

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan): GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND
2b Employer Identification Number (EIN): 25-6107170
2c Plan Sponsor's telephone number: 412-922-5330
2d Business code (see instructions): 236200

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Raymond Brugueras (plan administrator) and David D. Daqueleente (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	21100
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)	16666
	6a(2)	16943
	6b	1434
	6c	2479
	6d	20856
	6e	340
	6f	21196
	6g(2)	21196
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	615

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND	D Employer Identification Number (EIN) 25-6107170	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

CARPENTERS COMBINED FUNDS INC.

650 RIDGE ROAD, SUITE 300
PITTSBURGH, PA 15205

25-1332392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	809800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN HANCOCK RETIREMENT SERVICES

(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?
64	NONE	755678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEYER, UNKOVIC & SCOTT

535 SMITHFIELD STREET, SUITE 1300
PITTSBURGH, PA 15222

25-1008021

(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	48862	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HENRY ROSSI & CO.,LLP

50 SECO ROAD, SUITE A
MONROEVILLE, PA 15146

25-1698043

(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	39039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PFM ASSET MANAGEMENT LLC

213 MARKET STREET
HARRISBURG, PA 17101

23-3087064

(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?
72	NONE	22330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES

66 HUDSON BLVD E 20TH FL
NEW YORK, NY 10001

46-0619194

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

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

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

PNC ADVISORS

116 ALLEGENY CTR MALL
PITTSBURGH, PA 15212

22-1146430

(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?
72	NONE	5778	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND</u>	D Employer Identification Number (EIN) <u>25-6107170</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE STABLE VALUE FUND</u>	b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>52-1309931-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>162787489</u></td> </tr> </table>	c EIN-PN <u>52-1309931-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>162787489</u>		
c EIN-PN <u>52-1309931-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>162787489</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL GROUP PLAN DDA</u>	b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>22-1211670-001</u></td> <td style="width:15%;">d Entity code <u>P</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>158209793</u></td> </tr> </table>	c EIN-PN <u>22-1211670-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>158209793</u>		
c EIN-PN <u>22-1211670-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>158209793</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):				
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a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN</td> <td style="width:15%;">d Entity code</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> </table>	c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND	D Employer Identification Number (EIN) 25-6107170	

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	98607	131425
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12218715	12022778
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		162787489
(10) Value of interest in pooled separate accounts	1c(10)		158209793
(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)	528613743	259006137
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	540931065 592157622
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	41684 109796
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	1375980 2234352
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	1417664 2344148
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	539513401 589813474

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	64827793
	(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)	64827793
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)	21005581
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	21005581
(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)	10487311
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	10487311

		(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)		17459312
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		113779997

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61875301	
(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)		61875301
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)	660817	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	787422	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	48862	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	107522	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1604623
j Total expenses. Add all expense amounts in column (b) and enter total	2j		63479924

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		50300073
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: HENRY ROSSI & CO., LLP

(2) EIN: 25-1698043

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

A Name of plan <u>GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREATER PENNSYLVANIA CARPENTERS' ANNUITY AND SAVINGS FUND</u>	D Employer Identification Number (EIN) <u>25-6107170</u>	

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	
---	--

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): 01-0233346

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 03 / 23 / 2016 (MM/DD/YYYY) and the Opinion Letter serial number _____.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

YEARS ENDED
DECEMBER 31, 2024 AND 2023

Independent Auditor's Report

Board of Trustees
Greater Pennsylvania Carpenters'
Annuity and Savings Fund
Pittsburgh, Pennsylvania

Opinion

We have audited the accompanying financial statements of Greater Pennsylvania Carpenters' Annuity and Savings 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 Greater Pennsylvania Carpenters' Annuity and Savings 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 Greater Pennsylvania Carpenters' Annuity and Savings 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 Greater Pennsylvania Carpenters' Annuity and Savings 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 Trust instrument, including all Trust amendments, administering the Trust, and determining that the Trust's transactions that are presented and disclosed in the financial statements are in conformity with the Trust'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 Greater Pennsylvania Carpenters' Annuity and Savings 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 Greater Pennsylvania Carpenters' Annuity and Savings 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (I) assets held at end of year at December 31, 2024 and of (II) schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Henry Rossi & Co., LLP

