500% 10/01/2040 DD 10/01/10	4,612.484	4,611.74	4,470.37	(141.37)
LCPF07641902	36178GFN9 GNMA POOL #0AA8273 3.500% 07/15/2042 DD 07/01/12	7,488.410	7,081.54	6,867.17	(214.37)
LCPF07641902	36179NQ50 GNMA II POOL #0MA1376 4.000% 10/20/2043 DD 10/01/13	4,719.391	4,627.18	4,451.28	(175.90)
LCPF07641902	36179WQB7 GNMA II POOL #0MA7650 3.000% 10/20/2051 DD 10/01/21	78,839.863	71,486.47	68,399.89	(3,086.58)
LCPF07641902	912810FT0 U S TREASURY BOND 4.500% 02/15/2036 DD 02/15/06	220,000.000	233,253.86	219,784.40	(13,469.46)
LCPF07641902	912810QD3 U S TREASURY BOND 4.375% 11/15/2039 DD 11/15/09	55,000.000	56,689.07	52,763.70	(3,925.37)
LCPF07641902	912810RK6 U S TREASURY BOND 2.500% 02/15/2045 DD 02/15/15	45,000.000	33,952.44	31,259.25	(2,693.19)
LCPF07641902	912810SL3 U S TREASURY BOND 2.000% 02/15/2050 DD 02/15/20	220,000.000	145,519.00	127,969.60	(17,549.40)
LCPF07641902	912810SN9 U S TREASURY BOND 1.250% 05/15/2050 DD 05/15/20	390,000.000	191,998.83	185,250.00	(6,748.83)
LCPF07641902	912810TB4 U S TREASURY BOND 1.875% 11/15/2051 DD 11/15/21	850,000.000	511,678.81	469,693.00	(41,985.81)
LCPF07641902	9128284N7 U S TREASURY NOTE 2.875% 05/15/2028 DD 05/15/18	110,000.000	105,224.56	105,058.80	(165.76)
LCPF07641902	9128284V9 U S TREASURY NOTE 2.875% 08/15/2028 DD 08/15/18	105,000.000	99,254.97	99,868.65	613.68
LCPF07641902	9128286T2 U S TREASURY NOTE 2.375% 05/15/2029 DD 05/15/19	640,000.000	596,501.10	589,849.60	(6,651.50)
LCPF07641902	912828X88 U S TREASURY NOTE 2.375% 05/15/2027 DD 05/15/17	25,000.000	23,968.17	23,939.50	(28.67)
LCPF07641902	912828ZQ6 U S TREASURY NOTE 0.625% 05/15/2030 DD 05/15/20	255,000.000	208,071.14	209,209.65	1,138.51
LCPF07641902	91282CBL4 U S TREASURY NOTE 1.125% 02/15/2031 DD 02/15/21	80,000.000	66,575.79	66,012.80	(562.99)



Schedule of Investments at End of Plan Year at Revalued Cost

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ALL ACCTS COMP - LCPG77937500

01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07641902	91282CEP2 U S TREASURY NOTE 2.875% 05/15/2032 DD 05/15/22	190,000.000	174,152.80	170,637.10	(3,515.70)
LCPF07641902	91282CJJ1 U S TREASURY NOTE 4.500% 11/15/2033 DD 11/15/23	385,000.000	396,440.26	383,317.55	(13,122.71)
LCPF07641902	91282CLQ2 U S TREASURY NOTE 3.875% 10/15/2027 DD 10/15/24	310,000.000	307,016.02	306,707.80	(308.22)
LCPF07645102	3130ALCZ5 FEDERAL HOME LN BK CONS BD STEP 02/26/2031 DD 02/26/2021	390,000.000	331,203.60	335,680.80	4,477.20
LCPF07645102	3130ALGJ7 FEDERAL HOME LN BK CONS BD 1.000% 03/23/2026 DD 03/23/21	360,750.000	335,172.83	346,431.83	11,259.00
LCPF07645102	3130ALK37 FEDERAL HOME LN BK CONS BD STEP 03/17/2031 DD 03/17/2021	565,000.000	497,324.30	504,889.65	7,565.35
LCPF07645102	3130AMXP2 FEDERAL HOME LN BK CONS BD STEP 07/07/2031 DD 07/07/2021	225,000.000	195,914.25	196,821.00	906.75
LCPF07645102	3130AP5E1 FEDERAL HOME LN BK CONS BD 1.150% 10/26/2026 DD 10/26/21	390,000.000	357,360.90	368,179.50	10,818.60
LCPF07645102	3130APQ40 FEDERAL HOME LN BK CONS BD 1.500% 11/23/2026 DD 11/23/21	465,000.000	429,274.05	441,122.25	11,848.20
LCPF07645102	3130AQM91 FEDERAL HOME LN BK CONS BD STEP 01/27/2032 DD 01/27/2022	580,000.000	504,199.80	503,805.40	(394.40)
LCPF07645102	3132E0JA1 FHLMC POOL #SD-3857 6.000% 09/01/2053 DD 09/01/23	253,092.540	257,281.26	254,476.96	(2,804.30)
LCPF07645102	3133ENC24 FEDERAL FARM CR BK CONS BD 4.980% 07/20/2032 DD 07/20/22	345,000.000	342,660.90	343,188.75	527.85
LCPF07645102	3133ENSP6 FEDERAL FARM CR BK CONS BD 3.300% 03/23/2032 DD 03/23/22	370,000.000	342,590.40	336,274.50	(6,315.90)
LCPF07645102	3133ENWU0 FEDERAL FARM CR BK CONS BD 4.300% 05/17/2032 DD 05/17/22	270,000.000	257,407.20	260,504.10	3,096.90
LCPF07645102	3133KY4B2 FHLMC POOL #RB-5318 4.500% 11/01/2044 DD 10/01/24	629,649.744	606,529.79	600,654.37	(5,875.42)
LCPF07645102	3135G06V0 FEDERAL NATL MTG ASSN 4.125% 08/28/2025 DD 08/30/22	350,000.000	348,197.50	349,205.50	1,008.00
LCPF07645102	3137HBX90 FHLMC MULTICLASS MTG 5388 DA 6.000% 07/25/2048 DD 02/01/24	180,085.682	180,085.67	181,792.89	1,707.22
LCPF07645102	3140QQ6W0 FNMA POOL #0CB5384 4.500% 12/01/2052 DD 12/01/22	714,877.606	682,205.47	673,643.47	(8,562.00)
LCPF07645102	31418E2R0 FNMA POOL #0MA5283 4.000% 01/01/2054 DD 01/01/24	600,125.478	577,058.16	548,850.76	(28,207.40)
LCPF07645102	31418EUZ1 FNMA POOL #0MA5099 4.000% 07/01/2038 DD 06/01/23	321,762.876	315,494.94	308,879.49	(6,615.45)
LCPF07645102	83162CVE0 SBA GTD PARTN CTFS 2012-20L 1 1.930% 12/01/2032 DD 12/12/12	53,225.839	48,308.30	48,110.84	(197.46)
LCPF07645102	83162CYQ0 SBA GTD PARTN CTFS 2017-20E 1 2.880% 05/01/2037 DD 05/17/17	66,783.476	61,460.82	60,256.73	(1,204.09)
LCPF07645102	912810PV4 US TREAS-CPI INFLAT 1.750% 01/15/2028 DD 01/15/08	881,431.200	881,030.36	874,899.79	(6,130.57)
LCPF07645102	9128284F4 U S TREASURY NOTE 2.625% 03/31/2025 DD 03/31/18	3,020,000.000	2,965,091.17	3,008,101.20	43,010.03
LCPF07645102	912828X88 U S TREASURY NOTE 2.375% 05/15/2027 DD 05/15/17	2,140,000.000	2,070,787.32	2,049,221.20	(21,566.12)
LCPF07645102	912828YG9 U S TREASURY NOTE 1.625% 09/30/2026 DD 09/30/19	3,110,000.000	2,936,432.79	2,973,937.50	37,504.71
LCPF07645102	912828ZQ6 U S TREASURY NOTE 0.625% 05/15/2030 DD 05/15/20	1,050,000.000	871,679.40	861,451.50	(10,227.90)
LCPF07645102	91282CAZ4 U S TREASURY NOTE 0.375% 11/30/2025 DD 11/30/20	1,870,000.000	1,796,989.65	1,805,765.50	8,775.85
LCPF07645102	91282CBL4 U S TREASURY NOTE 1.125% 02/15/2031 DD 02/15/21	2,080,000.000	1,771,173.43	1,716,332.80	(54,840.63)
LCPF07645102	91282CCV1 U S TREASURY NOTE 1.125% 08/31/2028 DD 08/31/21	2,295,000.000	2,051,182.23	2,046,681.00	(4,501.23)
LCPF07645102	91282CDJ7 U S TREASURY NOTE 1.375% 11/15/2031 DD 11/15/21	3,120,000.000	2,628,265.32	2,549,383.20	(78,882.12)
LCPF07645102	91282CEJ6 US TREAS-CPI INFLAT 0.125%004/15/2027 DD 04/15/22	620,467.800	589,552.07	594,668.75	5,116.68
LCPF07645102	91282CEV9 U S TREASURY NOTE 3.250% 06/30/2029 DD 06/30/22	1,085,000.000	1,053,896.70	1,035,198.50	(18,698.20)
LCPF07645102	91282CFF3 U S TREASURY NOTE 2.750% 08/15/2032 DD 08/15/22	1,910,000.000	1,769,300.72	1,693,864.40	(75,436.32)
LCPF07645102	91282CGK1 US TREAS-CPI INFLAT 1.125% 01/15/2033 DD 01/15/23	1,414,672.800	1,328,069.13	1,301,343.36	(26,725.77)



