

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LABORERS' LOCAL 130 PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF LABORERS' LOCAL 130 PENSION FUND</u></p> <p><u>431 WYOMING AVE, SUITE 10</u> <u>SCRANTON, PA 18503-1228</u></p>	<p>1c Effective date of plan <u>05/01/1964</u></p> <p>2b Employer Identification Number (EIN) <u>24-0866674</u></p> <p>2c Plan Sponsor's telephone number <u>800-552-6972</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/10/2026	JACOB HYDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LAWRENCE C. MUSGROVE ASSOCIATES INC PO BOX 1769 SALEM, VA 24153-1769		3b Administrator's EIN 54-0759756
		3c Administrator's telephone number 800-552-6972
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	620
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	97
6a(2) Total number of active participants at the end of the plan year	6a(2)	116
b Retired or separated participants receiving benefits.....	6b	326
c Other retired or separated participants entitled to future benefits	6c	71
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	513
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	107
f Total. Add lines 6d and 6e	6f	620
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	34

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

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 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 checked="" 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 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 MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

A Name of plan <u>LABORERS' LOCAL 130 PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF LABORERS' LOCAL 130 PENSION FUND</u>	D Employer Identification Number (EIN) <u>24-0866674</u>	

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

1a Enter the valuation date: Month 05 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>6576458</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>6945475</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>41943296</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>41943296</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>61938473</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>488975</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>4269839</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>4257610</u>

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

SIGN HERE		<u>01/26/2026</u>
	Signature of actuary	Date
	<u>NATHAN HOELLMAN</u>	<u>23-08906</u>
	Type or print name of actuary	Most recent enrollment number
	<u>ACRISURE</u>	<u>412-394-9330</u>
	Firm name	Telephone number (including area code)
	<u>444 LIBERTY AVE, STE 605 PITTSBURGH, PA 15222</u>	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6576458
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	455	47430788
(2) For terminated vested participants	68	6739605
(3) For active participants:		
(a) Non-vested benefits		306200
(b) Vested benefits		7461880
(c) Total active	88	7768080
(4) Total	611	61938473
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	10.62 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/31/2025	1380449	0			
Totals ▶			3(b)	1380449	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	16.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input checked="" type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2026

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	3.56 %
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	7P	7P	
(2) Females	6c(2)	7FP	7FP	
d Valuation liability interest rate	6d	7.50 %	7.50 %	
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.8 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.5 %		
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	162000		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-668780	-70478
4	-123743	-13040

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	1865235

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	23703921
b Employer's normal cost for plan year as of valuation date.....	9b	389211

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	16252022	3343803
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		2057770
e Total charges. Add lines 9a through 9d.....	9e		29494705
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		
g Employer contributions. Total from column (b) of line 3.....	9g		1380449
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	4958122	598976
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		87875
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	13044049	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	51903690	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		2067300
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		27427405
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		27427405
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan LABORERS' LOCAL 130 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS' LOCAL 130 PENSION FUND	D Employer Identification Number (EIN) 24-0866674	

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

CHARLES SCHWAB & COMPANY, INC **211 MAIN STREET**
SAN FRANCISCO, CA 94105

94-1737782

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

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

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

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

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

ACRISURE

444 LIBERTY AVENUE, STE 605
PITTSBURGH, PA 19522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 11	NONE	98276	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)

LAWRENCE C MUSGROVE ASSOCIATES

PO BOX 13487
SALEM, VA 24034

54-0759756

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	59955	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)

CAPFINANCIAL PARTNERS, LLC

600 HAMILTON ST, STE 900
ALLENTOWN, PA 18101-2119

26-0058143

(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 51	NONE	53340	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)

ALAN ROSS & COMPANY

10 HEARTHSTONE COURT SUITE 100
READING, PA 19606

20-5367494

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16086	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)

ODONOGHUE & ODONOGHUE LLP

325 CHESTNUT STREET, SUITE 515
PHILADELPHIA, PA 19106

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15110	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)

WELLS FARGO BANK, NA

PO BOX 6995
PORTLAND, OR 97228-6995

52-2252204

(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?
65 50	NONE	7134	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)

FOSTER & FOSTER, INC

13420 PARKER COMMONS BLVD, STE 104
FORT MYERS, FL 33912

59-1921114

(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?
11 50	NONE	6200	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)

BARATZ & ASSOCIATES PA

4B EVES DR 100
MARLTON, NJ 08083

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5815	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan LABORERS' LOCAL 130 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS' LOCAL 130 PENSION FUND	D Employer Identification Number (EIN) 24-0866674

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	368619	500048
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150703	250576
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	30819	38757
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31480	1515380
(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)	6063243	1871610
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6644864	4176371
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	20322	15882
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	48084	81478
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	68406	97360
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6576458	4079011

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)	1533156	
(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)		1533156
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	147	
(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)		147
(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)	159676	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		159676
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		397847
c Other income	2c		1399
d Total income. Add all income amounts in column (b) and enter total	2d		2092225

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4135051	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	152707	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4287758
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)	59955	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21901	
(5) Investment advisory and investment management fees	2i(5)	53340	
(6) Bank or trust company trustee/custodial fees	2i(6)	7134	
(7) Actuarial fees	2i(7)	104476	
(8) Legal fees	2i(8)	15110	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	39998	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		301914
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4589672

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2497447
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ALAN ROSS & COMPANY, PC

(2) EIN: 20-5367494

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565061.