Certified Public Accountants

October 11, 2025
Monroeville, Pennsylvania

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2024	2023
ASSETS:		
Investments at fair value	\$421,793,626	\$375,606,203
Investments at contract value	158,209,793	153,007,540
Contributions receivable	11,725,253	11,925,322
Reciprocal contributions receivable	297,525	293,393
Cash - non-interest bearing	131,425	98,607
TOTAL ASSETS	592,157,622	540,931,065
LIABILITIES:		
Accounts payable and accrued expenses	109,796	41,684
Reciprocal contributions payable	1,285,531	337,120
Advance - Carpenters' Combined Funds, Inc.	948,821	1,038,860
TOTAL LIABILITIES	2,344,148	1,417,664
NET ASSETS AVAILABLE FOR BENEFITS	\$589,813,474	\$539,513,401

See notes to financial statements.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31	
	2024	2023
CONTRIBUTIONS:		
Employer	\$ 63,727,056	\$ 60,505,543
Reciprocal	1,100,737	2,704,280
TOTAL CONTRIBUTIONS	64,827,793	63,209,823
INVESTMENT INCOME:		
Net change in fair value of investments	27,946,623	32,328,811
Interest and dividend income	21,005,581	8,691,115
Investment and Trustees' fees	(787,422)	(710,573)
	48,164,782	40,309,353
TOTAL ADDITIONS	112,992,575	103,519,176
BENEFITS PAID TO PARTICIPANTS	61,875,301	51,264,101
OTHER DEDUCTIONS:		
Administrative services	660,817	768,819
Fiduciary liability insurance	62,705	59,900
Legal expense	48,862	23,181
Auditing services	39,039	24,500
Bank service fees	5,778	4,905
	817,201	881,305
TOTAL DEDUCTIONS	62,692,502	52,145,406
NET INCREASE	50,300,073	51,373,770
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	539,513,401	488,139,631
NET ASSETS AVAILABLE FOR BENEFITS - end of year	\$589,813,474	\$539,513,401

See notes to financial statements.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

A. General:

The Greater Pennsylvania Carpenters' Annuity and Savings Fund (the Trust) was formed in 1967 under an agreement between the Greater Pennsylvania Regional Council of Carpenters (GPRCC) and certain employer associations, namely, the Master Builders Association of Western Pennsylvania, Inc. and Constructors of Western Pennsylvania. In 2014, GPRCC changed its name to Keystone + Mountain + Lakes Regional Council of Carpenters (the Union). The agreement provides, among other things, for employers of members of the Union to contribute various amounts based on wages earned. Contribution amounts are specified in a collective bargaining agreement, participation agreement or other written instrument between an employer and the Union.

The Trust is administered by a Board of Trustees comprised of management and labor representatives. The Board of Trustees has overall responsibility for the operation and administration of the Trust.

The purpose of the Trust is to encourage and assist employees in providing funds for financial emergencies and to aid employees in providing post-retirement security by supplementing benefits provided by the Greater Pennsylvania Carpenters' Annuity and Savings Fund. All members of the Union are eligible to participate on their first day of work. Once a participant becomes eligible, an individual account is set up in their name. All participants are immediately and fully vested.

Employer contributions for each participant are held in a participant account and cannot be withdrawn for a period of two years. Employee contributions are not permitted. Each participant shall direct the investment of the balance of their account into one or more investment funds.

Each participant's account is credited with the employer contributions and Trust earnings. Participants are charged with an allocation of administrative expenses that are paid by the Trust and allocated based on accounting procedures established by the Trustees.

As provided in the Trust, withdrawals are permitted as of December 31 of each year by election of one of three options by the participating employees. These withdrawals are restricted to employer contributions that had been credited to participants' accounts as of December 31 of the year ended two years prior to the withdrawal date. Such withdrawals include earnings attributable to such contributions accumulated to the withdrawal date. The three options for withdrawing the aforementioned amounts are as follows:

1. A participant may withdraw 50% of credited amounts and leave the remaining balance in the account.
2. A participant may withdraw 100% of credited amounts.
3. A participant may have 100% of credited amounts remain in the account.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

(Continued)

A. General (continued):

If the participant does not make a withdrawal under the options as stated, then the balance that was available for withdrawal will remain in the account for distribution only under the circumstances as listed in the Trust agreement.

In cases of retirement, hardship, permanent disability, death or permanent withdrawal from the industry in the geographic area covered by the jurisdiction of the Union, the participating employee is entitled to all employer contributions made on his behalf to the date of severance from employment.

