

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/01/2001
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) TRUSTEES OF LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN 202 TWIN OAKS DRIVE SUITE 200A SYRACUSE, NY 13206-1221
2b	Employer Identification Number (EIN) 16-1607418
2c	Plan Sponsor's telephone number 315-214-5775
2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	RICHARD DADDARIO SR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1211
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1211 6a(2) 1214 6b 6c 6d 1214 6e 6f 1214 6g(1) 1211 6g(2) 1214 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 66

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

2E

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

a Pension Schedules

- (1) ☒ **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 _____
- (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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 16-1607418

Part I	Service Provider Information (see instructions)
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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	
NWQ INVESTMENT MANAGEMENT COMPANY	2049 CENTURY PARK EAST, SUITE 1600 LOS ANGELES, CA 90067
46-0875103	

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

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

MORGAN STANLEY SMITH BARNEY LLC

TWO JERICO PLAZA
JERICO, NY 11753

26-4310844

(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 19 72	NONE	15988	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

D'ARCANGELO & CO., LLP

120 LOMOND COURT
UTICA, NY 13502

13-2550103

(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	NONE	11900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLITMAN & KING

SUITE 300, 443 N FRANKLIN STREET
SYRACUSE, NY 13204

16-1047304

(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	NONE	10385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JOSEPH W. MCCARTHY & ASSOCIATES

7644 ROUTE 31 WEST
BALDWINVILLE, NY 13027

16-1120588

(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	NONE	6933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 16-1607418	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	188873	228279
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	158	158
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	847056	969634
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4437297	5130798
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2849	3024

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	6593	17087
f Total assets (add all amounts in lines 1a through 1e)	1f	5482826	6348980
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	102546	90131
i Acquisition indebtedness	1i		
j Other liabilities	1j	490	13765
k Total liabilities (add all amounts in lines 1g through 1j)	1k	103036	103896
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5379790	6245084

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)	760333	
(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)		760333
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	179148	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		179148
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	469189	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1408670

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	433336	
(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)		433336
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)	11900	
(5) Investment advisory and investment management fees	2i(5)	15988	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	2500	
(8) Legal fees	2i(8)	10385	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	69267	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		110040
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		543376

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		865294
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: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 16-1607418	

Part I	Distributions
--------	---------------

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	0
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	

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

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): _____

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): _____

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 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

b The corresponding number for the second preceding plan year.....

15b

- 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

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

- 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..... ☐

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..... ☐

- 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 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? ☐ Yes ☐ 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:

☐ Yes.

☐ 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.

☐ 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.

☐ 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? ☐ Yes ☐ 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).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ 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_____.

LABORERS' LOCAL UNION NO. 1822 DEFINED CONTRIBUTION FUND

December 31, 2024

SUPPLEMENTAL SCHEDULES

D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report
on Supplemental Schedules Required by ERISA

Trustees

Laborers' Local No. 1822 Defined Contribution Fund

Our audit of Laborers' Local No. 1822 Defined Contribution Fund as of and for the year ended December 31, 2024 was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 its form and content, is 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

D'Arcangelo + Co., LLP

October 3, 2025

Utica, New York



D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report

To the Board of Trustees of
Laborers' Local No. 1822 Defined Contribution Fund

Opinion

We have audited the accompanying financial statements of Laborers' Local No. 1822 Defined Contribution 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 Laborers' Local No. 1822 Defined Contribution 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 Laborers' Local No. 1822 Defined Contribution 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' Local No. 1822 Defined Contribution Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 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 Laborers' Local No. 1822 Defined Contribution 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 Laborers' Local No. 1822 Defined Contribution 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.

D'Arcangelo + Co., LLP

October 3, 2025

Utica, New York

**LABORERS LOCAL NO. 1822 DEFINED CONTRIBUTION
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (SCHEDULE H, LINE 4i)
2024 TAX YEAR**

**EIN: 16-1607418
PN: 001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Cash - Claims		Cash Checking Account	\$ 389,310	\$ 389,310
Cash - Trustee Account		Cash Checking Account	3,266	3,266
Morgan Stanley #232-119595-349		See Attached	3,802,609	5,707,856
Total			<u>\$ 4,195,185</u>	<u>\$ 6,100,432</u>

Account Detail

Consulting Group Advisor Retirement Account
232-119595-349
RPM Profit Sharing & Money Purchase

LABORERS LOCAL 1822 DEFIN. CONTR FD
RICHARD DADDARIO SR.

Investment Objectives (in order of priority): Capital Appreciation
Inform us if your investment objectives, as defined in the Expanded Disclosures, change.
Account Holder Votes Proxy: No
The account holder has delegated the authority to vote proxies for the account to Institutional Shareholder Services or a third-party or Morgan Stanley-affiliated portfolio manager, as applicable.

Investment Advisory Account

HOLDINGS

This section reflects positions purchased/sold on a trade date basis. "Market Value" and "Unrealized Gain/(Loss)" may not reflect the value that could be obtained in the market. Your actual investment return may differ from the unrealized gain/(loss) displayed. Fixed Income securities are sorted by maturity or pre-refunding date, and alphabetically within date. Estimated Annual Income a) is calculated on a pre-tax basis. b) does not include any reduction for applicable non-US withholding taxes. c) may include return of principal or capital gains which could overstate such estimates. and d) for holdings that have a defined maturity date within the next 12 months, is reflected only through maturity date. Actual income or yield may be lower or higher than the estimates. Current Yield is an estimate for informational purposes only. It reflects the income generated by an investment, and is calculated by dividing the total estimated annual income by the current market value of the entire position. It does not reflect changes in its price. Structured Investments, identified on the Position Description Details line as "Asset Class: Struct Inv," may appear in various statement product categories. When displayed, the accrued interest, annual income and current yield for those with a contingent income feature (e.g., Range Accrual Notes or Contingent Income Notes) are estimates and assume specified accrual conditions are met during the relevant period and payment in full of all contingent interest. For Floating Rate Securities, the accrued interest, annual income and current yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period. For more information on how we price securities, go to www.morganstanley.com/wealth/disclosures/disclosures.asp.