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 **05/01/2024** and ending **04/30/2025**

A Name of plan LABORERS' LOCAL 130 PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LABORERS' LOCAL 130 PENSION FUND	D Employer Identification Number (EIN) 24-0866674	

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): _____		
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	0

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 **BILFINGER INDUSTRIAL**

b EIN **26-1983340**

c Dollar amount contributed by employer

86611

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 **04** Day **30** Year **2025**

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 **PANZIETTI ENTERPRISES**

b EIN **23-2272958**

c Dollar amount contributed by employer

118568

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 **04** Day **30** Year **2025**

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) **9.49**

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

a Name of contributing employer **DAY & ZIMMERMAN NPS**

b EIN **23-2499111**

c Dollar amount contributed by employer

297047

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 **04** Day **30** Year **2025**

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) **9.49**

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

a Name of contributing employer **L. R. COSTANZO CO INC**

b EIN **23-1697990**

c Dollar amount contributed by employer

128219

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 **04** Day **30** Year **2025**

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) **9.49**

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

a Name of contributing employer **SORDONI CONSTRUCTION INC**

b EIN **23-2463250**

c Dollar amount contributed by employer

124784

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 **04** Day **30** Year **2025**

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) **9.49**

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

a Name of contributing employer **FUSE BUILDS LLC**

b EIN **20-1304705**

c Dollar amount contributed by employer

166905

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 **04** Day **30** Year **2025**

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) **9.49**

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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	0
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 130 PENSION FUND

FINANCIAL REPORT

April 30, 2025

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Plan Participants
Laborers Local 130 Pension Fund

Opinion

We have audited the financial statements of Laborers Local 130 Pension 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 April 30, 2025 and 2024, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the Statement of Accumulated Plan Benefits as of April 30, 2024, and the related Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of Laborers Local 130 Pension Fund as of April 30, 2025 and 2024, and the Changes in its Net Assets Available for Benefits for the years then ended, and the Accumulated Plan Benefits as of April 30, 2024, and the Changes in its Accumulated Plan Benefits for the year 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Laborers Local 130 Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers Local 130 Pension Fund ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures, responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Laborers Local 130 Pension 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 130 Pension 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 Schedule of Assets (Held at end of Year) as of April 30, 2024 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 and the schedules of employer contributions and administrative expenses are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



Reading, Pennsylvania
February 6, 2026

LABORERS LOCAL 130 PENSION FUND

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

	2025	2024
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Money Market Funds	\$ 1,515,380	\$ 31,480
Exchange Traded Funds	369,124	1,042,660
Mutual Funds	<u>1,502,486</u>	<u>5,020,583</u>
Total Investments	<u>3,386,990</u>	<u>6,094,723</u>
OTHER ASSETS		
Cash	500,048	368,619
Prepaid Expenses	<u>11,127</u>	<u>12,073</u>
Total Other Assets	<u>511,175</u>	<u>380,692</u>
RECEIVABLES		
Employer Contributions	250,576	150,703
Amounts Due From Other Plans Under Reciprocal Agreements	<u>27,630</u>	<u>18,746</u>
Total Receivables	<u>278,206</u>	<u>169,449</u>
TOTAL ASSETS	<u>4,176,371</u>	<u>6,644,864</u>
LIABILITIES		
Accounts Payable	12,623	17,549
Payroll Liabilities	3,259	2,773
Amounts Due to Other Plans Under Reciprocal Agreements	<u>81,478</u>	<u>48,084</u>
TOTAL LIABILITIES	<u>97,360</u>	<u>68,406</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,079,011</u></u>	<u><u>\$ 6,576,458</u></u>

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

LABORERS LOCAL 130 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended April 30, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to:		
Contributions		
Employer	\$ 1,440,683	\$ 1,255,459
Amounts received from other plans under reciprocal agreements	92,473	132,270
Total contributions	1,533,156	1,387,729
Less: Amounts paid to other plans under reciprocal agreements	(152,707)	(121,465)
	1,380,449	1,266,264
Investment income		
Net appreciation in fair value of investments	397,847	463,096
Interest	147	323
Dividends	159,676	223,954
Total investment income	557,670	687,373
Less: Investment expense	(53,340)	(51,785)
Net investment income	504,330	635,588
Other additions		
Litigation settlements	1,399	767
Total additions	1,886,178	1,902,619
Deductions from Net Assets Attributed to:		
Benefits paid directly to participants and beneficiaries	4,135,051	4,245,379
Administrative expenses	248,574	162,416
Total deductions	4,383,625	4,407,795
Net Decrease	(2,497,447)	(2,505,176)
Net Assets Available for Benefits:		
Beginning of year	6,576,458	9,081,634
End of year	\$ 4,079,011	\$ 6,576,458