If the participant or the beneficiary to whom distribution of an account is due under the Trust cannot be located after an appropriate and reasonable search, the balance of the account shall be forfeited and credited as earnings of the Trust. Any said forfeited account shall be restored as soon as practicable after the date a valid claim is made therefore by such participant or beneficiary (or other person entitled to a distribution thereof). Said restoration shall be made from the earnings of the Trust.

Carpenters' Combined Funds, Inc. (a Corporation created by the Greater Pennsylvania Carpenters' Annuity and Savings and Medical Trusts) provides administrative services. The Savings Fund incurs an administrative fee equal to its proportionate share of costs incurred for services provided by Carpenters' Combined Funds, Inc. Administrative expenses paid under this arrangement were \$660,817 and \$768,819 for the years ended December 31, 2024 and 2023, respectively.

B. Summary of Significant Accounting Policies:

Basis of Accounting - The financial statements of the Trust are prepared on the accrual basis of accounting.

Investment Valuation - Except for the fully benefit responsive investment contract, which is reported at contract value, investments are carried at fair value, which is determined by the quoted market value of securities held at year-end. 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. The net change in fair value of investments consists of the net change in appreciation (depreciation) in current value and gains and losses on sales of investments. The net appreciation (depreciation) in current value of investments is determined by the change in current value from the beginning of the year, if held for the entire year, to the date of sale, or from the date of purchase to the end of the year.

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

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

(Continued)

B. Summary of Significant Accounting Policies (continued):

Investment Valuation (continued) - As required under ASU 2015-12, the Trust's investment in a fully benefit responsive guaranteed investment contract is reported at contract value on the Statements of Net Assets Available for Benefits.

Unrealized gains (losses) from guaranteed investment contracts are not included on the Statements of Changes in Net Assets Available for Benefits as the contracts are recorded at contract value for purposes of the net assets available for benefits.

The Board of Trustees determines the Trust's valuation policies.

Employer Contributions - Employer contributions are recognized as revenue based upon the period the members performed the work. Accordingly, contributions receivable represent amounts applicable to hours worked during the year, but the amounts are collected in the subsequent year. Interest and dividend income is recorded when earned.

Reciprocal Agreements - The Trust has reciprocal agreements with other unions when participants perform work for other unions. The contribution rates are based on the applicable union contract. The agreements require that the contributions follow the employee. Reciprocal payments received are reported as a separate component of contributions on the Statements of Changes in Net Assets Available for Benefits. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the reciprocal contributions payable account and are not included on the Statements of Changes in Net Assets Available for Benefits as they do not represent an expense of the Trust.

Allowance for Credit Losses - The Trust provides for an allowance for credit losses based on Trust management's evaluation of year-end contributions receivable. The evaluation considers historical losses, expected future losses, the financial stability of the employers, and current economic conditions. An allowance of \$234,104 and \$206,713 was provided at December 31, 2024 and 2023, respectively.

Payment of Benefits - Benefits are recorded when paid.

Trust Expenses - The Trust pays administrative expenses that consist primarily of administrative fees, professional fees and insurance. These expenses are reported on the Statements of Changes in Net Assets Available for Benefits.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results inevitably will differ from those estimates, and such differences may be material to the financial statements.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

(Continued)

C. Carpenters' Stable Value Fund:

The majority of the Trust's assets are invested in the Carpenters' Stable Value Fund which is structured as a separately managed account. The fund is designed to protect members from interest rate volatility commonly associated with portfolios of fixed income securities. The Carpenters' Stable Value Fund diversifies its contract protection through three separate investments.

These investments are comprised of Federated Hermes Government Obligations Fund shares, an investment in the T. Rowe Price Stable Value Common Trust Fund and an investment in the Prudential Group Plan GDA. As a separately managed account, the Trust is considered to have a direct investment in these three investments. The T. Rowe Price Stable Value Common Trust Fund and the Federated Hermes Government Obligations Fund qualify as investments measured at fair value. Additional information regarding these investments can be found in Note D. The Prudential Group Plan GDA qualifies as an investment measured at contract value. Additional information regarding this investment can be found in Note E.

D. Fair Value Measurements:

The Trust has adopted the provisions of FASB ASC 820-10, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. FASB ASC 820-10 describes a fair value hierarchy based on three levels of inputs of which the first two are considered observable and the last is considered unobservable.

The levels are defined as:

Level 1 - Quoted prices in active markets for identical assets.

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets, in markets that are not active.

Level 3 - Unobservable inputs that are supported by little or no market activity.