Schedule of Investments at End of Plan Year at Revalued Cost

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01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07645102	91282CJJ1 U S TREASURY NOTE 4.500% 11/15/2033 DD 11/15/23	1,700,000.000	1,764,748.83	1,692,571.00	(72,177.83)
LCPF07645102	91282CKQ3 U S TREASURY NOTE 4.375% 05/15/2034 DD 05/15/24	170,000.000	168,910.94	167,422.80	(1,488.14)
LCPF07650002	9128283F5 U S TREASURY NOTE 2.250% 11/15/2027 DD 11/15/17	2,550,000.000	2,404,474.74	2,410,642.50	6,167.76
LCPF07650002	9128284N7 U S TREASURY NOTE 2.875% 05/15/2028 DD 05/15/18	2,280,000.000	2,205,550.05	2,177,582.40	(27,967.65)
LCPF07650002	912828J27 U S TREASURY NOTE 2.000% 02/15/2025 DD 02/15/15	435,000.000	423,547.63	433,760.25	10,212.62
LCPF07650002	912828K74 U S TREASURY NOTE 2.000% 08/15/2025 DD 08/15/15	520,000.000	500,479.20	512,782.40	12,303.20
LCPF07650002	912828M56 U S TREASURY NOTE 2.250% 11/15/2025 DD 11/15/15	635,000.000	614,435.08	624,128.80	9,693.72
LCPF07650002	912828P46 U S TREASURY NOTE 1.625% 02/15/2026 DD 02/15/16	2,150,000.000	2,066,191.79	2,088,531.50	22,339.71
LCPF07650002	912828R36 U S TREASURY NOTE 1.625% 05/15/2026 DD 05/15/16	2,855,000.000	2,715,588.96	2,755,531.80	39,942.84
LCPF07650002	912828U24 U S TREASURY NOTE 2.000% 11/15/2026 DD 11/15/16	2,865,000.000	2,729,165.28	2,749,511.85	20,346.57
LCPF07650002	912828XB1 U S TREASURY NOTE 2.125% 05/15/2025 DD 05/15/15	925,000.000	907,335.32	917,748.00	10,412.68

TOTAL U. S. GOVERNMENT SECURITIES

92,889,179.22 91,918,840.25 (970,338.97)

CORPORATE DEBT INSTRUMENTS - PREFERRED

LCPF07632502	06051GLA5 BANK OF AMERICA CORP VAR RT 07/22/2026 DD 07/22/22	1,455,000.000	1,446,211.85	1,454,839.95	8,628.10
LCPF07632502	16411QAG6 CHENIERE ENERGY PARTNERS LP 4.500% 10/01/2029 DD 04/01/20	1,080,000.000	1,031,327.70	1,045,634.40	14,306.70
LCPF07632502	87161CAN5 SYNOVUS FINANCIAL CORP 5.200% 08/11/2025 DD 08/11/22	875,000.000	860,728.75	874,413.75	13,685.00
LCPF07632502	95000U2U6 WELLS FARGO & CO VAR RT 03/02/2033 DD 03/02/22	1,160,000.000	1,020,554.20	1,017,146.00	(3,408.20)
LCPF07641902	00115AAQ2 AEP TRANSMISSION CO LLC 5.400% 03/15/2033 DD 03/13/23	20,000.000	20,860.00	19,078.40	(1,781.60)
LCPF07641902	00287YDW6 ABBVIE INC 5.400% 03/15/2054 DD 02/26/24	30,000.000	29,897.10	28,886.70	(1,010.40)
LCPF07641902	020002BJ9 ALLSTATE CORP/THE 1.450% 12/15/2030 DD 11/24/20	50,000.000	40,453.00	40,728.50	275.50
LCPF07641902	023135CJ3 AMAZON.COM INC 3.950% 04/13/2052 DD 04/13/22	40,000.000	35,159.20	31,594.40	(3,564.80)
LCPF07641902	06051GKL2 BANK OF AMERICA CORP VAR RT 03/08/2037 DD 03/08/22	45,000.000	39,579.30	39,868.20	288.90
LCPF07641902	06051GLC1 BANK OF AMERICA CORP VAR RT 11/10/2028 DD 11/10/22	55,000.000	57,369.10	56,946.45	(422.65)
LCPF07641902	06051GLS6 BANK OF AMERICA CORP VAR RT 09/15/2029 DD 09/15/23	45,000.000	46,332.00	46,119.15	(212.85)
LCPF07641902	084664CQ2 BERKSHIRE HATHAWAY FINANCE COR 4.200% 08/15/2048 DD 08/15/18	25,000.000	23,102.00	20,715.75	(2,386.25)
LCPF07641902	096919AD7 BMW VEHICLE OWNER TRUST 2 A A3 5.180% 02/26/2029 DD 06/11/24	40,000.000	39,993.92	40,469.60	475.68
LCPF07641902	12189LAU5 BURLINGTON NORTHERN SANTA FE L 4.550% 09/01/2044 DD 08/18/14	35,000.000	32,757.90	30,524.20	(2,233.70)
LCPF07641902	12189LBL4 BURLINGTON NORTHERN SANTA FE L 5.500% 03/15/2055 DD 06/07/24	25,000.000	25,162.00	24,634.75	(527.25)
LCPF07641902	17275RAD4 CISCO SYSTEMS INC 5.900% 02/15/2039 DD 02/17/09	30,000.000	32,078.70	31,717.50	(361.20)
LCPF07641902	172967MP3 CITIGROUP INC VAR RT 03/31/2031 DD 03/31/20	40,000.000	38,293.30	38,448.40	155.10
LCPF07641902	172967NX5 CITIGROUP INC VAR RT 09/29/2026 DD 09/29/22	65,000.000	65,489.45	65,352.95	(136.50)
LCPF07641902	172967PF2 CITIGROUP INC VAR RT 02/13/2030 DD 02/13/24	30,000.000	30,033.90	29,971.50	(62.40)
LCPF07641902	20030NEG2 COMCAST CORP 5.500% 05/15/2064 DD 05/09/23	45,000.000	47,564.55	42,039.45	(5,525.10)
LCPF07641902	20825CAQ7 CONOCOPHILLIPS 6.500% 02/01/2039 DD 02/03/09	60,000.000	69,551.40	65,605.80	(3,945.60)
LCPF07641902	26443TAD8 DUKE ENERGY INDIANA LLC 5.400% 04/01/2053 DD 03/23/23	20,000.000	20,443.00	18,982.00	(1,461.00)
LCPF07641902	38141GYM0 GOLDMAN SACHS GROUP INC/THE VAR RT 10/21/2027 DD 10/21/21	70,000.000	64,240.60	66,412.50	2,171.90
LCPF07641902	44918CAD4 HYUNDAI AUTO RECEIVABLES C A3 5.540% 10/16/2028 DD 11/13/23	35,000.000	35,737.10	35,514.50	(222.60)