CASH, BANK DEPOSIT PROGRAM AND MONEY MARKET FUNDS

Cash, Bank Deposit Program, and Money Market Funds are generally displayed on a settlement date basis. You have the right to instruct us to liquidate your bank deposit balance(s) or shares of any money market fund balance(s) at any time and have the proceeds of such liquidation remitted to you. Estimated Annual Income, Accrued Interest, and APY% will only be displayed for fully settled positions. Under the Bank Deposit Program, free credit balances held in an account(s) at Morgan Stanley Smith Barney LLC are automatically deposited into an interest-bearing deposit account(s) at Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association, each a national bank, FDIC member and an affiliate of Morgan Stanley. Under certain circumstances, deposits may be held at other FDIC insured Program Banks. For more information regarding the Bank Deposit Program and the Program Banks, go to https://www.morganstanley.com/content/dam/msdotcom/wealth-disclosures/pdfs/BDP_disclosure.pdf

Description	7-Day		
	Market Value	Current Yield %	Est Ann Income APY %
MORGAN STANLEY PRIVATE BANK NA	\$773.74	—	\$0.08 0.010
CASH, BDP, AND MMFS	Percentage of Holdings	Market Value	Est Ann Income
	0.01%	\$773.74	\$0.08

Consulting Group Advisor Retirement Account
232-119595-349
RPM Profit Sharing & Money Purchase
LABORERS LOCAL 1822 DEFIN. CONTR FD
RICHARD DADDARIO SR.

EXCHANGE-TRADED & CLOSED-END FUNDS

Estimated Annual Income for Exchange Traded Funds, is based upon historical distributions over the preceding 12-month period, while Estimated Annual Income for Closed End Funds may be based upon either (a) the most recent dividend or (b) sum of prior 12 months (depending upon whether there is an announced fixed rate). Current Yield is calculated by dividing the total Estimated Annual Income by the current Market Value of the position, and it is for informational purposes only. Distributions may consist of income, capital gains or the returns of capital distributions. EAI is based upon information provided by an outside vendor and is not verified by us. Depending upon market conditions, Current Yield may differ materially from published yields. Investors should refer to the Fund website for the most recent yield information.

Global Investment Manager Analysis (GIMA) status codes (FL, AL or NL), may be shown for certain exchange-traded funds and are not guarantees of performance. Refer to "GIMA Status in Investment Advisory Programs" in the June or December statement for a description of these status codes.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
VANGUARD FTSE DEVELOPED MKTS E (VEA)									
	4/19/22	4,389,000	\$46.590	\$47.820	\$204,483.51	\$209,881.98	\$5,398.47 LT		
Purchases		4,389,000			204,483.51	209,881.98	5,398.47 LT		
Long Term Reinvestments		143,000			6,597.18	6,838.26	241.08 LT		
Short Term Reinvestments		149,000			7,276.12	7,125.18	(150.94) ST		
Total		4,681,000			218,356.81	223,845.42	5,639.55 LT (150.94) ST	7,508.32	3.35
GIMA Status: AL; Next Dividend Payable 03/2025; Asset Class: Equities									
VANGUARD MID-CAP ETF INDEX (VO)									
	1/9/23	118,000	210.637	264.130	24,855.12	31,167.34	6,312.22 LT	465.16	1.49
GIMA Status: AL; Next Dividend Payable 03/2025; Asset Class: Equities									
VANGUARD S&P 500 ETF (VVO)									
	1/9/23	207,000	361.010	538.810	74,729.07	111,533.67	36,804.60 LT	1,387.73	1.24
GIMA Status: AL; Next Dividend Payable 03/2025; Asset Class: Equities									
VANGUARD SMALL CAP ETF (VB)									
	1/9/23	131,000	189.917	240.280	24,879.09	31,476.68	6,597.59 LT	410.29	1.30
GIMA Status: AL; Next Dividend Payable 03/2025; Asset Class: Equities									
VANGUARD VALUE ETF INDEX (VTI)									
	1/9/23	520,000	143.930	169.300	74,843.39	88,036.00	13,192.61 LT		
Purchases		520,000			74,843.39	88,036.00	13,192.61 LT		
Long Term Reinvestments		12,000			1,686.14	2,031.60	345.46 LT		
Short Term Reinvestments		11,000			1,825.49	1,862.30	36.81 ST		
Total		543,000			78,355.02	91,929.90	13,538.07 LT 36.81 ST	2,126.39	2.31
GIMA Status: AL; Next Dividend Payable 03/2025; Asset Class: Equities									
EXCHANGE-TRADED & CLOSED-END FUNDS									
	Percentage of Holdings	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %			
	8.58%	\$421,175.11	\$489,953.01	\$68,892.03 LT \$(114.13) ST	\$11,897.89	2.43%			

Account Detail	Consulting Group Advisor Retirement Account	LABORERS LOCAL 1822 DEFIN. CONTR FD
	RPM Profit Sharing & Money Purchase	RICHARD DADDARIO SR.

MUTUAL FUNDS

OPEN-END NON-SWEEP MONEY MARKET FUNDS

The Current Yield is an estimate for informational purposes only and, depending upon market conditions, may differ materially from published Money Market Fund yields. Current Yield is calculated by dividing the total estimated annual income (in most cases, as of the prior month-end) by the current market value of the entire position. Investors should refer to the fund website for the most recent yield information. For holders of money market fund shares with a floating net asset value, we will provide information which may be relevant to holders who have elected to use the NAV method of tax accounting pursuant to Treasury Regulation section 1.446-7. However, since this is supplemental data, it will not be furnished to the Internal Revenue Service.

Security Description	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Est Ann Income	Current Yield %
INWESCO TREASURY PTF INSTL (TRPYX)	576,284.290	N/A	\$1.0000	N/A	\$576,284.29	\$26,065.34	4.52
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash							

OPEN-END MUTUAL FUNDS

Although share price is displayed only to three decimal places, calculation of Market Value is computed using the full share price in our data base, which may carry out beyond three decimal places. "Share Price" and "Market Value" reflect information available at the time of statement production and may differ from actual month-end values due to a delay in receiving the information from an outside source. Estimated Annual Income is based upon historical distributions over the preceding 12-month period, rather than on the most recent dividend. Current Yield is an estimate for informational purposes only. It is calculated by dividing the total estimated annual income by the current market value of the position, and it is for informational purposes only. Distributions may consist of income, capital gains or the returns of capital distributions. EAI is based upon information provided by an outside vendor and is not verified by us. Depending upon market conditions, Current Yield may differ materially from published Fund yields. Investors should refer to the Fund website for the most recent yield information.

"Total Purchases vs. Market Value" is provided to assist you in comparing your "Total Purchases," excluding reinvested distributions, with the current value of the mutual fund positions in your account.

"Cumulative Cash Distributions" when shown, may reflect distributions on shares no longer held in the account. It may not reflect all distributions received in cash, due to but not limited to: investments made prior to addition of this information on statements; securities transfers; timing of recent distributions; and certain adjustments made in your account.

"Net Value Increase/ (Decrease)" reflects the difference between your total purchases, and the sum of the current value of the fund's shares, and cash distributions shown. This calculation is for informational purposes only and does not reflect your total unrealized gain or loss nor should it be used for tax purposes.