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

LABORERS LOCAL 130 PENSION FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS

April 30, 2024

Actuarial present value of accumulated plan benefits

Vested benefits:

Retired members	\$ 34,322,837
Active members	3,946,405
Terminated vested members	<u>3,527,840</u>
	41,797,082

Non-vested benefits	<u>146,214</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 41,943,296</u></u>
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The Accompanying Notes are an Integral Part of these Financial Statements.

LABORERS LOCAL 130 PENSION FUND

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Year Ended April 30, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 43,785,117
Increase (decrease) during the year attributable to:	
Benefits accumulated	(600,259)
Benefits paid	(4,245,379)
Change in actuarial assumptions	(123,743)
Increase for interest due to the decrease in discount period	<u>3,127,560</u>
Net decrease	<u>(1,841,821)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 41,943,296</u>

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

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the Laborers' Local 130 Pension Fund (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General:

The Plan was established on May 1, 1964 for persons who were employed in the bargaining unit represented by the Laborer's International Union of North America, Local Union No. 215. A merger in 2005 of the Laborers Local No. 215 Pension Fund and the Laborers Local No. 130 Pension Fund combined the Pension Funds. The Plan is a multiemployer defined benefit pension plan maintained pursuant to a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits:

The Plan provides for defined retirement benefits and death and /or disability benefits based on length of credited service. Participants have a vested right to their pension after earning 5 vesting service years. There is no benefit for less than 5 years of service. The normal retirement age is 62 and the early retirement age is 55. The disability retirement date is the date the participant qualifies for Social Security Disability Benefits. The monthly benefit payment is based on number of plan years multiplied by varying rates determined by the period the hours of credited service were earned. The first payment will be payable as of the first day of the month following or concurrent with the employees retirement. The retirement will be the later of the date the employee stops working in the collective bargaining unit or the date the claim for pension benefit is received by the Trustees.

Funding the Plan:

The Plan is being funded through a Pension Trust administered by a Board of Trustees consisting of equal representation by the union and employers. All contributions are paid by the employers based on a fixed hourly contribution rate which is calculated to fund current service costs on a current basis. The collective bargaining agreement requires a contribution for each hour worked by a member as follows:

May 1, 2023 to April 30, 2024	\$9.49
May 1, 2024 to April 30, 2025	\$9.49

ERISA Minimum Funding Requirement:

Enough money has been contributed to the Plan to meet minimum funding requirements under ERISA.

See Independent Auditors' Report.

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies

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

Basis of Accounting:

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

Employer Contributions:

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

Investment Valuation and Income Recognition:

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

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

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

Use of Estimates:

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

Administrative Expenses:

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

See Independent Auditors' Report.

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Reciprocal Contributions, Payments and Agreements:

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

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

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are determined by the employee's credited past and future years of service. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent that they are deemed attributable to employee service rendered to the valuation date.

The significant actuarial assumptions used in the valuation as of May 1, 2024 were as follows:

1. Mortality:

Healthy Lives, Disabled Lives and Survivors: RP-2014 Blue Collar Mortality Tables adjusted backward to 2006 using MP-2014, then projected forward from 2006 with Fully Generational Mortality Improvement under MP-2021

RPA Current Liability: IRS 2022 Static Mortality Table

2. Interest:

Funding: 7.50% per annum

RPA Current Liability 3.56% per annum

See Independent Auditors' Report.

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

- 3. Terminations: Table T-9
- 4. Expenses: An estimated amount based on the actual expenses paid in the prior plan year
- 5. Retirement Age: Based on the following:

<u>Age</u>	<u>Rate</u>
59	10%
60-61	20%
62-64	50%
65	100%

- 6. Hours worked: Actual hours worked for the prior plan year
- 7. Actuarial Cost Method: Unit Credit Actuarial Cost Method
- 8. Asset Valuation: Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance.

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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 Plan has the ability to access.

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

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no significant changes in the methodologies used at April 30, 2025 and 2024.

Money Market: Valued at the net asset value per share or the daily closing price.

Exchange Traded and Mutual Funds: Valued at the daily closing prices 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.

The investments of the Plan were held by Charles Schwab & Company, Inc.

There were no significant transfers of investments between Level 1 and Level 2 investments during the years ended April 30, 2025 and 2024.

The following tables set forth by level, within fair value hierarchy, the plan's assets at fair value as of April 30, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

See Independent Auditors' Report.