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01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07641902	46647PBP0 JPMORGAN CHASE & CO VAR RT 05/13/2031 DD 05/13/20	45,000.000	39,607.20	40,254.75	647.55
LCPF07641902	46647PEG7 JPMORGAN CHASE & CO VAR RT 04/22/2030 DD 04/22/24	35,000.000	34,963.95	35,704.55	740.60
LCPF07641902	46647PEK8 JPMORGAN CHASE & CO VAR RT 07/22/2035 DD 07/22/24	20,000.000	20,069.40	19,786.60	(282.80)
LCPF07641902	46647PEL6 JPMORGAN CHASE & CO VAR RT 07/22/2028 DD 07/22/24	30,000.000	29,994.30	30,100.50	106.20
LCPF07641902	47786WAD2 JOHN DEERE OWNER TRUST 20 B A3 5.200% 03/15/2029 DD 06/18/24	35,000.000	34,993.16	35,434.70	441.54
LCPF07641902	478160BU7 JOHNSON & JOHNSON 3.550% 03/01/2036 DD 03/01/16	50,000.000	46,336.50	43,676.00	(2,660.50)
LCPF07641902	594918BS2 MICROSOFT CORP 3.450% 08/08/2036 DD 08/08/16	10,000.000	9,220.90	8,720.20	(500.70)
LCPF07641902	61747YEV3 MORGAN STANLEY VAR RT 10/18/2028 DD 10/18/22	25,000.000	26,206.00	25,922.75	(283.25)
LCPF07641902	61747YEZ4 MORGAN STANLEY VAR RT 01/28/2027 DD 01/19/23	10,000.000	10,012.20	10,035.00	22.80
LCPF07641902	61747YFA8 MORGAN STANLEY VAR RT 02/01/2029 DD 01/19/23	75,000.000	75,405.00	75,208.50	(196.50)
LCPF07641902	654106AL7 NIKE INC 3.250% 03/27/2040 DD 03/27/20	15,000.000	12,637.05	11,578.80	(1,058.25)
LCPF07641902	713448BP2 PEPSICO INC 5.500% 01/15/2040 DD 01/14/10	45,000.000	46,874.90	45,563.85	(1,311.05)
LCPF07641902	716973AG7 PFIZER INVESTMENT ENTERPRISES 5.300% 05/19/2053 DD 05/19/23	35,000.000	35,639.45	32,823.00	(2,816.45)
LCPF07641902	718547AU6 PHILLIPS 66 CO 5.250% 06/15/2031 DD 02/28/24	55,000.000	56,738.90	55,167.75	(1,571.15)
LCPF07641902	756109BZ6 REALTY INCOME CORP 3.200% 01/15/2027 DD 01/15/24	45,000.000	42,601.05	43,625.25	1,024.20
LCPF07641902	857477CN1 STATE STREET CORP VAR RT 02/20/2029 DD 08/20/24	55,000.000	54,885.60	54,378.50	(507.10)
LCPF07641902	87612EBR6 TARGET CORP 4.800% 01/15/2053 DD 01/24/23	10,000.000	9,967.40	8,939.70	(1,027.70)
LCPF07641902	891160MJ9 TORONTO-DOMINION BANK/THE VAR RT 09/15/2031 DD 09/15/16	90,000.000	88,000.45	87,418.80	(581.65)
LCPF07641902	89237NAD9 TOYOTA AUTO RECEIVABLES 2 B A3 5.330% 01/16/2029 DD 04/30/24	80,000.000	79,988.59	81,087.20	1,098.61
LCPF07641902	91159HJP6 US BANCORP VAR RT 10/26/2027 DD 10/26/23	35,000.000	36,360.45	36,187.90	(172.55)
LCPF07641902	91324PES7 UNITEDHEALTH GROUP INC 5.875% 02/15/2053 DD 10/28/22	30,000.000	33,907.40	30,123.30	(3,784.10)
LCPF07641902	92348KCQ4 VERIZON MASTER TRUST 3 A1A 5.340% 04/22/2030 DD 04/23/24	110,000.000	109,975.65	111,842.50	1,866.85
LCPF07641902	92808VAB8 VIRGINIA POWER FUEL SECURITIZA 4.877% 05/01/2033 DD 02/14/24	35,000.000	34,998.79	34,971.65	(27.14)
LCPF07641902	931142FE8 WALMART INC 4.500% 04/15/2053 DD 04/18/23	45,000.000	43,927.20	39,219.75	(4,707.45)
LCPF07641902	95000U3D3 WELLS FARGO & CO VAR RT 04/24/2034 DD 04/24/23	25,000.000	25,152.75	24,727.75	(425.00)
LCPF07641902	95000U3E1 WELLS FARGO & CO VAR RT 07/25/2029 DD 07/25/23	35,000.000	35,841.55	35,540.05	(301.50)
LCPF07641902	95000U3L5 WELLS FARGO & CO VAR RT 04/22/2028 DD 04/22/24	45,000.000	44,999.10	45,746.10	747.00
LCPF07645102	00440KAA1 ACCENTURE CAPITAL INC 3.900% 10/04/2027 DD 10/04/24	195,000.000	194,748.45	192,162.75	(2,585.70)
LCPF07645102	035240AV2 ANHEUSER-BUSCH INBEV WORLDWIDE 3.500% 06/01/2030 DD 04/03/20	235,000.000	225,698.45	220,371.25	(5,327.20)
LCPF07645102	06051GHB8 BANK OF AMERICA CORP VAR RT 02/05/2026 DD 02/05/18	355,000.000	354,460.40	355,301.75	841.35
LCPF07645102	06051GLC1 BANK OF AMERICA CORP VAR RT 11/10/2028 DD 11/10/22	380,000.000	401,384.80	393,448.20	(7,936.60)
LCPF07645102	09290DAH4 BLACKROCK FUNDING INC 4.600% 07/26/2027 DD 07/26/24	115,000.000	115,880.35	115,280.60	(599.75)
LCPF07645102	20030NCT6 COMCAST CORP 4.150% 10/15/2028 DD 10/05/18	920,000.000	912,894.95	897,368.00	(15,526.95)
LCPF07645102	20030NCU3 COMCAST CORP 4.250% 10/15/2030 DD 10/05/18	635,000.000	630,068.15	612,241.60	(17,826.55)
LCPF07645102	254687DK9 WALT DISNEY CO/THE 3.375% 11/15/2026 DD 11/15/19	405,000.000	394,415.25	396,486.90	2,071.65
LCPF07645102	373334KV2 GEORGIA POWER CO 5.004% 02/23/2027 DD 02/23/24	380,000.000	382,636.25	382,831.00	194.75
LCPF07645102	38141GWL4 GOLDMAN SACHS GROUP INC/THE VAR RT 06/05/2028 DD 06/05/17	1,015,000.000	980,453.85	985,991.30	5,537.45
LCPF07645102	45866FAW4 INTERCONTINENTAL EXCHANGE INC 4.600% 03/15/2033 DD	275,000.000	275,872.37	263,717.28	(12,155.09)



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

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ALL ACCTS COMP - LCPG77937500

01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	05/23/22				
LCPF07645102	46647PAX4 JPMORGAN CHASE & CO VAR RT 12/05/2029 DD 12/05/18	615,000.000	607,042.60	602,558.55	(4,484.05)
LCPF07645102	46647PCV6 JPMORGAN CHASE & CO VAR RT 02/24/2026 DD 02/24/22	740,000.000	722,042.45	737,476.60	15,434.15
LCPF07645102	59022CAA1 BANK OF AMERICA CORP VAR RT 09/15/2026 DD 09/12/06	425,000.000	420,910.49	425,607.75	4,697.26
LCPF07645102	6174468Q5 MORGAN STANLEY VAR RT 04/28/2026 DD 04/28/20	635,000.000	614,439.10	629,329.45	14,890.35
LCPF07645102	61747YER2 MORGAN STANLEY VAR RT 04/20/2028 DD 04/20/22	455,000.000	448,532.50	448,411.60	(120.90)
LCPF07645102	61747YFQ3 MORGAN STANLEY VAR RT 04/18/2030 DD 04/19/24	430,000.000	450,302.30	437,679.80	(12,622.50)
LCPF07645102	673920AE4 OBX 2023-J2 TRUST J2 A5 144A VAR RT 11/25/2053 DD 10/01/23	289,992.798	289,462.11	290,392.99	930.88
LCPF07645102	69121KAE4 BLUE OWL CAPITAL CORP 3.400% 07/15/2026 DD 12/08/20	590,000.000	556,447.30	571,592.00	15,144.70
LCPF07645102	693475BV6 PNC FINANCIAL SERVICES GROUP I VAR RT 01/21/2028 DD 01/22/24	480,000.000	484,058.05	484,075.20	17.15
LCPF07645102	718172DE6 PHILIP MORRIS INTERNATIONAL IN 5.625% 09/07/2033 DD 09/07/23	390,000.000	410,304.05	396,251.70	(14,052.35)
LCPF07645102	718172DJ5 PHILIP MORRIS INTERNATIONAL IN 5.250% 02/13/2034 DD 02/13/24	660,000.000	659,932.20	652,568.40	(7,363.80)
LCPF07645102	740189AM7 PRECISION CASTPARTS CORP 3.250% 06/15/2025 DD 06/10/15	180,000.000	176,295.60	178,972.20	2,676.60
LCPF07645102	773903AH2 ROCKWELL AUTOMATION INC 3.500% 03/01/2029 DD 03/01/19	530,000.000	514,012.10	503,351.60	(10,660.50)
LCPF07645102	78646UAA7 SAFEHOLD GL HOLDINGS LLC 2.800% 06/15/2031 DD 05/07/21	460,000.000	378,616.80	392,835.40	14,218.60
LCPF07645102	78646UAB5 SAFEHOLD GL HOLDINGS LLC 2.850% 01/15/2032 DD 11/18/21	550,000.000	456,729.00	462,203.50	5,474.50
LCPF07645102	828807CV7 SIMON PROPERTY GROUP LP 3.500% 09/01/2025 DD 08/17/15	170,000.000	166,078.10	168,808.30	2,730.20
LCPF07645102	828807DF1 SIMON PROPERTY GROUP LP 2.450% 09/13/2029 DD 09/13/19	945,000.000	850,876.15	849,866.85	(1,009.30)
LCPF07645102	89788KAA4 TRUIST BANK 2.250% 03/11/2030 DD 03/09/20	890,000.000	753,802.30	764,171.80	10,369.50
LCPF07645102	927804FX7 VIRGINIA ELECTRIC AND POWER CO 3.500% 03/15/2027 DD 03/16/17	415,000.000	403,611.30	404,508.80	897.50
LCPF07645102	927804GR9 VIRGINIA ELECTRIC AND POWER CO 5.050% 08/15/2034 DD 08/12/24	145,000.000	146,194.90	141,511.30	(4,683.60)
LCPF07650002	03063FAF1 AMERICREDIT AUTOMOBILE REC 1 D 1.210% 12/18/2026 DD 03/10/21	500,000.000	467,215.00	491,460.00	24,245.00
LCPF07650002	06051GHY8 BANK OF AMERICA CORP VAR RT 02/13/2026 DD 02/13/20	630,000.000	611,179.80	627,902.10	16,722.30
LCPF07650002	233331BM8 DTE ENERGY CO 4.950% 07/01/2027 DD 08/02/24	445,000.000	447,342.70	446,624.25	(718.45)
LCPF07650002	38141GWZ3 GOLDMAN SACHS GROUP INC/THE VAR RT 05/01/2029 DD 04/23/18	455,000.000	436,887.75	442,683.15	5,795.40
LCPF07650002	46647PDX1 JPMORGAN CHASE & CO VAR RT 10/23/2029 DD 10/23/23	585,000.000	612,310.95	606,691.80	(5,619.15)
LCPF07650002	61747YEV3 MORGAN STANLEY VAR RT 10/18/2028 DD 10/18/22	585,000.000	612,408.15	606,592.35	(5,815.80)
LCPF07650002	80286NAG1 SANTANDER DRIVE AUTO RECEI 1 D 1.130% 11/16/2026 DD 02/17/21	54,541.251	53,152.09	54,311.09	1,159.00
LCPF07650002	80287EAF2 SANTANDER DRIVE AUTO RECEI 3 D 1.330% 09/15/2027 DD 07/21/21	240,792.078	230,040.73	237,591.95	7,551.22
LCPF07650002	95000U2X0 WELLS FARGO & CO VAR RT 04/25/2026 DD 04/25/22	455,000.000	448,207.85	453,607.70	5,399.85
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			24,569,172.60	24,594,269.01	25,096.41
CORPORATE DEBT INSTRUMENTS					
LCPF07632502	00510RAD5 ACUITY BRANDS LIGHTING INC 2.150% 12/15/2030 DD 11/10/20	1,210,000.000	1,011,869.15	1,030,351.30	18,482.15
LCPF07632502	03831WAC2 APPLOVIN CORP 5.375% 12/01/2031 DD 12/05/24	780,000.000	780,395.20	780,889.20	494.00
LCPF07632502	115236AC5 BROWN & BROWN INC 2.375% 03/15/2031 DD 09/24/20	1,225,000.000	1,038,597.70	1,029,343.00	(9,254.70)