The following table represents the Trust's fair value hierarchy of investments held at December 31, 2024:

	Level 1	Level 2	Level 3	Total
Stable Value Fund	\$ 9,596,226	\$162,787,489	\$ -	\$172,383,715
Mutual Funds	249,409,911	-	-	249,409,911
	<u>\$259,006,137</u>	<u>\$162,787,489</u>	<u>\$ -</u>	<u>\$421,793,626</u>

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

(Continued)

D. Fair Value Measurements (continued):

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Trust evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers between fair value levels during the years ended December 31, 2024 and 2023.

The following table represents the Trust's fair value hierarchy of investments held at December 31, 2023:

	Level 1	Level 2	Level 3	Total
Stable Value Fund	\$ 11,547,035	\$156,720,732	\$ -	\$168,267,767
Mutual Funds	207,338,436	-	-	207,338,436
	<u>\$218,885,471</u>	<u>\$156,720,732</u>	<u>\$ -</u>	<u>\$375,606,203</u>

Mutual Funds

The fair value of mutual funds is valued at the daily closing price as reported by the fund. Mutual funds held by the Trust are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Trust are deemed to be actively traded.

Stable Value Fund

Federated Hermes Government Obligations Fund - This investment represents a government money market account which invests in highly liquid U.S. Treasury and government securities. This portion of the Carpenters' Stable Value Fund is reported as a Level 1 investment on the fair value hierarchy.

T. Rowe Price Stable Value Common Trust Fund - The fund is operated by T. Rowe Price Trust Company. The investment objectives of the trust are to maximize current income consistent with the maintenance of principal and to provide for benefit-responsive participant withdrawals at contract value for certain events without penalty or adjustment.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

(Continued)

D. Fair Value Measurements (continued):

All of the investments of the fund are determined to be fully benefit responsive, and as a result, the stated differences between the fund's fair value and contract value have been reflected in its financial statements. The fund invests in other collective trusts, synthetic guaranteed investment contracts, short-term investments and fixed income securities. All of the fund's investments are categorized as Level 2. The Trust has an indirect investment in this fund; therefore, this investment is stated at fair value and is reported as a Level 2 investment.

Unfunded Commitments

The Trust had no unfunded commitments at December 31, 2024 and 2023.

E. Guaranteed Investment Contract:

The Prudential Group Plan GDA - The investment is currently structured through a contract between the Trust and Prudential Retirement Insurance and Annuity Company. Under the group annuity insurance contract that supports this product, participants ordinarily direct permitted withdrawal or transfers of all or a portion of their account balance at contract value within a reasonable timeframe. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. The contract is effected directly between the Trust and the issuer. The repayment of principal and interest credited to participants is a financial obligation of the issuer. Given these provisions, Prudential considers this contract to be fully benefit responsive. As a result, the investment is reported at contract value on the Statements of Net Assets Available for Benefits. The contract value of the Trust's investment as of December 31, 2024 and 2023 totaled \$158,209,793 and \$153,007,540, respectively.

Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest crediting rate is applied to all contributions made to the product regardless of the timing of those contributions. Interest crediting rates are reviewed on an annual basis for resetting. Factors utilized in the determination of interest crediting rates include the timing and the amount of the Trust's cash flow as well as the expected and actual investment experience of securities held in a commingled reference portfolio within the issuer's general account. The minimum crediting rate under the contract is 1.50%.

A Trust-initiated termination of the contract is an event that could limit the ability of the Trust to transact at contract value paid within 90 days. There are not any events that allow the issuer to terminate the contract and which require the Trust sponsor to settle at an amount different than contract value paid either within 90 days or over time.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

(Continued)

F. Investments:

The Trust provides for participants to direct the investment of their account balances. For 2024 and 2023, the participants can direct their investments among the following investment funds. If a participant does not direct their investments, the contributions will be invested in the Carpenters' Stable Value Fund.