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

<i>Assets at Fair Value as of April 30, 2025</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market	\$ 1,515,380	\$ -	\$ -	\$ 1,515,380
Exchange Traded Funds	369,124	-	-	369,124
Mutual Funds	1,502,486	-	-	1,502,486
	<u>\$ 3,386,990</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,386,990</u>

<i>Assets at Fair Value as of April 30, 2024</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market	\$ 31,480	\$ -	\$ -	\$ 31,480
Exchange Traded Funds	1,042,660	-	-	1,042,660
Mutual Funds	5,020,583	-	-	5,020,583
	<u>\$ 6,094,723</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,094,723</u>

Note 5. Pension Protection Act Filing of Critical Status

For the year beginning May 1, 2009, the Plan was certified by its actuary to be in critical status, within the meaning of the Pension Protection Act of 2006 (PPA). Under PPA, if a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan and establish steps and benchmarks to improve the plan's funding status. The trustees adopted a rehabilitation plan, as required by the PPA, on September 1, 2010. The rehabilitation plan was later amended and revised as September 13, 2010, amended and restated as of June 27, 2012 and amended and revised as of March 13, 2013. The rehabilitation plan requires specific pension contribution rate increases while not increasing current benefit formulas. In addition, as required by the PPA, certain benefits are reduced for participants whose employers fail to adopt the required contribution rate increases, as set forth in the rehabilitation plan, or agree to adopt the rehabilitation plan schedule that provides for pension contribution increases at lower rates than the plan's primary schedule. As of August 28, 2010, the plan suspended the payment of lump sum benefits until the plan emerges from critical status.

See Independent Auditors' Report.

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 5. Pension Protection Act Filing of Critical Status (Continued)

The March 13, 2013 Rehabilitation Plan adopted an "exhaustion" approach because it did not expect to emerge from critical status by the end of the rehabilitation period ending April 30, 2022. The Rehabilitation Plan adopted a single option that included an adjustment to the hours worked assumption. Employers that did not comply with the terms would be deemed to have effected a complete or partial withdrawal from the Plan.

The Plan was certified to be in critical and declining status by its actuary as of July 29, 2022. The Trustees have reviewed alternatives and have determined that it would be reasonable to conclude that the Plan could emerge from critical status. The Trustees have adopted annual updates to the Rehabilitation Plan, with the most recent on March 12, 2024, to allow for reasonable measures that are based on reasonable actuarial assumptions that will delay a projected insolvency to allow the Plan to continue to provide the benefits promised to its participants.

Note 6. Income Tax Status

The Internal Revenue Service has determined that the Plan is "qualified" and, therefore, exempt from federal income tax under section 401(a) of the Internal Revenue Code. The Plan obtained its latest determination letter on December 15, 2015 in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator and the plan's legal counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provisions for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of April 30, 2025, 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 plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to April 30, 2023.

See Independent Auditors' Report.

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 7. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. The benefit guarantee in a multiemployer pension plan is the product of a participant's years of service multiplied by the sum of 100 percent of the first \$11 of the monthly benefit accrual rate and 75 percent of the next \$33 of the accrual rate. For a participant with 30 years of service under the plan, the maximum PBGC guaranteed benefit is \$12,870 per year. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in value of investments securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

See Independent Auditors' Report.

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 8. Risks and Uncertainties (Continued)

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

Note 9. Concentration of Credit Risk

The Plan maintains a bank account with Wells Fargo Bank. Accounts at this institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The account routinely exceeds the federally insured limits. The Plan has not experienced any loss, nor do the Trustees expect that the excess deposits will be a credit risk. Cash at April 30, 2025 exceeded the federally insured limit by \$120,164.

The Plan receives most of the employer contributions from companies located in the northeastern section of Pennsylvania. Three of the employers contribute approximately 45% of the total contributions for the Plan.

Note 10. Related Party Transactions

Certain assets of the plan are managed by CapFinancial Partners, LLC and held by Charles Schwab, the custodian as defined by the Plan. These transactions qualify as a party-in-interest transactions.

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

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

See Independent Auditors' Report.

LABORERS LOCAL 130 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 11. Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through February 6, 2026 the date the financial statements were available to be issued.

Note 12. Plan Amendments

The Plan was amended effective March 11, 2023 to meet the special financial assistance requirements under The American Rescue Plan Act of 2021. Should the Plan be approved for special financial assistance by the PBGC, the Plan agrees to follow the restrictions and conditions specified in section 4262 of ERISA and in 29 CFR part 4262.

Note 13. Special Financial Assistance

On March 11, 2021, The American Rescue Plan (ARP) Act of 2021 was signed into law, which amended title IV of ERISA to address the immediate crisis facing severely underfunded multiemployer plans and the solvency of the PBGC, and to assist plans by providing funds to reinstate suspended benefits. Under the ARP, eligible plans may seek financial assistance (SFA) from the federal government. The assistance is administered through the PBGC's Special Financial Assistance Program. The SFA provided to plans will forestall their insolvency for many years in the future. A plan receiving funds under the ARP has no obligation to repay SFA funds. Funds received must be used exclusively for paying benefit payments and administration expenses until it is exhausted. SFA assets can only be invested in high-grade, low-risk investment vehicles.