Schedule of Investments at End of Plan Year at Revalued Cost

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ALL ACCTS COMP - LCPG77937500

01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07632502	126650DU1 CVS HEALTH CORP 5.250% 02/21/2033 DD 02/21/23	1,035,000.000	1,050,132.60	992,440.80	(57,691.80)
LCPF07632502	14318UAH4 CARMAX AUTO OWNER TRUST 20 4 D 8.080% 04/16/2029 DD 10/31/22	820,000.000	854,825.40	865,091.80	10,266.40
LCPF07632502	161175BR4 CHARTER COMMUNICATIONS OPERATI 5.050% 03/30/2029 DD 01/17/19	795,000.000	788,418.50	777,931.35	(10,487.15)
LCPF07632502	30161NAX9 EXELON CORP 4.050% 04/15/2030 DD 04/01/20	1,075,000.000	1,031,852.50	1,024,679.25	(7,173.25)
LCPF07632502	40410KAA3 HB FULLER CO 4.250% 10/15/2028 DD 10/20/20	830,000.000	780,366.70	780,913.80	547.10
LCPF07632502	52107QAJ4 LAZARD GROUP LLC 4.500% 09/19/2028 DD 09/19/18	1,065,000.000	1,040,221.55	1,040,984.25	762.70
LCPF07632502	67401PAB4 OAKTREE SPECIALTY LENDING CORP 3.500% 02/25/2025 DD 02/25/20	925,000.000	896,815.25	921,938.25	25,123.00
LCPF07632502	688239AF9 OSHKOSH CORP 4.600% 05/15/2028 DD 05/17/18	1,055,000.000	1,043,342.70	1,041,369.40	(1,973.30)
LCPF07632502	72650RBM3 PLAINS ALL AMERICAN PIPELINE L 3.550% 12/15/2029 DD 09/16/19	1,115,000.000	1,031,670.20	1,036,838.50	5,168.30
LCPF07632502	74736KAH4 QORVO INC 4.375% 10/15/2029 DD 04/15/20	820,000.000	772,964.40	769,020.60	(3,943.80)
LCPF07632502	78572XAG6 SABRA HEALTH CARE LP 3.900% 10/15/2029 DD 10/07/19	830,000.000	751,556.25	775,560.30	24,004.05
LCPF07632502	83012AAC3 SIXTH STREET SPECIALTY LENDING 6.125% 03/01/2029 DD 01/16/24	1,030,000.000	1,020,509.00	1,042,895.60	22,386.60
LCPF07641902	001084AR3 AGCO CORP 5.450% 03/21/2027 DD 03/21/24	60,000.000	60,167.40	60,563.40	396.00
LCPF07641902	00206RCP5 AT&T INC 4.500% 05/15/2035 DD 05/04/15	50,000.000	47,309.75	46,250.00	(1,059.75)
LCPF07641902	00206RMT6 AT&T INC 5.400% 02/15/2034 DD 06/02/23	30,000.000	31,002.00	30,113.40	(888.60)
LCPF07641902	015271AK5 ALEXANDRIA REAL ESTATE EQUITIE 3.950% 01/15/2028 DD 03/03/17	30,000.000	28,803.30	29,160.30	357.00
LCPF07641902	02343JAA8 AMCOR FLEXIBLES NORTH AMERICA 4.000% 05/17/2025 DD 05/17/22	55,000.000	54,128.40	54,796.50	668.10
LCPF07641902	02344BAA4 AMCOR GROUP FINANCE PLC 5.450% 05/23/2029 DD 05/23/24	60,000.000	60,028.20	60,489.60	461.40
LCPF07641902	03027XAJ9 AMERICAN TOWER CORP 4.400% 02/15/2026 DD 01/12/16	30,000.000	29,628.90	29,845.50	216.60
LCPF07641902	03027XAK6 AMERICAN TOWER CORP 3.375% 10/15/2026 DD 05/13/16	55,000.000	52,712.55	53,721.25	1,008.70
LCPF07641902	036752AZ6 ELEVANCE HEALTH INC 5.375% 06/15/2034 DD 05/30/24	35,000.000	35,277.00	34,700.40	(576.60)
LCPF07641902	05565QDW5 BP CAPITAL MARKETS PLC VAR RT 12/31/2049 DD 03/01/24	15,000.000	15,000.00	15,441.45	441.45
LCPF07641902	058498AY2 BALL CORP 6.875% 03/15/2028 DD 11/25/22	40,000.000	41,584.00	40,911.60	(672.40)
LCPF07641902	058498AZ9 BALL CORP 6.000% 06/15/2029 DD 05/11/23	25,000.000	25,653.35	25,181.25	(472.10)
LCPF07641902	080555AE5 BELO CORP 7.750% 06/01/2027 DD 06/01/97	30,000.000	30,469.50	31,202.70	733.20
LCPF07641902	1248EPCN1 CCO HOLDINGS LLC / CCO HOLDING 4.500% 05/01/2032 DD 05/01/21	35,000.000	29,962.45	30,105.60	143.15
LCPF07641902	12513GBF5 CDW LLC / CDW FINANCE CORP 3.250% 02/15/2029 DD 08/13/20	60,000.000	55,712.60	55,272.00	(440.60)
LCPF07641902	14040HDB8 CAPITAL ONE FINANCIAL CORP VAR RT 10/29/2027 DD 11/01/23	80,000.000	83,088.00	83,018.40	(69.60)
LCPF07641902	16411QAG6 CHENIERE ENERGY PARTNERS LP 4.500% 10/01/2029 DD 04/01/20	70,000.000	67,299.75	67,772.60	472.85
LCPF07641902	172967PR6 CITIGROUP INC VAR RT 12/31/2049 DD 12/03/24	25,000.000	25,035.00	24,830.00	(205.00)
LCPF07641902	22822VBA8 CROWN CASTLE INC 5.000% 01/11/2028 DD 01/11/23	55,000.000	55,547.80	54,944.45	(603.35)
LCPF07641902	233331BL0 DTE ENERGY CO 5.850% 06/01/2034 DD 05/03/24	35,000.000	34,975.15	35,939.05	963.90
LCPF07641902	235825AH9 DANA INC 4.250% 09/01/2030 DD 05/13/21	40,000.000	35,397.50	37,226.80	1,829.30
LCPF07641902	237194AL9 DARDEN RESTAURANTS INC 3.850% 05/01/2027 DD 04/18/17	35,000.000	33,652.85	34,210.40	557.55
LCPF07641902	26884UAG4 EPR PROPERTIES 3.600% 11/15/2031 DD 10/27/21	20,000.000	16,616.00	17,514.60	898.60
LCPF07641902	29250NBZ7 ENBRIDGE INC 6.700% 11/15/2053 DD 11/09/23	20,000.000	23,351.80	21,735.40	(1,616.40)