Global Investment Manager Analysis (GIMA) status codes (FL, AL or NL), may be shown for certain mutual funds and are not guarantees of performance. Refer to "GIMA Status in Investment Advisory Programs" in the June or December statement for a description of these codes.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
DIAMOND HILL SH DUR SECU BD I (DHEM)	6/4/21	66,241.413	\$10.190	\$9.950	\$675,000.00	\$659,102.06	\$(15,897.94) LT		
	1/9/23	15,839.493	9.470	9.950	150,000.00	157,602.95	7,602.95 LT		
	5/2/24	3,941.538	9.750	9.950	38,430.00	39,218.30	788.30 ST		
	Purchases	86,022.444			863,430.00	855,923.31	(8,294.99) LT		
							788.30 ST		
							80,329.15 LT		
							59,193.76 ST		
							83,108.85 LT		
							59,881.23 ST		
							687.47 ST		
Long Term Reinvestments		8,352.648							
Short Term Reinvestments		6,018.214							
Total		100,393.306			1,002,952.91	998,913.39	(5,515.29) LT	62,043.06	6.21
							1,475.77 ST		

Account Detail

Consulting Group Advisor Retirement Account
232-119595-349
RPM Profit Sharing & Money Purchase

LABORERS LOCAL 1822 DEFIN. CONTR FD
RICHARD DADDARIO SR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
Total Purchases vs Market Value									
Net Value Increase/(Decrease)									
GIMA Status: AL; Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref									
NUVEEN INTERNATIONAL VALUE I (NGRRX)									
	5/10/19	6,457.167	23.230	27.890	150,000.00	180,090.39	30,090.39 LT A		
	9/3/19	453.721	22.040	27.890	10,000.00	12,654.28	2,654.28 LT A		
	12/30/19	220.138	24.220	27.890	5,331.75	6,139.65	807.90 LT A		
	12/30/20	153.013	24.770	27.890	3,790.14	4,267.53	477.39 LT A		
Purchases									
		7,284.039			169,121.89	203,151.85	34,029.96 LT		
		851.031			21,476.21	23,735.25	2,259.04 LT		
		201.801			5,626.21	5,628.23	2.02 ST		
Total									
		8,336.871			196,224.31	232,515.33	36,289.00 LT	5,769.11	2.48
							2.02 ST		
Long Term Reinvestments									
Short Term Reinvestments									
Total Purchases vs Market Value									
Net Value Increase/(Decrease)									
GIMA Status: AL; Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities									
NUVEEN SHORT TERM BOND R6 (TISIX)									
	6/4/21	73,879.886	10.490	10.080	775,000.00	744,709.25	(30,290.75) LT		
	5/2/24	3,866.197	9.940	10.080	38,430.00	38,971.27	541.27 ST		
Purchases									
		77,746.083			813,430.00	783,680.52	(30,290.75) LT		
							541.27 ST		
Long Term Reinvestments									
		5,271.254			52,540.66	53,134.24	593.58 LT		
Short Term Reinvestments									
		3,252.936			32,651.21	32,789.59	138.38 ST		
Total									
		86,270.273			898,621.87	869,604.35	(29,697.17) LT	36,664.87	4.22
							679.65 ST		
Total Purchases vs Market Value									
Cumulative Cash Distributions									
Net Value Increase/(Decrease)									
GIMA Status: AL; Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref									
NYLI MCKAY CONVERTIBLE I (MCNVX)									
	5/10/19	5,473.117	17.590	18.710	96,272.13	102,402.02	6,129.89 LT A		
	6/28/19	17.419	17.820	18.710	310.40	325.91	15.51 LT A		
	9/3/19	568.182	17.600	18.710	10,000.00	10,630.69	630.69 LT A		
	9/30/19	20.657	17.470	18.710	360.88	386.49	25.61 LT A		
	12/9/19	157.522	17.810	18.710	2,805.46	2,947.24	141.78 LT A		
	12/9/19	45.896	17.810	18.710	817.40	858.71	41.31 LT A		
	3/31/20	27.413	15.770	18.710	432.31	512.90	80.59 LT A		
	6/30/20	16.702	19.400	18.710	324.02	312.49	(11.53) LT A		
	9/30/20	12.508	20.851	18.710	260.80	234.02	(26.78) LT A		
	12/7/20	46.424	22.180	18.710	1,029.68	868.59	(161.09) LT A		

Account Detail

Consulting Group Advisor Retirement Account
232-119595-349
RPM Profit Sharing & Money Purchase

LABORERS LOCAL 1822 DEFIN. CONTR FD
RICHARD DADDARIO SR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
Long Term Reinvestments	12/7/20	550.952	22.180	18.710	12,220.11	10,308.31	(1,911.80) LT A		
	12/7/20	54.394	22.180	18.710	1,206.45	1,017.71	(188.74) LT A		
Short Term Reinvestments	Purchases	6,991.186			126,039.64	130,805.08	4,765.44 LT		
		2,446.943			47,396.55	45,782.30	(1,614.25) LT		
		486.468			9,284.55	9,101.82	(182.73) ST		
Total		9,924.597			182,720.74	185,689.21	3,151.19 LT (182.73) ST	6,192.95	3.34
Total Purchases vs Market Value					126,039.64	185,689.21			
Net Value Increase/(Decrease)						59,649.57			
GIMA Status: FL; Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities									
VANGUARD 500 INDX ADMIRAL (VFIAX)	8/29/16	409.755	201.870	542.760	82,717.22	222,398.62	139,681.40 LT A		
	9/1/16	67.642	201.059	542.760	13,600.00	36,713.37	23,113.37 LT A		
	9/12/16	50.211	199.160	542.760	10,000.00	27,252.52	17,252.52 LT A		
	9/13/16	4.947	199.159	542.760	985.24	2,685.03	1,699.79 LT A		
	12/22/16	7.260	208.890	542.760	1,516.54	3,940.44	2,423.90 LT A		
	3/22/17	5.434	216.270	542.760	1,175.21	2,949.36	1,774.15 LT A		
	6/23/17	5.317	224.709	542.760	1,194.78	2,885.85	1,691.07 LT A		
	9/20/17	6.056	231.309	542.760	1,400.81	3,286.95	1,886.14 LT A		
	12/21/17	60.258	248.930	542.760	15,000.00	32,705.63	17,705.63 LT A		
	12/26/17	6.001	247.630	542.760	1,486.03	3,257.10	1,771.07 LT A		
	3/26/18	5.718	238.900	542.760	1,366.03	3,103.50	1,737.47 LT A		
	6/28/18	5.887	249.200	542.760	1,467.04	3,195.23	1,728.19 LT A		
	7/23/18	57.824	259.408	542.760	15,000.00	31,384.55	16,384.55 LT A		
	9/26/18	5.966	269.170	542.760	1,605.87	3,238.11	1,632.24 LT A		
	12/17/18	7.092	239.870	542.760	1,701.16	3,849.25	2,148.09 LT A		
	3/21/19	7.461	260.511	542.760	1,943.67	4,049.53	2,105.86 LT A		
	6/27/19	5.775	268.762	542.760	1,552.10	3,134.44	1,582.34 LT A		
	9/3/19	81.760	269.080	542.760	22,000.00	44,376.06	22,376.06 LT A		
	9/26/19	5.700	275.353	542.760	1,569.51	3,093.73	1,524.22 LT A		
	12/23/19	5.835	297.179	542.760	1,734.04	3,167.00	1,432.96 LT A		
	3/10/20	5.666	253.168	542.760	1,434.45	3,075.28	1,640.83 LT A		
	4/8/20	86.624	253.971	542.760	22,000.00	47,016.04	25,016.04 LT A		
	6/29/20	6.764	277.611	542.760	1,877.76	3,671.23	1,793.47 LT A		
	9/29/20	5.574	309.218	542.760	1,723.58	3,025.34	1,301.76 LT A		
	12/22/20	5.373	340.778	542.760	1,831.00	2,916.25	1,085.25 LT A		
Purchases		921.900			207,882.04	500,370.41	292,488.37 LT		
Long Term Reinvestments		44.969			17,257.53	24,407.37	7,149.84 LT		