The Plan applied for the SFA on April 3, 2025. Without the funding, the Plan is projected to be insolvent in 2028. The PBGC approved the application on July 29, 2025. The Plan received \$33,259,664 on September 10, 2025.

By law, the Plan will remain in Critical Status through the plan year ending December 31, 2051 due to the receipt of the SFA funding.

See Independent Auditors' Report.

SUPPLEMENTARY INFORMATION

LABORERS LOCAL 130 PENSION FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED APRIL 30, 2025

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(c) CURRENT VALUE	(d) COST	(e) CURRENT VALUE
* CASH	CHARLES SCHWAB BANK SCHWAB GOVERNMENT MONEY	11,896 <u>1,503,484</u> 1,515,380	11,896 <u>1,503,484</u> 1,515,380	11,896 <u>1,503,484</u> 1,515,380
EXCHANGE TRADED FUNDS	ISHARES GOLD ETF ISHARES 7-10 YEAR TREASURY BOND ETF VANGUARD INTERNATIONAL HIGH VANGUARD MEGA CAP GROWTH VANGUARD VALUE EFF IV	18,775 144,586 63,521 70,656 <u>71,586</u> 369,124	10,233 148,562 59,771 67,357 64,140 <u>350,063</u>	18,775 144,586 63,521 70,656 <u>71,586</u> 369,124
MUTUAL FUNDS	AMERICAN FUND EUROPACIFIC BLACKROCK SYSTEMATIC MULTI CALAMOS MARKET NEUTRAL I DODGE & COX INTERNATIONAL STOCK DOUBLELINE CORE FIXED INCOME FIDELITY 500 INDEX FIDELITY US BOND INDEX GUGGENHEIM MACRO OPPURTUNITIES GUGGENHEIM TOTAL RETURN BOND JPMORGAN LARGE CAP GROWTH MFS INTERNATIONAL GROWTH MFS NEW DISCOVERY VALUE PIMCO INCOME INSTL SCHWAB FUNDAMENTAL US LA T ROWE PRICE QM US SMALL THE MERGER FUND I	104,610 52,959 56,648 111,333 123,544 329,037 114,157 30,690 144,288 85,394 106,418 29,561 58,618 69,393 28,575 <u>57,261</u> 1,502,486	98,601 51,502 53,755 94,978 126,697 272,931 116,920 30,752 147,697 7,534 91,509 31,673 59,208 65,023 29,474 55,467 <u>1,333,721</u>	104,610 52,959 56,648 111,333 123,544 329,037 114,157 30,690 144,288 85,394 106,418 29,561 58,618 69,393 28,575 <u>57,261</u> 1,502,486
		<u>\$ 3,199,164</u>	<u>\$ 3,199,164</u>	<u>\$ 3,386,990</u>

LABORERS LOCAL 130 PENSION FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS

For the Years Ended April 30, 2025 and 2024

	2025	2024
Alliance Masonry Corporation	\$ 38,629	\$ 28,783
Alvin Butz, Inc.	6,624	50,748
Bilfinger Industrial Services	86,611	82,577
C & D Waterproofing	2,942	1,613
Caretti, Inc.	39,735	54,757
D&M Construction Unlimited, LLC	35,915	45,533
Datom Products, Inc.	37,580	37,277
Day Zimmerman NPS	297,047	287,650
Duggan & Marcon, Inc.	-	9,984
Eshbach Brothers	4,394	33,571
Fuse Builds, LLC	166,905	-
G C Zarnas & Co, Inc.	1,329	-
Hopson Specialty Systems	17,666	40,167
Integrated Scaffolding	6,709	-
J&H Excavating Company	20,584	6,792
Joseph Miorelli and Co., Inc.	24,330	26,043
L.R. Costanzo Co., Inc.	128,219	74,169
Laborers Local 130	19,739	19,739
Mar Paul Company, Inc.	13,096	5,314
McClure Co.	19,293	20,166
MCT Services	3,141	2,154
Nathan Contracting, LP	-	-
National Environmental Contracting	6,522	2,363
Nuclear Repair Solutions	9,704	-
O & M Multi-Trade, Inc.	-	1,424
Panzitta Enterprises	118,568	144,371
PCI Energy Services, LLC	76	-
Performance Construction Services	32,551	37,096
Reliant Stud Welding	-	256
Retrotherm Insulators, Inc.	456	-
Safway Services Inc.	-	14,330
Sargent Electric Company	69,227	-
Sean Byrne Construction, Inc.	-	3,141
Sil-Mar Construction Corporation	17,405	20,081
Sordoni Construction Services	124,784	130,080
Stebbins Eng & Mfg Company	2,069	11,948
Southland Industries	7,412	-
Troianiello Masonry, Inc.	47,711	30,752
TWK Construction Co.	-	783
United Rentals	-	304
Vertical Access Solutions	17,205	16,351
Walsh Electrical	16,505	15,066
Credit for Trustee Meetings	-	76
	\$ 1,440,683	\$ 1,255,459
Total employer contributions	\$ 1,440,683	\$ 1,255,459