Schedule of Investments at End of Plan Year at Revalued Cost

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01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07641902	29273RAR0 ENERGY TRANSFER LP 6.500% 02/01/2042 DD 01/17/12	25,000.000	26,478.00	25,911.25	(566.75)
LCPF07641902	29273VAP5 ENERGY TRANSFER LP 5.550% 02/15/2028 DD 12/14/22	55,000.000	56,079.50	55,866.25	(213.25)
LCPF07641902	345370DA5 FORD MOTOR CO 3.250% 02/12/2032 DD 11/12/21	50,000.000	41,631.00	41,588.50	(42.50)
LCPF07641902	361448BP7 GATX CORP 5.400% 03/15/2027 DD 03/01/24	45,000.000	45,028.80	45,510.75	481.95
LCPF07641902	37045XEU6 GENERAL MOTORS FINANCIAL CO IN 5.550% 07/15/2029 DD 04/04/24	90,000.000	89,959.50	90,981.90	1,022.40
LCPF07641902	37940XAA0 GLOBAL PAYMENTS INC 2.650% 02/15/2025 DD 08/14/19	60,000.000	58,139.40	59,812.20	1,672.80
LCPF07641902	37940XAN2 GLOBAL PAYMENTS INC 5.300% 08/15/2029 DD 08/22/22	40,000.000	40,262.30	40,072.40	(189.90)
LCPF07641902	403949AQ3 HF SINCLAIR CORP 5.000% 02/01/2028 DD 08/01/24	60,000.000	59,550.60	59,267.40	(283.20)
LCPF07641902	432833AF8 HILTON DOMESTIC OPERATING CO I 4.875% 01/15/2030 DD 06/20/19	35,000.000	34,485.50	33,572.35	(913.15)
LCPF07641902	437930AC4 HONDA AUTO RECEIVABLES 20 2 A3 5.270% 11/20/2028 DD 05/21/24	105,000.000	104,987.24	106,268.40	1,281.16
LCPF07641902	458140BT6 INTEL CORP 1.600% 08/12/2028 DD 08/12/21	65,000.000	57,582.95	57,338.45	(244.50)
LCPF07641902	458140CM0 INTEL CORP 5.600% 02/21/2054 DD 02/21/24	15,000.000	14,954.55	13,178.40	(1,776.15)
LCPF07641902	47800BAC2 *JOHN DEERE OWNER TRUST 20 C A3 5.090% 06/15/2027 DD 10/19/22	57,166.077	57,164.93	57,333.00	168.07
LCPF07641902	48666KBA6 KB HOME 7.250% 07/15/2030 DD 06/22/22	30,000.000	31,045.50	30,758.40	(287.10)
LCPF07641902	494550AW6 KINDER MORGAN ENERGY PARTNERS 6.950% 01/15/2038 DD 06/21/07	40,000.000	44,004.00	43,378.80	(625.20)
LCPF07641902	501044DQ1 KROGER CO/THE 1.700% 01/15/2031 DD 01/12/21	60,000.000	48,575.40	49,441.80	866.40
LCPF07641902	501044DW8 KROGER CO/THE 5.500% 09/15/2054 DD 08/27/24	30,000.000	30,146.80	28,291.80	(1,855.00)
LCPF07641902	517834AE7 LAS VEGAS SANDS CORP 3.500% 08/18/2026 DD 07/31/19	55,000.000	51,787.45	53,537.00	1,749.55
LCPF07641902	55336VAS9 MPLX LP 4.800% 02/15/2029 DD 11/15/18	45,000.000	44,695.90	44,605.80	(90.10)
LCPF07641902	55336VBW9 MPLX LP 5.650% 03/01/2053 DD 02/09/23	20,000.000	19,834.80	18,669.20	(1,165.60)
LCPF07641902	55903VBG7 WARNERMEDIA HOLDINGS INC 6.412% 03/15/2026 DD 03/10/23	50,000.000	50,021.50	50,020.00	(1.50)
LCPF07641902	571903AY9 MARRIOTT INTERNATIONAL INC/MD 4.000% 04/15/2028 DD 04/06/18	50,000.000	48,438.50	48,632.50	194.00
LCPF07641902	571903BQ5 MARRIOTT INTERNATIONAL INC/MD 5.300% 05/15/2034 DD 02/22/24	30,000.000	29,634.90	29,776.50	141.60
LCPF07641902	595017BK9 MICROCHIP TECHNOLOGY INC 4.900% 03/15/2028 DD 12/16/24	50,000.000	50,043.50	49,841.50	(202.00)
LCPF07641902	61747YEF8 MORGAN STANLEY VAR RT 09/16/2036 DD 09/16/21	40,000.000	31,884.55	32,540.40	655.85
LCPF07641902	626717AP7 MURPHY OIL CORP 6.000% 10/01/2032 DD 10/03/24	40,000.000	39,873.75	38,432.40	(1,441.35)
LCPF07641902	67059TAE5 NUSTAR LOGISTICS LP 5.625% 04/28/2027 DD 04/28/17	30,000.000	29,872.20	29,781.60	(90.60)
LCPF07641902	68389XBW4 ORACLE CORP 3.600% 04/01/2040 DD 04/01/20	15,000.000	12,007.50	11,744.85	(262.65)
LCPF07641902	68389XCA1 ORACLE CORP 3.950% 03/25/2051 DD 03/24/21	25,000.000	19,660.25	18,532.75	(1,127.50)
LCPF07641902	70959WAK9 PENSKE AUTOMOTIVE GROUP INC 3.750% 06/15/2029 DD 06/15/21	50,000.000	44,445.05	45,440.00	994.95
LCPF07641902	817565CH5 SERVICE CORP INTERNATIONAL/US 5.750% 10/15/2032 DD 09/17/24	30,000.000	30,189.00	29,099.40	(1,089.60)
LCPF07641902	845467AL3 EXPAND ENERGY CORP VAR RT 01/23/2025 DD 01/23/15	4,000.000	3,983.32	3,999.44	16.12
LCPF07641902	86765BAU3 ENERGY TRANSFER LP 4.000% 10/01/2027 DD 09/21/17	20,000.000	19,123.00	19,554.40	431.40
LCPF07641902	871829BN6 SYSCO CORP 6.600% 04/01/2050 DD 04/02/20	15,000.000	17,671.95	16,465.50	(1,206.45)
LCPF07641902	871829BQ9 SYSCO CORP 2.450% 12/14/2031 DD 12/14/21	40,000.000	34,835.20	33,590.80	(1,244.40)
LCPF07641902	87264AAV7 T-MOBILE USA INC 4.750% 02/01/2028 DD 01/25/18	60,000.000	59,744.70	59,608.20	(136.50)
LCPF07641902	87264ABW4 T-MOBILE USA INC 3.500% 04/15/2031 DD 03/23/21	60,000.000	54,813.00	54,462.00	(351.00)



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

ALL ACCTS COMP - LCPG77937500

01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07641902	874054AK5 TAKE-TWO INTERACTIVE SOFTWARE 4.950% 03/28/2028 DD 04/14/23	30,000.000	29,961.60	29,994.00	32.40
LCPF07641902	88033GDQ0 TENET HEALTHCARE CORP 6.125% 06/15/2030 DD 06/15/22	35,000.000	35,259.15	34,724.20	(534.95)
LCPF07641902	88732JBD9 TIME WARNER CABLE LLC 4.500% 09/15/2042 DD 08/10/12	45,000.000	35,432.10	33,695.10	(1,737.00)
LCPF07641902	89788MAJ1 TRUIST FINANCIAL CORP VAR RT 10/28/2026 DD 10/28/22	55,000.000	55,453.75	55,426.80	(26.95)
LCPF07641902	911365BG8 UNITED RENTALS NORTH AMERICA I 4.875% 01/15/2028 DD 08/11/17	40,000.000	39,010.40	38,929.20	(81.20)
LCPF07641902	91913YAL4 VALERO ENERGY CORP 6.625% 06/15/2037 DD 06/08/07	30,000.000	32,962.50	31,469.70	(1,492.80)
LCPF07641902	92343VGN8 VERIZON COMMUNICATIONS INC 2.355% 03/15/2032 DD 03/15/22	45,000.000	37,371.75	37,327.50	(44.25)
LCPF07641902	928563AJ4 VMWARE LLC 1.400% 08/15/2026 DD 08/02/21	65,000.000	59,473.85	61,573.20	2,099.35
LCPF07641902	961214DF7 WESTPAC BANKING CORP VAR RT 11/23/2031 DD 11/23/16	90,000.000	87,308.00	88,592.40	1,284.40
LCPF07641902	988498AR2 YUM! BRANDS INC 5.375% 04/01/2032 DD 04/01/22	30,000.000	29,549.30	29,053.80	(495.50)
LCPF07645102	031162DR8 AMGEN INC 5.250% 03/02/2033 DD 03/02/23	625,000.000	645,609.50	620,668.75	(24,940.75)
LCPF07645102	036752AB9 ELEVANCE HEALTH INC 3.650% 12/01/2027 DD 11/21/17	605,000.000	589,930.85	589,040.10	(890.75)
LCPF07645102	04010LAY9 ARES CAPITAL CORP 3.250% 07/15/2025 DD 01/15/20	585,000.000	559,733.85	579,331.35	19,597.50
LCPF07645102	04010LAZ6 ARES CAPITAL CORP 3.875% 01/15/2026 DD 07/15/20	560,000.000	542,766.60	553,560.00	10,793.40
LCPF07645102	09290DAA9 BLACKROCK FUNDING INC 4.700% 03/14/2029 DD 03/14/24	395,000.000	399,193.60	395,351.55	(3,842.05)
LCPF07645102	126650CX6 CVS HEALTH CORP 4.300% 03/25/2028 DD 03/09/18	87,000.000	85,625.40	84,281.25	(1,344.15)
LCPF07645102	126650DG2 CVS HEALTH CORP 3.250% 08/15/2029 DD 08/15/19	690,000.000	646,581.55	628,355.40	(18,226.15)
LCPF07645102	26442CBM5 DUKE ENERGY CAROLINAS LLC 4.850% 01/15/2034 DD 01/05/24	880,000.000	874,414.90	853,283.20	(21,131.70)
LCPF07645102	30225VAP2 EXTRA SPACE STORAGE LP 2.200% 10/15/2030 DD 04/15/23	530,000.000	448,414.65	450,950.50	2,535.85
LCPF07645102	302491AU9 FMC CORP 3.450% 10/01/2029 DD 09/20/19	330,000.000	302,450.70	302,266.80	(183.90)
LCPF07645102	302491AW5 FMC CORP 5.150% 05/18/2026 DD 05/18/23	225,000.000	224,772.75	225,229.50	456.75
LCPF07645102	35910EAA2 *FRONTIER ISSUER LLC 1 A2 144A 6.600% 08/20/2053 DD 08/08/23	275,000.000	273,798.25	279,878.50	6,080.25
LCPF07645102	36270FAD5 *GS MORTGAGE-BACKED PJ3 A3 144A VAR RT 10/27/2053 DD 05/01/23	346,742.595	337,748.12	332,845.15	(4,902.97)
LCPF07645102	36270XBB9 *GS MORTGAGE-BACKE PJ4 A16 144A VAR RT 01/25/2054 DD 08/01/23	278,397.194	282,183.45	281,389.96	(793.49)
LCPF07645102	37045XCS3 GENERAL MOTORS FINANCIAL CO IN 5.650% 01/17/2029 DD 01/17/19	305,000.000	313,395.55	309,541.45	(3,854.10)
LCPF07645102	42250PAB9 HEALTHPEAK OP LLC 2.875% 01/15/2031 DD 06/23/20	325,000.000	282,532.25	286,143.00	3,610.75
LCPF07645102	42824CBV0 HEWLETT PACKARD ENTERPRISE CO 5.000% 10/15/2034 DD 09/26/24	415,000.000	411,655.85	399,155.30	(12,500.55)
LCPF07645102	46590XAZ9 JBS USA HOLDING LUX SARL/ JBS 5.125% 02/01/2028 DD 08/01/23	655,000.000	655,876.80	650,906.25	(4,970.55)
LCPF07645102	465988AD5 *JP MORGAN MORTGAGE T 9 A4 144A VAR RT 04/25/2054 DD 10/01/23	96,665.970	96,860.26	96,922.13	61.87
LCPF07645102	47233WBM0 JEFFERIES FINANCIAL GROUP INC 5.875% 07/21/2028 DD 07/21/23	220,000.000	226,573.45	225,000.60	(1,572.85)
LCPF07645102	47233WEJ4 JEFFERIES FINANCIAL GROUP INC 6.200% 04/14/2034 DD 04/16/24	225,000.000	224,773.10	232,060.50	7,287.40
LCPF07645102	534187BK4 LINCOLN NATIONAL CORP 3.400% 01/15/2031 DD 05/15/20	275,000.000	249,639.21	247,214.00	(2,425.21)
LCPF07645102	55903VBA0 WARNERMEDIA HOLDINGS INC 3.755% 03/15/2027 DD 03/15/23	740,000.000	711,787.80	712,901.20	1,113.40
LCPF07645102	68389XCJ2 ORACLE CORP 6.250% 11/09/2032 DD 11/09/22	380,000.000	416,070.60	402,948.20	(13,122.40)
LCPF07645102	75023WAF1 *RADIAN MORTGAGE CAP J2 A4 144A VAR RT 03/25/2055 DD	532,570.274	525,996.36	520,385.52	(5,610.84)