Account Detail

Consulting Group Advisor Retirement Account
232-119595-349
RPM Profit Sharing & Money Purchase

LABORERS LOCAL 1822 DEFIN. CONTR FD
RICHARD DADDARIO SR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
Short Term Reinvestments		12.618			6,515.55	6,848.55	333.00 ST		
	Total	979.487			231,655.12	531,626.36	299,638.21 LT 333.00 ST	6,567.46	1.24
					207,882.04	531,626.36	323,744.32		
Total Purchases vs Market Value									
Net Value Increase/(Decrease)									
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities									
VANGUARD GROWTH INDEX ADM (VIGAX)									
	8/29/16	1,535.376	57.960	211.220	88,990.39	324,302.12	235,311.73 LT A		
	9/1/16	235.539	57.740	211.220	13,600.00	49,750.55	36,150.55 LT A		
	9/12/16	13.089	57.140	211.220	747.91	2,764.66	2,016.75 LT A		
	9/12/16	175.009	57.140	211.220	10,000.00	36,965.40	26,965.40 LT A		
	12/21/16	18.892	58.000	211.220	1,095.74	3,990.37	2,894.63 LT A		
	3/23/17	12.846	61.980	211.220	796.20	2,713.33	1,917.13 LT A		
	6/22/17	10.846	66.130	211.220	717.25	2,290.89	1,573.64 LT A		
	9/21/17	12.770	67.830	211.220	866.19	2,697.28	1,831.09 LT A		
	12/20/17	13.743	72.650	211.220	998.43	2,902.80	1,904.37 LT A		
	12/21/17	206.356	72.690	211.220	15,000.00	43,586.51	28,586.51 LT A		
	3/21/18	10.558	75.550	211.220	797.66	2,230.06	1,432.40 LT A		
	6/21/18	11.915	78.410	211.220	934.26	2,516.69	1,582.43 LT A		
	7/23/18	187.617	79.950	211.220	15,000.00	39,628.46	24,628.46 LT A		
	9/27/18	13.149	82.870	211.220	1,089.66	2,777.33	1,687.67 LT A		
	12/21/18	18.294	66.920	211.220	1,205.94	3,864.06	2,658.12 LT A		
	3/27/19	12.605	79.520	211.220	1,002.35	2,662.43	1,660.08 LT A		
	6/26/19	9.706	83.329	211.220	808.79	2,050.10	1,241.31 LT A		
	9/3/19	259.312	84.840	211.220	22,000.00	54,771.88	32,771.88 LT A		
	9/13/19	9.316	86.618	211.220	806.93	1,967.73	1,160.80 LT A		
	12/23/19	11.424	93.430	211.220	1,067.34	2,412.98	1,345.64 LT A		
	3/25/20	10.790	77.576	211.220	837.05	2,279.06	1,442.01 LT A		
	4/8/20	292.295	85.530	211.220	25,000.00	61,738.55	36,738.55 LT A		
	6/25/20	9.252	102.332	211.220	946.78	1,954.21	1,007.43 LT A		
	9/25/20	8.178	112.260	211.220	918.06	1,727.36	809.30 LT A		
	12/24/20	8.104	128.724	211.220	1,043.18	1,711.73	668.55 LT A		
Purchases		3,106.981			206,270.11	656,256.54	449,986.43 LT		
Long Term Reinvestments		58.602			7,942.08	12,377.91	4,435.83 LT		
Short Term Reinvestments		15.597			3,062.94	3,294.40	231.46 ST		
Total		3,181.180			217,275.13	671,928.84	454,422.26 LT 231.46 ST	3,073.02	0.46

Account Detail

Consulting Group Advisor Retirement Account
232-119595-349
RPM Profit Sharing & Money Purchase