LABORERS LOCAL 130 PENSION FUND

SCHEDULE OF ADMINISTRATIVE EXPENSES

For the Years Ended April 30, 2025 and 2024

	2025	2024
Administrative Expenses:		
Administrator fees	\$ 59,955	\$ 58,987
Legal fees	15,110	8,354
Actuarial fees	104,476	34,450
Auditing fees	21,901	16,395
Insurance premiums	12,732	15,160
Printing postage and office expenses	1,721	1,907
Bank service charges	7,134	4,070
PBGC	23,051	22,015
Trustee allowances	-	153
Dues	408	387
Other expense	2,086	538
	<u>248,574</u>	<u>162,416</u>
Total administrative expenses	<u>\$ 248,574</u>	<u>\$ 162,416</u>

See Independent Auditors' Report.

Plan Provisions Schedule MB, Line 6 - Summary of Plan Provisions

Effective May 1, 1964
As Restated Effective December 19, 2014

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

Participation All members of the Laborers' International Union of North America, Local 130 are eligible to participate as long as they are employed under the collective bargaining agreement or a reciprocal agreement.

Credited Service

Prior to May 1, 1964 – Full years of employment

Between May 1, 1964 and April 30, 2000 – 0.1 Years of Credited Service for each 75 hours worked, up to 750 in any given Plan Year.

Between May 1, 2000 and April 30, 2004 – 0.1 Years of Credited Service for each 75 hours worked, up to 750, then an additional 0.1 Years of Credited Service for each 250 hours worked, up to 2000 total in a given Plan Year

Between May 1, 2004 and December 31, 2006 – 0.1 Years of Credited Service for each 100 hours worked, up to 1000, then an additional 0.1 Years of Credited Service for each 250 hours worked, up to 2250 total in a given Plan Year

After December 31, 2006 – Granted according to the following schedule:

Hours	Years of Credit
100	0.1
200	0.2
300	0.3
400	0.4
500	0.5
600	0.6
700	0.7
800	0.8
900	0.9
1000	1.0

Accrued Benefit

A monthly life annuity equal to the sum of the following:

- \$46 per Year of Credited Service prior to May 1, 1991
- \$70 per Year of Credited Service from May 1, 1991 to May 1, 2009
- \$65 per Year of Credited Service from May 1, 2009 to May 1, 2011
- \$65 per Year of Credited Service on Preferred Schedule after May 1, 2011
- \$59.40 per Year of Credited Service on Default Schedule after May 1, 2011

Normal Retirement

Eligibility: Age 62 and the 5th anniversary of participation

Benefit: The Accrued Benefit

Plan Provisions (continued)

Early Retirement

Eligibility: Age 55 with 5 years of Credited Service

Benefit: If participant is at least age 59, the Accrued Benefit. Otherwise, the Accrued Benefit reduced by 0.4% per month prior to the participant's 59th birthday

Vested Termination

Eligibility: 5 Years of Vesting Service

Benefit: The Accrued Benefit payable in full at Normal Retirement Date.

Disability Retirement

Eligibility: 5 Years of Credited Service and qualification for Social Security Disability Benefit.

Benefit: The Accrued Benefit

Pre-Retirement Death

Benefit of Survivor portion of Qualified 100% Joint and Survivor Benefit, payable to the surviving spouse.

Normal Form of Payment

Single Life Annuity if unmarried, Qualified Joint and Survivor Annuity if married.

Contributions

Contribution rates vary by contract. No participants are required to make contributions.

LABORERS LOCAL 130 PENSION FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
APRIL 30, 2025