The investments of the Trust are held as follows:

	December 31, 2024	
	Current Value	Adjusted Cost
T. Rowe Price Stable Value Common Trust Fund	\$162,787,489	\$158,045,803
Prudential GDA	158,209,793	145,328,163
Federated Hermes Government Obligations Fund	9,596,226	9,596,226
Am Europacific Growth R6	18,647,754	21,158,382
American Beacon LRG Cap Val R6	21,108,422	21,852,120
Federated Mid-Cap Index R6	14,902,989	17,321,984
Federated Total Return Bond R6	9,270,189	10,273,450
Allspring Growth R6	45,324,612	50,909,554
iShares S&P 500 Index K	43,722,048	36,236,108
Am Cent Strat Allc: Cnsrv	7,887,329	8,361,095
American Century Moderate Fund	17,957,674	18,520,676
Am Cent Aggressive R6	44,605,254	45,407,263
Blackrock Advisor Small Cap	15,379,611	14,829,382
BNY Mellon Small Cap Stock Idx I	10,604,029	12,962,344
	<u>\$580,003,419</u>	<u>\$570,802,550</u>
	December 31, 2023	
	Current Value	Adjusted Cost
T. Rowe Price Stable Value Common Trust Fund	\$156,720,732	\$156,737,260
Prudential GDA	153,007,540	145,328,163
Federated Hermes Government Obligations Fund	11,547,035	11,547,035
Am Europacific Growth R6	18,071,602	20,415,008
American Beacon LRG Cap Val R6	18,154,862	19,236,680
Federated Mid-Cap Index R6	13,365,115	15,636,549
Federated Total Return Bond R6	8,475,635	9,364,843
Allspring Growth R6	34,851,626	42,746,439
iShares S&P 500 Index K	28,649,626	27,627,214
Am Cent Strat Allc: Cnsrv	7,547,719	8,114,303
American Century Moderate Fund	16,019,983	17,309,863
Am Cent Aggressive R6	38,238,450	41,071,663
Blackrock Advisor Small Cap	13,811,194	14,798,518
BNY Mellon Small Cap Stock Idx I	10,152,624	12,106,264
	<u>\$528,613,743</u>	<u>\$542,039,802</u>

The *adjusted cost* of the investments at year-end reflects the original purchase price of the investment plus earnings reinvestments.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

(Continued)

G. Income Tax Status:

The Internal Revenue Service has determined that the Trust is qualified under Section 401(a) of the Internal Revenue Code and is exempt from income tax under Section 501(a) of the Code.

As of December 31, 2024, the Trust's most recent determination letter was dated March 23, 2016. Trust management believes that the Trust, as amended, continues to qualify and to operate as designed.

Accounting principles generally accepted in the United States of America require Trust management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the Trust has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Trust Administrator has analyzed the tax positions taken by the Trust, and has concluded there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

H. Risk and Uncertainties:

The Trust invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported on the Statements of Net Assets Available for Benefits.

Cash consists of checking accounts the Trust maintains with reputable financial institutions. The FDIC applies special rules with regard to employee benefit plan accounts. Nevertheless, the possibility exists that these deposits may be in excess of limits.

I. Trust Management's Evaluation of Subsequent Events:

Trust management's representations and estimates include evaluations of subsequent events through October 11, 2025, the date which the financial statements were available to be issued.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

(Continued)

J. Party-In-Interest Transactions and Related Party Transactions:

The Trust transacts with related organizations including Carpenters' Combined Funds, Greater Pennsylvania Carpenters' Medical Plan and Greater Pennsylvania Carpenters' Pension Fund. These transactions are not considered ERISA prohibited transactions.

K. Collective Bargaining Agreement:

The Trust is part of a collective bargaining agreement that requires participating employers to contribute on behalf of their eligible employees certain amounts to the Trust. This collective bargaining agreement expires on May 31, 2026.

L. Trust Termination:

In the event that the Trust is terminated, all participating employees will be entitled to the amount credited to these accounts as of the preceding December 31, plus a prorated share of any gains or losses on the sale of the investments of the Trust, as well as a pro rata share of the unallocated income of the Trust from the preceding January 1 to the date of termination of the Trust.

SUPPLEMENTAL INFORMATION

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

EIN 25-6107170 - PLAN NO. 001

SCHEDULE I - ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

<u>(a.)</u>	<u>(b.) Identity of Issue, Borrower or Similar Party</u>	<u>(c.) Description of Investments</u>	<u>(e.) Current Value</u>
	Federated Hermes Government Obligations Fund	Mutual Fund	\$ 9,596,226
	T. Rowe Price Stable Value Common Trust Fund	Stable Value Fund	162,787,489
	Prudential GDA	Guaranteed Investment Contract	158,209,793
	Am Cent. Aggressive Fund R6	Mutual Fund	44,605,254
	Allspring Growth R6	Mutual Fund	45,324,612
	iShares S&P 500 Index K	Mutual Fund	43,722,048
	Federated Total Return Bond R6	Mutual Fund	9,270,189
	Federated Mid-Cap Index R6	Mutual Fund	14,902,989
	Am Europacific Growth R6	Mutual Fund	18,647,754
	American Beacon LRG Cap Val R6	Mutual Fund	21,108,422
	Am Cent Strat Allc: Cnsrv	Mutual Fund	7,887,329
	American Century Moderate Fund	Mutual Fund	17,957,674
	Blackrock Advisor Small Cap	Mutual Fund	15,379,611
	BNY Mellon Small Cap Stock Idx I	Mutual Fund	<u>10,604,029</u>
			<u>\$580,003,419</u>