LABORERS LOCAL 1822 DEFIN. CONTR FD
RICHARD DADDARIO SR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
Total Purchases vs Market Value									
Net Value Increase/(Decrease)									
Enrolled In Dividend Reinvestment: Capital Gains Reinvest: Asset Class: Equities									
VANGUARD MID CAP INDEX ADM (VIMAX)									
	8/29/16	529.887	161.220	326.870	85,428.41	173,204.17	87,775.76 LT A		
	9/1/16	84.730	160.510	326.870	13,600.00	27,695.70	14,095.70 LT A		
	9/12/16	62.810	159.210	326.870	10,000.00	20,530.70	10,530.70 LT A		
	9/20/16	5.798	157.190	326.870	911.39	1,895.19	983.80 LT A		
	12/22/16	7.084	165.100	326.870	1,169.57	2,315.55	1,145.98 LT A		
	3/29/17	4.865	171.570	326.870	834.69	1,590.22	755.53 LT A		
	6/23/17	4.840	176.659	326.870	855.03	1,582.05	727.02 LT A		
	9/27/17	5.144	180.210	326.870	927.00	1,681.42	754.42 LT A		
	12/21/17	6.206	190.951	326.870	1,185.04	2,028.56	843.52 LT A		
	12/21/17	78.370	191.400	326.870	15,000.00	25,616.80	10,616.80 LT A		
	3/22/18	5.086	195.710	326.870	995.38	1,662.46	667.08 LT A		
	6/22/18	5.487	198.431	326.870	1,088.79	1,793.54	704.75 LT A		
	7/23/18	39.841	200.798	326.870	8,000.00	13,022.83	5,022.83 LT A		
	9/28/18	7.421	202.890	326.870	1,505.65	2,425.70	920.05 LT A		
	12/24/18	8.221	165.200	326.870	1,358.11	2,687.20	1,329.09 LT A		
	3/28/19	5.549	196.520	326.870	1,090.49	1,813.80	723.31 LT A		
	6/27/19	4.614	203.323	326.870	938.13	1,508.18	570.05 LT A		
	9/4/19	87.796	205.021	326.870	18,000.00	28,697.88	10,697.88 LT A		
	9/16/19	4.510	208.966	326.870	942.39	1,474.18	531.79 LT A		
	12/24/19	7.966	219.981	326.870	1,752.37	2,603.85	851.48 LT A		
	3/10/20	7.194	181.597	326.870	1,306.41	2,351.50	1,045.09 LT A		
	4/8/20	99.960	175.070	326.870	17,500.00	32,673.93	15,173.93 LT A		
	6/25/20	6.338	198.277	326.870	1,256.68	2,071.70	815.02 LT A		
	9/25/20	6.030	210.315	326.870	1,268.20	1,971.03	702.83 LT A		
	12/24/20	7.045	255.923	326.870	1,802.98	2,302.80	499.82 LT A		
Purchases		1,092.792			188,716.71	357,200.94	168,484.23 LT		
Long Term Reinvestments		50.422			13,630.43	16,481.44	2,851.01 LT		
Short Term Reinvestments		17.688			5,579.75	5,781.68	201.93 ST		
Total		1,160.902			207,926.89	379,464.04	171,335.24 LT	5,632.70	1.48
							201.93 ST		

Total Purchases vs Market Value
Net Value Increase/(Decrease)

Enrolled In Dividend Reinvestment: Capital Gains Reinvest: Asset Class: Equities

Account Detail

Consulting Group Advisor Retirement Account
232-119595-349
RPM Profit Sharing & Money Purchase
LABORERS LOCAL 1822 DEFIN. CONTR FD
RICHARD DADDARIO SR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
VANGUARD SMALL CAP INDX ADM (VSMAX)	8/29/16	1,471.844	58.830	115.160	86,588.58	169,497.55	82,908.97 LT A		
	9/1/16	232.122	58.590	115.160	13,600.00	26,731.17	13,131.17 LT A		
	9/12/16	171.615	58.270	115.160	10,000.00	19,763.18	9,763.18 LT A		
	9/19/16	18.875	57.630	115.160	1,087.77	2,173.64	1,085.87 LT A		
	12/21/16	22.844	62.510	115.160	1,427.98	2,630.72	1,202.74 LT A		
	3/23/17	13.013	62.580	115.160	814.35	1,498.58	684.23 LT A		
	6/20/17	7.844	64.649	115.160	507.11	903.32	396.21 LT A		
	9/19/17	15.622	66.080	115.160	1,032.30	1,799.03	766.73 LT A		
	12/20/17	21.319	70.600	115.160	1,505.12	2,455.10	949.98 LT A		
	12/21/17	211.685	70.860	115.160	15,000.00	24,377.64	9,377.64 LT A		
	3/21/18	12.930	72.180	115.160	933.29	1,489.02	555.73 LT A		
	6/21/18	10.318	76.160	115.160	785.82	1,188.22	402.40 LT A		
	7/23/18	104.004	76.920	115.160	8,000.00	11,977.10	3,977.10 LT A		
	9/27/18	17.602	77.540	115.160	1,364.86	2,027.05	662.19 LT A		
	12/21/18	25.005	60.730	115.160	1,518.55	2,879.58	1,361.03 LT A		
	3/27/19	14.104	72.240	115.160	1,018.87	1,624.22	605.35 LT A		
	6/26/19	11.648	73.001	115.160	850.32	1,341.38	491.06 LT A		
	9/4/19	247.151	72.830	115.160	18,000.00	28,461.91	10,461.91 LT A		
	9/13/19	11.204	75.413	115.160	844.93	1,290.25	445.32 LT A		
	12/23/19	21.175	79.438	115.160	1,682.11	2,438.51	756.40 LT A		
Purchases	3/9/20	14.032	63.050	115.160	884.72	1,615.93	731.21 LT A		
	4/8/20	275.198	58.140	115.160	16,000.00	31,691.80	15,691.80 LT A		
	6/24/20	9.554	67.983	115.160	649.51	1,100.24	450.73 LT A		
	9/24/20	15.603	71.098	115.160	1,109.34	1,796.84	687.50 LT A		
	12/23/20	19.452	93.899	115.160	1,826.52	2,240.09	413.57 LT A		
		2,995.763			187,032.05	344,992.07	157,960.02 LT		
		141.017			13,443.81	16,239.52	2,795.71 LT		
		42.891			4,730.71	4,939.33	208.62 ST		
	Total	3,179.671			205,206.57	366,170.91	160,755.73 LT	4,769.51	1.30
							208.62 ST		
Long Term Reinvestments									
Short Term Reinvestments									
Total Purchases vs Market Value									
Net Value Increase/(Decrease)									
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities									
VANGUARD VALUE INDEX ADM (VVIAX)	8/29/16	2,248.404	34.400	66.040	77,345.10	148,484.60	71,139.50 LT A		
	9/1/16	396.849	34.270	66.040	13,600.00	26,207.91	12,607.91 LT A		
	9/12/16	41.710	33.950	66.040	1,416.05	2,754.53	1,338.48 LT A		
	9/12/16	294.551	33.950	66.040	10,000.00	19,452.15	9,452.15 LT A		

Account Detail

Consulting Group Advisor Retirement Account
232-119595-349
RPM Profit Sharing & Money Purchase

LABORERS LOCAL 1822 DEFIN. CONTR FD
RICHARD DADDARIO SR.

Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
Long Term Reinvestments	12/21/16	50.573	36.610	66.040	1,851.48	3,339.84	1,488.36 LT A		
	3/23/17	40.551	37.000	66.040	1,500.39	2,677.99	1,177.60 LT A		
	6/22/17	39.976	37.580	66.040	1,502.30	2,640.02	1,137.72 LT A		
	9/21/17	47.381	38.650	66.040	1,831.28	3,129.04	1,297.76 LT A		
	12/20/17	42.716	41.390	66.040	1,768.02	2,820.96	1,052.94 LT A		
	12/21/17	361.272	41.520	66.040	15,000.00	23,858.40	8,858.40 LT A		
	3/21/18	42.435	41.060	66.040	1,742.38	2,802.41	1,060.03 LT A		
	6/21/18	44.770	40.790	66.040	1,826.17	2,956.61	1,130.44 LT A		
	7/23/18	359.454	41.730	66.040	15,000.00	23,738.34	8,738.34 LT A		
	9/27/18	51.891	43.190	66.040	2,241.17	3,426.88	1,185.71 LT A		
	12/21/18	58.339	37.070	66.040	2,162.63	3,852.71	1,690.08 LT A		
	3/27/19	54.648	41.530	66.040	2,275.00	3,608.95	1,333.95 LT A		
	6/26/19	41.916	42.850	66.040	1,796.11	2,768.13	972.02 LT A		
	9/3/19	474.158	42.180	66.040	20,000.00	31,313.39	11,313.39 LT A		
	9/13/19	41.474	43.900	66.040	1,820.69	2,738.94	918.25 LT A		
	12/23/19	54.239	46.750	66.040	2,535.68	3,581.94	1,046.26 LT A		
	3/25/20	64.306	33.200	66.040	2,134.95	4,246.77	2,111.82 LT A		
	4/8/20	524.476	37.180	66.040	19,500.00	34,636.40	15,136.40 LT A		
	6/24/20	61.624	38.190	66.040	2,353.42	4,069.65	1,716.23 LT A		
Short Term Reinvestments	9/24/20	55.178	39.690	66.040	2,190.00	3,643.96	1,453.96 LT A		
	12/23/20	53.315	45.650	66.040	2,433.81	3,520.92	1,087.11 LT A		
Purchases		5,546.206			205,826.63	366,271.44	160,444.81 LT		
Long Term Reinvestments		443.224			23,830.90	29,270.51	5,439.61 LT		
Short Term Reinvestments		142.199			9,192.77	9,390.82	198.05 ST		
Total		6,131.629			238,850.30	404,932.78	165,884.42 LT 198.05 ST	9,326.21	2.30
Total Purchases vs Market Value Net Value Increase/(Decrease)					205,826.63	404,932.78			
						199,106.15			
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities									
OPEN-END MUTUAL FUNDS					\$3,381,433.84	\$4,640,845.21	\$1,256,263.59 LT \$3,147.77 ST	\$140,038.89	3.02%
Total									
Percentage of Holdings									
MUTUAL FUNDS									
91.40%					\$3,381,433.84	\$5,217,129.50	\$1,256,263.59 LT \$3,147.77 ST	\$166,104.23	3.18%

Account Detail

Consulting Group Advisor Retirement Account 232-119595-349 RICHARD DADDARIO SR. LABORERS LOCAL 1822 DEFIN. CONTR FD

RPM Profit Sharing & Money Purchase

	Percentage of Holdings	Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
TOTAL VALUE	100.00%	\$3,802,608.95	\$5,707,856.25	\$1,325,155.62 LT \$3,033.64 ST	\$178,002.20	3.12%

Unrealized Gain/(Loss) totals only reflect positions that have both cost basis and market value information available. Cash, MMF, Deposits and positions stating 'Please Provide' or 'Pending Corporate Actions' are not included.

A - You executed this transaction elsewhere and later transferred the security to this account. Another financial institution has provided the transaction detail for this position.

ALLOCATION OF ASSETS

	Cash	Equities	Fixed Income & Preferred Securities	Alternatives	Structured Investments	Other
Cash, BDP, MMFs	\$773.74	—	—	—	—	—
ETFs & CEFs	—	\$489,963.01	—	—	—	—
Mutual Funds	576,284.29	2,772,327.47	\$1,868,517.74	—	—	—
TOTAL ALLOCATION OF ASSETS	\$577,058.03	\$3,262,280.48	\$1,868,517.74	—	—	—

ACTIVITY

CASH FLOW ACTIVITY BY DATE

Activity Date	Settlement Date	Activity Type	Description	Comments	Quantity	Price	Credits/(Debits)
12/2		Dividend	NUVEEN SHORT TERM BOND R6				\$3,100.82
			DIV PAYMENT				
12/2		Dividend Reinvestment	NUVEEN SHORT TERM BOND R6	REINVESTMENT a/o 11/29/24	307.012	10.1000	(3,100.82)
12/17		Dividend	NYLI MCKAY CONVERTIBLE I				4,302.42
			DIV PAYMENT				
12/17		LT Cap Gain Distribution	NYLI MCKAY CONVERTIBLE I				2,843.43
12/17		ST Cap Gain Distribution	NYLI MCKAY CONVERTIBLE I				504.70
12/17		Dividend Reinvestment	NYLI MCKAY CONVERTIBLE I	REINVESTMENT a/o 12/16/24	225.022	19.1200	(4,302.42)
12/17		Dividend Reinvestment	NYLI MCKAY CONVERTIBLE I	REINVESTMENT a/o 12/16/24	148.715	19.1200	(2,843.43)
12/17		Dividend Reinvestment	NYLI MCKAY CONVERTIBLE I	REINVESTMENT a/o 12/16/24	26.396	19.1200	(504.70)
12/23		Refund	INVESCO TREASURY PTF I				46.89
12/24		Dividend	VANGUARD FTSE DEVELOPED MKTS E				3,286.51
12/24		Dividend	VANGUARD VALUE INDEX ADM				2,320.98
			DIV PAYMENT				
12/24		Dividend	VANGUARD 500 INDEX ADMIRAL				1,698.17
			DIV PAYMENT				
12/24		Dividend	VANGUARD MID CAP INDEX ADM				1,555.54
			DIV PAYMENT				

LABORERS' LOCAL NO.
1822
DEFINED CONTRIBUTION
FUND

For the Year Ended
December 31, 2024

FINANCIAL STATEMENTS

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

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D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report

To the Board of Trustees of
Laborers' Local No. 1822 Defined Contribution Fund

Opinion

We have audited the accompanying financial statements of Laborers' Local No. 1822 Defined Contribution 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 Laborers' Local No. 1822 Defined Contribution 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 Laborers' Local No. 1822 Defined Contribution 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' Local No. 1822 Defined Contribution Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 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 Laborers' Local No. 1822 Defined Contribution 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 Laborers' Local No. 1822 Defined Contribution 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.