EIN: 24-0866674
FORM: 5500
PLAN: #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	CHARLES SCHWAB BANK SCHWAB GOVERNMENT MONEY	11,896 1,503,484	11,896 1,503,484
			<u>1,515,380</u>	<u>1,515,380</u>
	EXCHANGE TRADED FUNDS	ISHARES GOLD ETF ISHARES 7-10 YEAR TREASURY BOND ETF VANGUARD INTERNATIONAL HIGH VANGUARD MEGA CAP GROWTH VANGUARD VALUE EFF IV	10,233 148,562 59,771 67,357 64,140	18,775 144,586 63,521 70,656 71,586
			<u>350,063</u>	<u>369,124</u>
	MUTUAL FUNDS	AMERICAN FUND EUROPACIFIC BLACKROCK SYSTEMATIC MULTI CALAMOS MARKET NEUTRAL I DODGE & COX INTERNATIONAL STOCK DOUBLELINE CORE FIXED INCOME FIDELITY 500 INDEX FIDELITY US BOND INDEX GUGGENHEIM MACRO OPPURTUNITIES GUGGENHEIM TOTAL RETURN BOND JPMORGAN LARGE CAP GROWTH MFS INTERNATIONAL GROWTH MFS NEW DISCOVERY VALUE PIMCO INCOME INSTL SCHWAB FUNDAMENTAL US LA T ROWE PRICE QM US SMALL THE MERGER FUND I	98,601 51,502 53,755 94,978 126,697 272,931 116,920 30,752 147,697 7,534 91,509 31,673 59,208 65,023 29,474 55,467	104,610 52,959 56,648 111,333 123,544 329,037 114,157 30,690 144,288 85,394 106,418 29,561 58,618 69,393 28,575 57,261
			<u>1,333,721</u>	<u>1,502,486</u>
			<u>\$ 3,199,164</u>	<u>\$ 3,386,990</u>

Laborers' Local 130 Pension Plan
 EIN: 24-0866674; PN: 001
 Attachment to the 2024 Form 5500
 Schedule MB, line 8b(2)- Schedule of Active Participant Data

Attained Age	Years of Service										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
< 25	1	3	0	0	0	0	0	0	0	0	0	4
25-29	1	0	2	0	0	0	0	0	0	0	0	3
30-34	0	5	1	0	0	0	0	0	0	0	0	6
35-39	1	4	4	1	2	0	0	0	0	0	0	12
40-44	2	6	4	0	6	0	0	0	0	0	0	18
45-49	1	1	2	1	3	1	0	0	0	0	0	9
50-54	0	3	1	3	3	3	0	0	0	0	0	13
55-59	0	1	0	3	3	5	0	1	0	0	0	13
60-64	0	0	0	1	2	5	0	0	0	0	0	8
65-69	0	0	0	0	1	0	0	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0	0
missing	0	1	0	0	0	0	0	0	0	0	0	1
Total	6	24	14	9	20	14	0	1	0	0	0	88

PPA Funded Percentage and Projection of Credit Balance

• Projection of Liability to May 1, 2024		
○ Actuarial Accrued Liability, May 1, 2023	\$	43,785,117
○ Normal Cost		245,878
○ Estimated Benefit Payments		(4,245,379)
○ Interest at 7.50% to End of Year		3,143,123
• Estimated Actuarial Accrued Liability, May 1, 2024		42,928,739
• Estimated Actuarial Value of Plan Assets, May 1, 2024		6,907,621
• Funded Percentage (Ratio of Assets to Liabilities), May 1, 2024		16.09%
• Projection of Estimated Credit Balance		
○ April 30, 2024	\$	(23,630,000)
○ April 30, 2025		(27,430,000)
○ April 30, 2026		(31,230,000)
○ April 30, 2027		(35,270,000)
○ April 30, 2028		(38,940,000)
○ April 30, 2029		(42,720,000)
○ April 30, 2030		(46,700,000)
○ April 30, 2031		(50,500,000)
○ April 30, 2032		(54,420,000)

Zone Status Determination

Y or N

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

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

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

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

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

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

Conclusion

Critical and Declining Status

Schedule of Amortization Bases

MINIMUM FUNDING	<u>Initial</u>	<u>Date</u>	<u>Remaining</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>	<u>Amount</u>	<u>Established</u>	<u>Period</u>		
Assumption Change 94		5/1/1994	5.0	\$ 399,698	\$ 91,899
Plan Amendment 97		5/1/1997	8.0	320,757	50,941
Plan Amendment 98		5/1/1998	9.0	1,451,125	211,618
Assumption Change 98		5/1/1998	9.0	960,567	140,080
Plan Amendment 00		5/1/2000	11.0	41,409	5,266
Plan Amendment 01		5/1/2001	12.0	376,410	45,267
Assumption Change 07		5/1/2007	18.0	651,513	62,442
Actuarial Loss 10		5/1/2010	1.0	271,944	271,945
Actuarial Loss 11		5/1/2011	2.0	227,777	118,005
Assumption Change 12		5/1/2012	3.0	1,188,677	425,200
Actuarial Loss 12		5/1/2012	3.0	732,899	262,165
Assumption Change 13		5/1/2013	4.0	336,990	93,594
Actuarial Loss 13		5/1/2013	4.0	344,965	95,810
Actuarial Loss 14		5/1/2014	5.0	235,958	54,252
Assumption Change 15		5/1/2015	6.0	1,948,228	386,102
Actuarial Loss 15		5/1/2015	6.0	630,936	125,040
Actuarial Loss 16		5/1/2016	7.0	1,219,006	214,092
Assumption Change 17		5/1/2017	8.0	513,422	81,539
Actuarial Loss 17		5/1/2017	8.0	806,293	128,052
Assumption Change 18		5/1/2018	9.0	361,425	52,707
Actuarial Loss 18		5/1/2018	9.0	1,056,816	154,115
Actuarial Loss 19		5/1/2019	10.0	922,145	124,971
Actuarial Loss 20		5/1/2020	11.0	581,431	73,935
Assumption Change 21		5/1/2021	12.0	73,455	8,834
Experience Loss 22		5/1/2022	13.0	78,299	8,964
Experience Loss 23		5/1/2023	14.0	<u>519,877</u>	<u>56,968</u>
Subtotal				\$ 16,252,022	\$ 3,343,803
<u>Credits</u>					
Plan Amendment 04		5/1/2004	10.0	\$ 142,756	\$ 19,347
Assumption Change 04		5/1/2004	10.0	622,698	84,389
Assumption Change 06		5/1/2006	12.0	2,490,083	299,453
Assumption Change 19		5/1/2019	10.0	116,295	15,760
Assumption Change 20		5/1/2020	11.0	152,367	19,375
Actuarial Gain 21		5/1/2021	12.0	641,400	77,134
Experience Gain 24	668,780	5/1/2024	15.0	668,780	70,478
Assumption Change 24	123,743	5/1/2024	15.0	<u>123,743</u>	<u>13,040</u>
Subtotal				\$ 4,958,122	\$ 598,976
Net Amortization Balance and Payment				\$ 11,293,900	\$ 2,744,827
Credit Balance as of May 1, 2024				(23,703,921)	
Unfunded Liability				\$ 34,997,821	