See independent auditor's report.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

EIN 25-6107170 - PLAN NO. 001

SCHEDULE II - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Schedule H, line 4j - Schedule of Reportable Transactions

<u>(a.) Identity of Party Involved</u>	<u>(b.) Description of Asset</u>	<u>(c.) Purchase Price</u>	<u>(d.) Selling Price</u>	<u>(g.) Cost of Asset</u>	<u>(h.) Fair Value of Asset on Transaction Date</u>	<u>(i.) Net Gain or (Loss)</u>
<p>Category (a) - a single Transaction within the Trust year in excess of 5% of the current <u>value of Trust assets:</u></p> <p>None</p>						
<p>Category (b) - a series of combined transactions involving securities in excess of 5% of combined <u>Trust assets:</u></p>						
John Hancock Trust Company LLC	Federated Hermes Govt. Obligations Fund	\$53,017,943	\$ -	\$ -	\$53,017,943	\$ -
John Hancock Trust Company LLC	Federated Hermes Govt. Obligations Fund	\$ -	\$54,968,751	\$54,968,751	\$54,968,751	\$ -

See independent auditor's report.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

EIN 25-6107170 - PLAN NO. 001

SCHEDULE I - ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

<u>(a.)</u>	<u>(b.) Identity of Issue, Borrower or Similar Party</u>	<u>(c.) Description of Investments</u>	<u>(e.) Current Value</u>
	Federated Hermes Government Obligations Fund	Mutual Fund	\$ 9,596,226
	T. Rowe Price Stable Value Common Trust Fund	Stable Value Fund	162,787,489
	Prudential GDA	Guaranteed Investment Contract	158,209,793
	Am Cent. Aggressive Fund R6	Mutual Fund	44,605,254
	Allspring Growth R6	Mutual Fund	45,324,612
	iShares S&P 500 Index K	Mutual Fund	43,722,048
	Federated Total Return Bond R6	Mutual Fund	9,270,189
	Federated Mid-Cap Index R6	Mutual Fund	14,902,989
	Am Europacific Growth R6	Mutual Fund	18,647,754
	American Beacon LRG Cap Val R6	Mutual Fund	21,108,422
	Am Cent Strat Allc: Cnsrv	Mutual Fund	7,887,329
	American Century Moderate Fund	Mutual Fund	17,957,674
	Blackrock Advisor Small Cap	Mutual Fund	15,379,611
	BNY Mellon Small Cap Stock Idx I	Mutual Fund	<u>10,604,029</u>
			<u>\$580,003,419</u>

See independent auditor's report.

GREATER PENNSYLVANIA CARPENTERS'
ANNUITY AND SAVINGS FUND (A TRUST)

EIN 25-6107170 - PLAN NO. 001

SCHEDULE II - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Schedule H, line 4j - Schedule of Reportable Transactions

<u>(a.) Identity of Party Involved</u>	<u>(b.) Description of Asset</u>	<u>(c.) Purchase Price</u>	<u>(d.) Selling Price</u>	<u>(g.) Cost of Asset</u>	<u>(h.) Fair Value of Asset on Transaction Date</u>	<u>(i.) Net Gain or (Loss)</u>
<p>Category (a) - a single Transaction within the Trust year in excess of 5% of the current <u>value of Trust assets:</u></p> <p>None</p>						
<p>Category (b) - a series of combined transactions involving securities in excess of 5% of combined <u>Trust assets:</u></p>						
John Hancock Trust Company LLC	Federated Hermes Govt. Obligations Fund	\$53,017,943	\$ -	\$ -	\$53,017,943	\$ -
John Hancock Trust Company LLC	Federated Hermes Govt. Obligations Fund	\$ -	\$54,968,751	\$54,968,751	\$54,968,751	\$ -

See independent auditor's report.