D'Arcangelo + Co., LLP

October 3, 2025

Utica, New York

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at Fair Value		
Invested Cash	\$ 969,634	\$ 847,056
Mutual Funds	<u>5,130,798</u>	<u>4,437,297</u>
Total Investments at Fair Value	<u>6,100,432</u>	<u>5,284,353</u>
Receivables		
Employers' Contributions Receivable	<u>228,279</u>	<u>188,873</u>
Other Assets		
Property - Net of Accumulated Depreciation	616	1,154
Intangible Assets - Net of Accumulated Amortization	3,309	5,439
Right of Use Leased Asset, Net	13,162	0
Security Deposit	158	158
Prepaid Expenses	<u>3,024</u>	<u>2,849</u>
Total Other Assets	<u>20,269</u>	<u>9,600</u>
Total Assets	<u>6,348,980</u>	<u>5,482,826</u>
Liabilities		
Current Liabilities		
Accounts Payable	3,079	921
Reciprocity Payable	87,052	101,625
Current Operating Lease Liability	3,015	0
Due to Affiliated Fund	<u>603</u>	<u>490</u>
Total Liabilities	<u>93,749</u>	<u>103,036</u>
Long Term Operating Lease Liability	<u>10,147</u>	<u>0</u>
Net Assets Available for Benefits	<u>\$ 6,245,084</u>	<u>\$ 5,379,790</u>

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

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment Income		
Net Appreciation in		
Fair Value of Investments	\$ 469,189	\$ 481,006
Interest and Dividends	<u>179,148</u>	<u>151,132</u>
Total Investment Income	648,337	632,138
Investment Expenses	<u>(15,988)</u>	<u>(13,725)</u>
Net Investment Income	632,349	618,413
Employers' Contributions	<u>760,333</u>	<u>697,410</u>
Total Additions	<u>1,392,682</u>	<u>1,315,823</u>
Deductions		
Benefits Paid	433,336	555,374
Administrative Expenses		
Administration Fees - Health Care Fund	46,558	45,116
Rent	2,873	2,844
Legal Fees	10,385	16,801
Accounting Fees	11,900	11,700
Actuarial Fees	2,500	0
Payroll Audit Fees	6,933	4,041
Office Expenses	3,623	2,115
Insurance Expense	4,353	5,493
Membership Dues	1,435	0
Depreciation	538	538
Amortization	2,130	2,130
Equipment Lease Expense	306	305
Telephone	<u>518</u>	<u>555</u>
Total Administrative Expenses	<u>94,052</u>	<u>91,638</u>
Total Deductions	<u>527,388</u>	<u>647,012</u>
Net Increase	865,294	668,811
Net Assets Available for Benefits, Beginning of Year	<u>5,379,790</u>	<u>4,710,979</u>
Net Assets Available for Benefits, End of Year	<u>\$ 6,245,084</u>	<u>\$ 5,379,790</u>

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

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

Laborers' Local No. 1822 Defined Contribution Fund (the Fund) (formerly known as Laborers' Local No. 322 Defined Contribution Fund) was established June 1, 2001. The Fund is a collectively bargained, defined-contribution retirement plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Its purpose is to provide various benefits to members whose employers are subject to union agreements requiring contributions to the Fund. Approximately 30% of total employer contributions are derived from the Fund's five largest contributing employers.

Basis of Accounting

The financial statements reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred.

Contributions Receivable

Contributions receivable from participating employers are valued at cost and are accrued based upon reports received from them subsequent to the year-end, which include contributions due in the current year. Contributions receivable are considered fully collectible at year end, and no allowance for uncollectible accounts has been recorded.

Payments of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the statements of changes in net assets available for benefits includes the Fund's gains and losses on investments bought and sold as well as held during the year.

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Property and Intangible Assets

Property and intangible assets consisting of office furniture, equipment, and computer software are recorded at cost. Depreciation and amortization are determined using the straight-line method over estimated useful lives of the assets ranging from 5 to 10 years. Depreciation and amortization expense totaled \$2,668 for both of the years ended December 31, 2024 and 2023.

Leases and Right of Use Assets

The Fund determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property or equipment (an identified asset) in exchange for consideration. The Fund determines these assets are leased because the Fund has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Fund determines it does not have the right to control and direct the use of the identified asset. The Fund's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

Leases result in the recognition of Right of Use (ROU) assets and lease liabilities on the statements of net assets available for benefits. ROU assets represent the right to use an underlying asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Fund determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs and lease incentives. The Fund uses the risk-free rate (or incremental borrowing rate) using a period comparable to the lease term when the actual rate is not readily determinable. The Fund uses this rate at the commencement date to determine the present value of the lease payments.

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The lease term may include options to extend or to terminate the lease that the Fund is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

The Fund has certain leases that are for a period of 12 months or less or contain renewals for a period of 12 months or less. The Fund does not include short term leases within the statements of financial position since it has elected the practical expedient to not include these leases within the operating right of use asset and lease liabilities. Lease expense on such leases is recognized on a straight-line basis over the lease term. See Note 7 for additional operating lease disclosures.

NOTE 2 CONCENTRATIONS OF CREDIT RISK

Contributions Receivable – Contributing employers primarily represent laborers in the northern region of New York State. Contributions are pursuant to collective bargaining agreements, and no collateral is required.

Investments – The Fund may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The following brief description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Financing of the Plan comes from employers' contributions, participants' rollover contributions, and investment income. Effective July 1, 2023, the contribution rate ranged from \$2.95 to \$3.40 per hour of covered work for building construction trades and \$3.80 to \$6.00 per hour for highway-heavy construction. The rates increased effective July 1, 2024, ranging from \$3.20 to \$3.65 per hour of covered work for building construction trades and \$4.05 to \$6.25 per hour for highway-heavy construction.

Investment income, net of administrative expenses, is allocated annually to participant accounts on the basis of the ratio which the value of each participant's account bears to the total value of all such accounts.

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 DESCRIPTION OF PLAN

Employees become participants in the Plan immediately upon completing 1,000 hours of service or being credited with at least 80 contribution hours for employers with union agreements providing for pension contributions to the Plan. Participants become immediately vested in all contributions made to the Plan, subject to distribution limitations as specified in the Plan.

Participants or their beneficiaries become eligible for benefits upon retirement at age 55, disability, or death. The Plan also allows for severance benefits, supplemental health care coverage benefits, and pre-retirement withdrawal benefits subject to various requirements.

Benefits may be paid in the form of a lump-sum distribution or a direct rollover distribution into a qualified plan or individual retirement account.

Although it has neither given consideration nor expressed any intent to do so, the Board of Trustees, as Plan Sponsor, has the right under the Trust Agreement to terminate the Plan. Any termination of the Plan must comply with provisions of ERISA and the Internal Revenue Code. Further, in the event of a Plan termination, the net assets of the Plan must be allocated and distributed as prescribed by ERISA, the Internal Revenue Code, applicable governmental regulations, and the terms of the Plan which, among other things, require that "the rights of all Participants to benefits accrued as of the date of any complete discontinuance of contributions into the Plan or (Trust) Fund, to the extent then funded, shall be non-forfeitable."