Schedule of Investments at End of Plan Year at Revalued Cost

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01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	10/01/24				
LCPF07645102	892356AB2 TRACTOR SUPPLY CO 5.250% 05/15/2033 DD 05/05/23	300,000.000	309,386.65	300,018.00	(9,368.65)
LCPF07645102	92343VGJ7 VERIZON COMMUNICATIONS INC 2.550% 03/21/2031 DD 03/22/21	610,000.000	532,765.30	525,655.30	(7,110.00)
LCPF07650002	00130HCH6 AES CORP/THE 5.450% 06/01/2028 DD 05/17/23	440,000.000	444,763.70	442,345.20	(2,418.50)
LCPF07650002	023608AQ5 AMEREN CORP 5.000% 01/15/2029 DD 12/21/23	450,000.000	451,003.50	450,801.00	(202.50)
LCPF07650002	025537AJ0 AMERICAN ELECTRIC POWER CO INC 3.200% 11/13/2027 DD 11/13/17	470,000.000	450,444.90	450,386.90	(58.00)
LCPF07650002	03027XBB5 AMERICAN TOWER CORP 1.300% 09/15/2025 DD 06/03/20	471,000.000	446,113.17	459,823.17	13,710.00
LCPF07650002	04010LAY9 ARES CAPITAL CORP 3.250% 07/15/2025 DD 01/15/20	460,000.000	444,313.10	455,542.60	11,229.50
LCPF07650002	042735BF6 ARROW ELECTRONICS INC 3.875% 01/12/2028 DD 06/12/17	465,000.000	449,564.05	447,516.00	(2,048.05)
LCPF07650002	11135FAN1 BROADCOM INC 3.459% 09/15/2026 DD 05/21/20	460,000.000	448,072.20	451,269.20	3,197.00
LCPF07650002	125896BS8 CMS ENERGY CORP 3.450% 08/15/2027 DD 02/13/17	465,000.000	447,939.15	450,031.65	2,092.50
LCPF07650002	126650CL2 CVS HEALTH CORP 3.875% 07/20/2025 DD 07/20/15	460,000.000	453,942.60	457,051.40	3,108.80
LCPF07650002	14040HCZ6 CAPITAL ONE FINANCIAL CORP VAR RT 06/08/2029 DD 06/08/23	435,000.000	453,065.55	449,263.65	(3,801.90)
LCPF07650002	14317DAE0 CARMAX AUTO OWNER TRUST 20 3 B 1.000% 03/15/2027 DD 07/28/21	620,000.000	598,396.88	602,404.40	4,007.52
LCPF07650002	172967JT9 CITIGROUP INC 4.400% 06/10/2025 DD 06/10/15	455,000.000	450,617.50	453,630.45	3,012.95
LCPF07650002	25278XAX7 DIAMONDBACK ENERGY INC 5.200% 04/18/2027 DD 04/18/24	60,000.000	59,973.60	60,586.20	612.60
LCPF07650002	256677AE5 DOLLAR GENERAL CORP 3.875% 04/15/2027 DD 04/11/17	460,000.000	449,138.90	449,622.40	483.50
LCPF07650002	26441CBW4 DUKE ENERGY CORP 5.000% 12/08/2027 DD 12/08/22	440,000.000	447,446.35	443,238.40	(4,207.95)
LCPF07650002	29444UBR6 EQUINIX INC 2.000% 05/15/2028 DD 05/17/21	490,000.000	434,170.10	445,831.40	11,661.30
LCPF07650002	30161NAU5 EXELON CORP 3.400% 04/15/2026 DD 04/07/16	460,000.000	448,760.20	452,400.80	3,640.60
LCPF07650002	344928AF3 FORD CREDIT AUTO OWNER TRU A B 5.070% 01/15/2029 DD 03/31/23	430,000.000	438,026.30	431,763.00	(6,263.30)
LCPF07650002	445658CF2 JB HUNT TRANSPORT SERVICES INC 3.875% 03/01/2026 DD 03/01/19	455,000.000	448,492.75	450,463.65	1,970.90
LCPF07650002	49271VAW0 KEURIG DR PEPPER INC 5.100% 03/15/2027 DD 03/07/24	445,000.000	448,237.05	449,058.40	821.35
LCPF07650002	49456BAF8 KINDER MORGAN INC 4.300% 06/01/2025 DD 11/26/14	455,000.000	450,842.45	453,948.95	3,106.50
LCPF07650002	52107QAJ4 LAZARD GROUP LLC 4.500% 09/19/2028 DD 09/19/18	455,000.000	449,497.95	444,739.75	(4,758.20)
LCPF07650002	526057CD4 LENNAR CORP 4.750% 11/29/2027 DD 05/29/18	450,000.000	452,006.40	448,632.00	(3,374.40)
LCPF07650002	571903BJ1 MARRIOTT INTERNATIONAL INC/MD 5.000% 10/15/2027 DD 09/08/22	445,000.000	452,107.80	448,595.60	(3,512.20)
LCPF07650002	63111XAH4 NASDAQ INC 5.350% 06/28/2028 DD 06/28/23	435,000.000	449,427.00	441,255.30	(8,171.70)
LCPF07650002	776743AM8 ROPER TECHNOLOGIES INC 1.000% 09/15/2025 DD 09/01/20	472,000.000	446,538.88	460,511.52	13,972.64
LCPF07650002	842587CV7 SOUTHERN CO/THE 3.250% 07/01/2026 DD 05/24/16	460,000.000	446,861.60	450,652.80	3,791.20
LCPF07650002	871829BF3 SYSCO CORP 3.250% 07/15/2027 DD 06/22/17	465,000.000	447,918.90	448,525.05	606.15
LCPF07650002	87264ABR5 T-MOBILE USA INC 2.250% 02/15/2026 DD 01/14/21	470,000.000	449,244.60	456,501.60	7,257.00
LCPF07650002	87612BBG6 TARGA RESOURCES PARTNERS LP / 5.000% 01/15/2028 DD 10/17/17	455,000.000	450,661.90	450,095.10	(566.80)
LCPF07650002	92343EAH5 VERISIGN INC 5.250% 04/01/2025 DD 03/27/15	290,000.000	290,075.40	289,936.20	(139.20)
LCPF07650002	95040QAD6 WELLTOWER OP LLC 4.250% 04/15/2028 DD 04/10/18	455,000.000	452,352.35	445,413.15	(6,939.20)
LCPF07650002	98163KAF9 WORLD OMNI AUTO RECEIVABLE D C 1.720% 06/15/2028 DD 11/03/21	460,000.000	436,496.88	445,983.80	9,486.92
LCPF07650002	98419MAM2 XYLEM INC/NY 1.950% 01/30/2028 DD 06/26/20	400,000.000	365,008.80	366,728.00	1,719.20



Schedule of Investments at End of Plan Year at Revalued Cost

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01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
TOTAL CORPORATE DEBT INSTRUMENTS			42,752,418.55	42,742,718.39	(9,700.16)
PARTNERSHIP/JOINT VENTURE INTEREST					
LCPF07641102	99VVAJMK0 MORGAN STANLEY IFHF SPV LP	57,947.000	56,917.00	57,947.00	1,030.00
LCPF07641302	99VVAGP07 SIGULER GUFF DIST OPP FD IV	175,288.200	379,180.23	175,288.20	(203,892.03)
LCPF07644602	999292642 LEXINGTON CAPITAL PTNRS VII	153,899.000	236,434.07	153,899.00	(82,535.07)
LCPF07644702	99VVAK5Y6 ENTRUST SPECIAL OPPS FUND II	3,408.000	26,910.00	3,408.00	(23,502.00)
LCPF07645002	99VVA2RX4 ENTRUST SPECIAL OPP FUND III LTD	2,343,978.000	2,127,553.00	2,343,978.00	216,425.00
LCPF07645502	99VVBAXB6 BOYD WATTERSON GSA FUND LP	14,427.160	16,610,703.23	14,230,250.99	(2,380,452.24)
LCPF07650402	99VVA89V5 INTERCONTINENTAL US RE FD LLC	5,109,038.500	5,704,588.85	5,109,038.50	(595,550.35)
LCPF07650502	99VVB6S88 ARES MANAGEMENT LLC	6,786,975.470	6,973,209.69	6,786,975.47	(186,234.22)
LCPF07650702	99VVCFF73 PARTNERS GR PG DIR EQ 19 FD	5,257,340.000	4,976,866.00	5,257,340.00	280,474.00
LCPF07650902	99VVC SHW8 SIGULER GUFF SM BUYOUT OPP V	6,048,615.000	5,206,373.24	6,048,615.00	842,241.76
LCPF07651002	99VVCL1Q3 ARES SPECIAL OPP FUND II LP	8,090,299.000	6,885,697.32	8,090,299.00	1,204,601.68
LCPF07651102	99VVCV83 BLACKSTONE TACTICAL OPP IV LP	5,430,799.330	5,374,835.17	5,430,799.33	55,964.16
LCPF07651202	99VVC5D3 ARDIAN SECONDARY FUND IX LP	1,224,480.000	1,087,227.00	1,224,480.00	137,253.00
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			55,646,494.80	54,912,318.49	(734,176.31)
REAL ESTATE					
LCPF07641202	999E98098 PRISA III	4,165.161	12,095,843.36	12,107,761.19	11,917.83
TOTAL REAL ESTATE			12,095,843.36	12,107,761.19	11,917.83
OTHER INVESTMENTS					
LCPF07641902	88283LHU3 TEXAS TRANSPRTN COMMISSION ST 5.178% 04/01/2030 DD 08/05/10	35,000.000	35,807.45	35,329.70	(477.75)
TOTAL OTHER INVESTMENTS			35,807.45	35,329.70	(477.75)
COMMON/COLLECTIVE TRUST					
LCPF07605102	999616105 JPMCB SPECIAL SITUATION PROPERTY FUND	1,289,138.794	9,774,870.12	11,873,226.12	2,098,356.00
LCPF07605102	999616113 JPMCB STRATEGIC PROPERTY FUND	1,727,310.175	16,276,407.26	18,941,856.11	2,665,448.85
LCPF07605402	996097770 LABORERS PROPRIETARY CASH FUND	16,235,504.360	16,235,504.36	16,235,504.36	0.00
LCPF07626802	999506926 U S BANCORP - ERECT FUND	2,582.310	3,361,537.63	11,123,625.90	7,762,088.27
LCPF07626902	999657398 ERECT CO-PARTICIPATION FUND	2,465.232	2,979,902.85	12,621,136.11	9,641,233.26
LCPF07632502	996097770 LABORERS PROPRIETARY CASH FUND	1,052,681.900	1,052,681.90	1,052,681.90	0.00
LCPF07632502	99A927088 AMERICAN FEDERATION OF LABOR & CONGRESS OF INDUS ORGANIZATION	141.123	157,327.45	135,574.33	(21,753.12)
LCPF07641902	996097770 LABORERS PROPRIETARY CASH FUND	83,444.150	83,444.15	83,444.15	0.00
LCPF07642002	999593361 ULLICO MTG SEPARATE ACCOUNT J	369,370.097	4,391,604.98	6,909,936.05	2,518,331.07
LCPF07644902	99VVATJY2 S&P 500 POOLED INDEX FUND-L811	1,459,975.365	125,367,537.13	342,935,159.55	217,567,622.42
LCPF07645102	996097770 LABORERS PROPRIETARY CASH FUND	2,250,238.210	2,250,238.21	2,250,238.21	0.00
LCPF07650002	996097770 LABORERS PROPRIETARY CASH FUND	254,921.520	254,921.52	254,921.52	0.00
LCPF07650102	99VVA42R0 RHUMLINE S&P SMALL CAP 600 POOLED INDEX	617,932.197	27,255,917.71	53,339,656.36	26,083,738.65



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01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
LCPF07650202	996097770 LABORERS PROPRIETARY CASH FUND	11,315.860	11,315.86	11,315.86	0.00
LCPF07650202	99VVB1QV0 RHUMLINE S&P MID CAP 400 POOLED INDEX FUND	299,165.116	33,496,391.41	55,751,156.60	22,254,765.19
LCPF07650602	99VVCBTC6 VICTORY CAPITAL	5,486,658.070	4,859,845.70	5,486,658.07	626,812.37
LCPF07650802	99VVCG9N3 FBO FRANKLIN BSP CAPITAL CORP	527,260.410	8,000,000.00	7,613,640.32	(386,359.68)
TOTAL COMMON/COLLECTIVE TRUST			255,809,448.24	546,619,731.52	290,810,283.28
103-12 INVESTMENT ENTITIES					
LCPF07644502	999606882 SILCHESTER INTL INVESTORS INTL VALUE EQUITY GROUP TRUST	364,312.413	28,622,434.77	68,456,245.92	39,833,811.15
TOTAL 103-12 INVESTMENT ENTITIES			28,622,434.77	68,456,245.92	39,833,811.15
REGISTERED INVESTMENT COMPANIES					
LCPF07632202	36381Y108 MONDRIAN INTL VAL EQTY	3,803,282.296	54,814,844.13	53,436,116.26	(1,378,727.87)
LCPF07632502	66538G171 BYD WTTESN LTD DUR ENH-I2	1,850,238.241	18,559,546.33	18,187,841.91	(371,704.42)
LCPF07641902	78468R622 SPDR BLOOMBERG HIGH YIELD BO	350.000	36,573.45	33,414.50	(3,158.95)
LCPF07645402	362008310 GMO BENCHMARK-FREE ALLOC-III	816,490.268	21,411,369.07	20,991,964.79	(419,404.28)
LCPF07650302	543495717 LOOMIS SAYLES BOND FUND-N1	431,608.027	5,497,027.44	5,062,762.16	(434,265.28)
TOTAL REGISTERED INVESTMENT COMPANIES			100,319,360.42	97,712,099.62	(2,607,260.80)
GRAND TOTAL			612,743,078.96	939,101,990.85	326,358,911.89

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

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

Year ended December 31, 2024

Form 5500
Schedule H, Line 4iPlan #: 001
EIN #: 25-6135576

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 \$60,000, variable rate due 2/16/2028 dated 2/16/2024	\$ 60,028	\$ 60,157
American Express Co.	Corporate Debt, par value \$55,000, variable rate due 7/26/2028 dated 7/26/2024	55,021	55,421
The Bank of Nova Scotia	Corporate Debt, par value \$55,000, variable rate due 9/8/2028 dated 9/11/2024	55,000	54,476
Canadian Imperial Bank of Comm.	Corporate Debt, par value \$40,000, variable rate due 9/11/2027 dated 9/11/2024	40,000	39,986
EQM Midstream Partners LP	Corporate Debt, par value \$30,000, 5.500% due 7/15/2028 dated 6/25/2018	29,488	29,138
Energy Transfer LP	Corporate Debt, par value \$15,000, 5.550% due 5/15/2034 dated 1/25/2024	15,005	15,608
Fox Corp.	Corporate Debt, par value \$40,000, 4.709% due 1/25/2029 dated 1/25/2020	39,826	39,388
RTX Corp.	Corporate Debt, par value \$55,000, 1.900% due 9/1/2031 dated 8/10/2021	46,727	46,867
The Toronto-Dominion Bank	Corporate Debt, par value \$15,000, variable rate due 9/10/2034 dated 9/10/2024	15,000	15,177

See accompanying Independent Auditor's Report.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

Form 5500
Schedule H, Line 4j

Plan #: 001
EIN #: 25-6135576

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

See accompanying Independent Auditor's Report.



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

ALL ACCTS COMP - LCPG77937500

01/01/2024 - 12/31/2024

ALL ACCOUNTS COMPOSITE

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		43,763,447.74					
111	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	36,893,184.380	36,893,184.38	0.00	0.00	0.00
102	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	36,893,184.380	0.00	36,893,184.38	36,893,184.38	0.00
525	996097770	LABORERS PROPRIETARY CASH FUND	203,473,377.270	203,473,377.27	0.00	0.00	0.00
325	996097770	LABORERS PROPRIETARY CASH FUND	193,690,120.590	0.00	193,690,120.59	193,690,120.59	0.00
9	99VVATJY2	S&P 500 POOLED INDEX FUND-L811	249,507.560	0.00	54,105,838.00	21,425,120.63	32,680,717.37

LABORERS' DISTRICT COUNCIL
OF WESTERN PENNSYLVANIA
PENSION FUND

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Years ended December 31, 2024 and 2023

Sisterson & Co. LLP
501 Grant Street, Suite 450
Pittsburgh, PA 15219

www.sisterson.com

Phone: 412.281.2025

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Laborers' District Council of Western Pennsylvania Pension Fund (the "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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits 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 of the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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

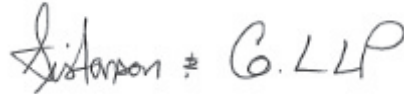
(continued)

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, 2024 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 audit 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.



October 8, 2025

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments (Note 4)	\$ 939,101,991	\$ 874,436,898
Receivables		
Contributions receivable	6,516,749	7,686,584
Due from broker for securities sold	209,827	--
Accrued interest and dividends receivable	1,355,962	1,058,779
Amount due from Laborers' Combined Funds	259,296	20,981
Other	99,520	51,608
	<u>8,441,354</u>	<u>8,817,952</u>
Total assets	<u>\$ 947,543,345</u>	<u>\$ 883,254,850</u>
<u>LIABILITIES</u>		
Current liabilities		
Accounts payable	\$ 398,527	\$ 577,047
Payable for investments purchased	<u>--</u>	<u>226,722</u>
Total liabilities	<u>398,527</u>	<u>803,769</u>
Net assets available for benefits	<u>\$ 947,144,818</u>	<u>\$ 882,451,081</u>

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

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	<u>2024</u>	<u>2023</u>
Investment income		
Net appreciation in fair value of investments	\$ 89,172,361	\$ 104,243,049
Interest and dividends	8,287,620	7,445,345
Less: investment expense	<u>(2,005,202)</u>	<u>(2,238,999)</u>
Net investment income	95,454,779	109,449,395
Employer contributions	<u>77,400,123</u>	<u>76,423,993</u>
Total additions	<u>172,854,902</u>	<u>185,873,388</u>
Benefits paid		
Pension retirement benefits	102,127,437	102,653,757
Lump-sum pension benefits	7,734	--
Death benefits	<u>2,473,572</u>	<u>2,090,194</u>
Total benefits paid	<u>104,608,743</u>	<u>104,743,951</u>
Administrative expenses		
Administrative services	2,268,571	1,522,617
Pension benefit guaranty insurance	595,774	589,680
Investment performance evaluation	178,000	177,250
Legal services	159,282	144,243
Actuarial services	156,000	152,000
Fiduciary responsibility insurance	90,567	86,775
Miscellaneous expense	65,055	18,576
Auditing and accounting services	33,173	31,032
Trustees expenses	<u>6,000</u>	<u>6,000</u>
Total administrative expenses	<u>3,552,422</u>	<u>2,728,173</u>
Total deductions	<u>108,161,165</u>	<u>107,472,124</u>
Net increase to net assets available for benefits	64,693,737	78,401,264
Net assets available for benefits, beginning of year	<u>882,451,081</u>	<u>804,049,817</u>
Net assets available for benefits, end of year	<u>\$ 947,144,818</u>	<u>\$ 882,451,081</u>

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

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Laborers' District Council of Western Pennsylvania Pension Fund (the "Fund") provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guaranty Corporation's ("PBGC") benefit guarantee is contained in the Plan Document and Summary Plan Description, which are available from the plan administrator.