NOTE 4 TAX STATUS

The United States Treasury Department advised on February 13, 2015, that the Fund constitutes a qualified trust and is, therefore, exempt from Federal income taxes under provisions of Section 501(a) of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Fund's financial statements.

NOTE 5 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative guidance on fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 5 FAIR VALUE MEASUREMENTS (Continued)

Level 2: Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Invested Cash: Valued at cost which approximates fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

All assets have been valued using a market approach.

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

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 5 FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Fund's assets measured at fair value on a recurring basis as of December 31, 2024 and 2023:

Investments	Total	Fair Value Measurements at Reporting At December 31, 2024		
		(Level 1)	(Level 2)	(Level 3)
Invested Cash	\$ 969,634	\$ 969,634	\$ 0	\$ 0
Mutual Funds	5,130,798	5,130,798	0	0
Total	<u>\$ 6,100,432</u>	<u>\$ 6,100,432</u>	<u>\$ 0</u>	<u>\$ 0</u>

Investments	Total	Fair Value Measurements at Reporting At December 31, 2023		
		(Level 1)	(Level 2)	(Level 3)
Invested Cash	\$ 847,056	\$ 847,056	\$ 0	\$ 0
Mutual Funds	4,437,297	4,437,297	0	0
Total	<u>\$ 5,284,353</u>	<u>\$ 5,284,353</u>	<u>\$ 0</u>	<u>\$ 0</u>

NOTE 6 RELATED-PARTY TRANSACTIONS

The Fund has common trustees and members and shares certain administrative costs with Laborers' International Union of North America Local Union No. 1822 Health Care Fund (Health Care Fund) and Laborers' International Union of North America Local Union No. 1822 Pension Fund (Pension Fund). The Health Care Fund acts as common paymaster and bills the Pension and Defined Contribution Funds for personnel costs.

The allocation of these costs to the Defined Contribution Fund is based upon estimated time spent for each employee and is summarized below:

	2024	2023
Salaries and Wages	\$ 185,881	\$ 177,897
Payroll Taxes	15,398	14,649
Employee Benefits	<u>109,109</u>	<u>108,275</u>
Gross Administrative Costs	<u>\$ 310,388</u>	<u>\$ 300,821</u>
Health Care Fund	\$ 155,194	\$ 150,435
Pension Fund	108,636	105,270
Defined Contribution Fund	<u>46,558</u>	<u>45,116</u>
Total Costs Allocated	<u>\$ 310,388</u>	<u>\$ 300,821</u>

The Fund owed the Health Care Fund \$603 and \$490 at December 31, 2024 and 2023, respectively.

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 7 OPERATING LEASES

The Fund entered into a five-year lease with ZNV Properties, LLC commencing on May 1, 2018, which continued on a month to month basis upon expiration in 2023. The lease covering 1,485 square feet required an annual base rent of \$18,960 (\$12.77 per square foot) through October 31, 2023. Effective November 1, 2024, the lease was renewed for an additional five years requiring an annual base rent of \$20,100 (\$13.54 per square foot). The Fund is responsible for utility costs, and the landlord is responsible for real estate taxes. The Fund may terminate the lease with a 60-day notice. The Fund splits the rental costs with the Health Care Fund, Pension Fund, and Training and Education Fund. The Fund's share of rent expense under this lease was \$2,873 and \$2,844 for the years ended December 31, 2024 and 2023, respectively.

The following summarizes the line items on the statements of net assets available for benefits which include amounts for operating leases as of December 31, 2024:

Operating lease right-of-use assets:	\$ 13,162
Operating lease liabilities:	\$ 13,162
Lease Expense	
Operating Lease Expense	\$ 2,873
Other Information	
Operating Lease- Cash Flows (Fixed Payments)	\$ 3,015
Operating Lease- Cash Flows (Liability Reduction)	\$ 3,015
Weighted-Average Remaining Lease Term Operating Leases	4.8 Years
Weighted-Average Discount Rate Operating Leases	4.22%

NOTE 8 FIDELITY BOND COVERAGE

The Fund presently carries fidelity bond insurance coverage on the Plan assets in the amount of \$500,000, the maximum amount required.

NOTE 9 SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 3, 2025, the date on which the financial statements were available to be issued.

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND
SCHEDULE R, LINE 13E--INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
2024 TAX YEAR

Heavy Highway Construction Contribution rate July 1, 2023 - July 1, 2024:	\$ 3.80 - 6.00
Heavy Highway Construction Contribution rate July 1, 2024 - current:	\$ 4.05 - 6.25
Building Construction Contribution rate June 1, 2023 - July 1, 2024:	\$ 2.95 - 3.40
Building Construction Contribution rate July 1, 2024 - current:	\$ 3.20 - 3.65

LABORERS' LOCAL NO. 1822 DEFINED CONTRIBUTION FUND
SCHEDULE R, LINE 13D--COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
2024 TAX YEAR

Heavy Highway Construction Collective bargaining agreement expiration date:	6/30/2025
Building Construction Collective bargaining agreement expiration date:	6/30/2025

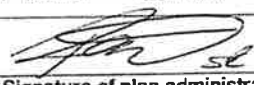
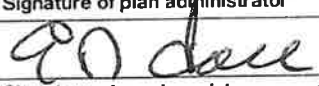
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510 - 0110 1510 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
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.)
B This return/report is:	☐ a single-employer plan the first return/report ☐ a DFE (specify) _____ ☐ an amended return/report ☐ the final 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 LOCAL NO. 1822 DEFINED CONTRIBUTION PLAN	1b Three-digit plan number (PN) <u>001</u>
	1c Effective date of plan <u>06/01/2001</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) TRUSTEES OF LABORERS LOCAL NO. 1822 DEFINED CONTRIB 202 TWIN OAKS DRIVE SUITE 200A SYRACUSE NY 132061221	2b Employer Identification Number (EIN) <u>16-1607418</u> 2c Plan Sponsor's telephone number <u>3152145775</u> 2d Business code (see instructions) <u>238900</u>

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

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

SIGN HERE		<u>10/6/2025</u>	RICHARD DADDARIO SR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/6/2025</u>	EARL R HALL
	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 ☒ 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

4d PN

a Sponsor's name

c Plan Name

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

5 1,211

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) 1,211

a(2) Total number of active participants at the end of the plan year

6a(2) 1,214

b Retired or separated participants receiving benefits

6b

c Other retired or separated participants entitled to future benefits

6c

d Subtotal. Add lines 6a(2), 6b, and 6c

6d

1,214

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e

f Total. Add lines 6d and 6e

6f

1,214

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) 1,211

(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g(2) 1,214

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

66

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E

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)

- (1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust
(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust
(4) ☐ 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 _____
(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 _____