General

The Fund, a multi-employer defined benefit pension fund, was formed in 1956 under an agreement between the Master Builders 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 for each hour worked. 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 substantially all of the Fund's investment assets and, together with several investment managers, manages substantially all of the Fund's investments.

Contributions

For the years ended December 31, 2024 and 2023, the Fund's contributions met the minimum funding requirements of ERISA, as amended by the Pension Protection Act of 2006 ("PPA"). The PPA requires an annual actuarial status determination for multi-employer pension plans.

As of January 1, 2024 and 2023, the actuary estimated the funding percentage at less than 80%; however, the Fund satisfies the credit balance requirement as it is expected to remain positive for at least the current and following six years, which indicates that the Fund is in endangered status, as defined by PPA, for the years ended December 31, 2024 and 2023. The PPA requires that the Fund's trustees of a multi-employer pension plan, that has been certified by its actuary as being in endangered status, to adopt a Funding Improvement Plan that is intended to restore the financial health of the plan. The Funding Improvement Plan that was adopted by the Fund in January 2018 remains in effect.

Payments of benefits

The Fund provides for benefits to or on behalf of covered participants based upon contributions credited to a member's account and years of service as defined in the Fund's agreement. The Fund provides for actuarially equivalent benefits for early retirement and joint survivor options.

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Vesting

A participant is 100% vested in earned benefits when their age plus their credited service units (both past and future) equal 62 with one service credit. A participant is also 100% vested at age 52 with one year of credited service prior to January 1, 1999, or at any time with five or more years of service credit. Service credits are determined by either the number of complete years and quarters of covered service or the number of years without a break in service determined by dividing the number of hours worked by 1,000.

Fund termination

In the event the Fund terminates, the net assets of the Fund will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- c. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.
- d. Vested benefits not insured by the PBGC.
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Fund terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Fund, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Fund are guaranteed at the level in effect on the date of the Fund's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Fund termination (continued)

Whether all participants receive their benefits should the Fund terminate at some future time will depend on the sufficiency, at that time, of the Fund's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Fund sponsor and the level of benefits guaranteed by the PBGC.

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.

Valuation of investments and income recognition

Interest and non-interest bearing cash is valued at cost, which approximates fair value. Registered investment companies are valued based on publicly available prices in active markets. 103-12 investment entity and limited partnerships/joint venture interests are valued at their net asset value ("NAV"). The NAV is determined based on the number of units/shares held by the fund times the fair value of the underlying investments held at the measurement date. The price per share is based on the value of the underlying assets owned by the Fund, minus its liabilities, and then divided by the number of shares outstanding. Private equity, real estate, and common-collective trust funds are valued based on the estimated fair value of their underlying assets. Fixed income securities (U.S. government, corporate bonds, and other) 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 in fair value of investments includes the Fund's gains and losses on investments bought and sold as well as held during the year.

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Valuation of investments and income recognition (continued)

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.

The Fund's investment policy allows the use of derivatives by investment managers for investment portfolio strategies that include managing interest rate or currency risk through hedging, reducing transaction costs by substituting stock or bond index futures or options for assets in the underlying cash market, enhancing returns, and facilitating shifts in asset allocation. The policy states that derivatives may not be used in a speculative manner or to leverage the investment portfolio. The Fund had foreign exchange contracts that are valued at fair value as of December 31, 2024 and 2023. Certain of these foreign exchange contracts are entered into with respect to pending settlements of foreign securities transactions.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Accumulated plan benefits

Accumulated plan benefits (see Note 3) are those future periodic payments, including distributions that are attributable under the Fund's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

Benefits under the Fund are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Plan tax status

The Fund obtained its latest determination letter from the Internal Revenue Service on May 11, 2015, which stated that the Fund and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. 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.

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, 2024 and 2023, 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 2021 and beyond remain subject to examination by the Internal Revenue Service.

Contributions

Employer contributions are recognized as additions to net assets when earned by participants on the basis of hours worked. Contributions receivable represent amounts collected subsequent to year-end, but which are applicable to hours worked during the year.

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 8, 2025, the date on which the financial statements were available to be issued.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 3 - ACCUMULATED PLAN BENEFITS

An actuary determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information was as follows:

	December 31,	
	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 822,488,241	\$ 812,763,249
Other participants	<u>477,092,613</u>	<u>482,079,214</u>
	1,299,580,854	1,294,842,463
Nonvested benefits	<u>9,331,267</u>	<u>11,030,403</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,308,912,121</u>	<u>\$ 1,305,872,866</u>

Changes in the actuarial present value of accumulated plan benefits were as follows:

	Year ended December 31,	
	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 1,305,872,866	\$ 1,288,695,748
Benefits accumulated and plan experience	13,699,630	25,582,274
Increase for interest due to the decrease in the discount period	94,083,576	92,921,137
Benefits paid	<u>(104,743,951)</u>	<u>(101,326,293)</u>
Net increase	<u>3,039,255</u>	<u>17,177,118</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 1,308,912,121</u>	<u>\$ 1,305,872,866</u>

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 3 - ACCUMULATED PLAN BENEFITS (continued)

The more significant assumptions underlying the actuarial computations for the years ended December 31, 2023 and 2022 are as follows:

- Assumed rate of return on investments: 7.50%.
- Present value of accumulated benefits: 7.50%.
- Mortality basis: 115% of SOA PRI-2012 amount-weighted, sex distinct, pre/post commencement and blue-collar mortality with a 2012 base year.

- Turnover:

Age	Rate
20	11.94%
30	11.21%
40	9.40%
50	4.83%

- Retirement: The following annual rates of retirement reflect the percentage of employees who will retire upon reaching eligibility for an unreduced early retirement benefit.

Age	Rate
55	40.00%
56-61	10.00%
62	100.00%

- Asset valuation: Market

The foregoing actuarial assumptions are based on the presumption 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 accumulated plan benefits.

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 4 - 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 values are made primarily by using information provided by the general partners and by taking into consideration valuations reported by the Fund's custodian. 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 measured and reported at fair value, except for those that are valued at 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 and registered investment companies.

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, corporate bonds, other, and interest and non-interest bearing cash.

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 types of investments in Level III include common-collective trusts, and private equity and real estate.

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 4 - INVESTMENTS (continued)

Investments consist of the following as of December 31:

	2024				
	Level I	Level II	Level III	NAV	Total
Common-collective trusts	\$ --	\$ --	\$ 546,619,732	\$ --	\$ 546,619,732
Registered investment companies					
Equity mutual funds					
Global equity funds	97,712,100	--	--	--	97,712,100
Corporate bonds	--	67,336,987	--	--	67,336,987
U.S. government securities	82,003,643	9,915,197	--	--	91,918,840
103-12 investment entity	--	--	--	68,456,246	68,456,246
Limited partnership/joint venture interests	--	--	--	54,912,318	54,912,318
Private equity and real estate	--	--	12,107,761	--	12,107,761
Interest and non-interest bearing cash	--	2,677	--	--	2,677
Other	--	35,330	--	--	35,330
	<u>\$ 179,715,743</u>	<u>\$ 77,290,191</u>	<u>\$ 558,727,493</u>	<u>\$ 123,368,564</u>	<u>\$ 939,101,991</u>
	2023				
	Level I	Level II	Level III	NAV	Total
Common-collective trusts	\$ --	\$ --	\$ 525,683,884	\$ --	\$ 525,683,884
Registered investment companies					
Equity mutual funds					
Global equity funds	92,551,733	--	--	--	92,551,733
Corporate bonds	--	56,952,795	--	--	56,952,795
U.S. government securities	54,569,227	9,898,977	--	--	64,468,204
103-12 investment entity	--	--	--	72,351,312	72,351,312
Limited partnership/joint venture interests	--	--	--	49,879,018	49,879,018
Private equity and real estate	--	--	12,502,589	--	12,502,589
Interest and non-interest bearing cash	--	11,556	--	--	11,556
Other	--	35,807	--	--	38,173
	<u>\$ 147,120,960</u>	<u>\$ 66,899,135</u>	<u>\$ 538,186,473</u>	<u>\$ 122,230,330</u>	<u>\$ 874,436,898</u>

LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 4 - INVESTMENTS (continued)

The following additional information is provided regarding the Fund's investments valued at NAV or its equivalent.

Type	Fair value		Redemption frequency (if currently eligible)	Redemption notice period
	December 31, 2024	December 31, 2023		
103-12 investment entity	\$ 68,456,246	\$ 72,351,312	Monthly	10 days
Limited partnerships/joint venture interest	54,912,318	49,879,018	Quarterly or upon liquidation	90-95 days

These securities invest in equity of companies domiciled in developed markets outside the United States and Canada. They enter forward foreign exchange contracts and engage in derivatives.

As of December 31, 2024, the Fund has unfunded capital commitments of approximately \$14,871,000 related to investments in limited partnerships.

The changes in investments measured at fair value for which the Fund has used Level III inputs to determine fair value are as follows:

	2024	2023
Balance, beginning of year	\$ 538,186,473	\$ 484,259,011
Purchases	203,473,377	127,291,253
Sales	(268,805,040)	(150,551,458)
Realized gains (losses), net	45,111,456	12,065,273
Change in unrealized gains (losses), net	40,761,227	65,122,394
Balance, end of year	\$ <u>558,727,493</u>	\$ <u>538,186,473</u>

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Certain Fund investments consist of investments in funds administered by BNY Mellon. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Fund to BNY Mellon for investment management services were approximately \$193,000 and \$205,000 for the years ended December 31, 2024 and 2023, respectively.