Changes Since Last Year

Plan Changes

None

Method Changes

None

Assumption Changes

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

- The interest rate used to calculate RPA '94 current liability has been changed to 3.56% from 2.75% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.
- The projection scale was changed from MP-2021 to MP-2019 to conform with assumptions used for the application of Special Financial Assistance with the PBGC.
- Rates of disability and disabled mortality were also added for the first time.

Actuarial Methods and Assumptions

As of May 1, 2024

Interest Rates		<u>Current Year</u>	<u>Prior Year</u>
	Minimum/Maximum Funding	7.50%	7.50%
	Present Value of Accrued Benefits	7.50%	7.50%
	Full Funding Limitation		
	Maximum Basis	3.56%	2.75%
	RPA Current Liability	3.56%	2.75%

Mortality RP-2014 Blue Collar Mortality Table for males and females, adjusted backward to 2006 using the MP-2014 improvement scale, then projected forward from 2006 with Fully Generational Mortality Improvement under MP-2019 for healthy lives, disabled lives, and survivors.

Withdrawal Liability Interest Rate: Same as Funding calculations
Mortality: Same as Funding calculations
Methodology: Presumptive Method
Asset Valuation: Actuarial Value

Turnover Based on the T-9 Table. Sample rates as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	17.22%	17.22%
40	11.25	11.25
55	1.73	1.73

Retirement Based on age as follows:

<u>Age</u>	<u>Rate</u>
59	10%
60	20
61	20
62	50
63	50
64	50
65	100

Disability Society of Actuaries 1985 Disability Table, Class 4. Sample rates as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	0.26%	0.18%
40	0.69	0.64
55	2.29	2.12

Expenses The normal cost is increased by last year's non-investment related expenses, rounded to the nearest \$1,000. For projection purposes, expenses are assumed to increase 2.50% per year.

Actuarial Methods and Assumptions (continued)

Percent Married	80% of the participants are assumed to be married with the female spouse three years younger than the male spouse.
Asset Valuation	Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.
Funding Method	Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years.
Incomplete Data	The dates of birth for 3 active participants are missing. Each participant was assumed to have a date of birth of May 1, 1999.
Benefit Accrual Rate	Pension credits and expected contributions were projected on the assumption that all active participants would accrue future service credits that were the average of what they earned the previous three Plan Years. Expectations were further adjusted so that total hours worked in the coming year would match the Board of Trustees' expectations that were used in the most recent zone status certification.
Calculation of Actuarial Present Value of Accrued Plan Benefits	The actuarial present value of accrued benefits has been calculated as of the valuation date, based upon the Plan specifications then in effect and upon each participant's age and service as of that date. These calculations consider the same actuarial assumptions as were used in the actuarial valuation.
Projected Industry Activity	Beginning with the 2024 Plan Year, for the purpose of credit balance projection, future covered employment has been estimated to be equal to the 2024 employment level (139,769), decreasing 3.0% per year through 2031, then decreasing 1.0% per year from 2032 moving forward. This assumption has been set with input from the Board of Trustees. Members expected hours are adjusted to reflect the total expected hours.

Actuarial Methods and Assumptions (continued)

Models Used in Preparing Results

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

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

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

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

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

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

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 130 PENSION FUND	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	05/01/1964
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 130 PENSION FUND 431 WYOMING AVE, SUITE 10 SCRANTON PA 18503-1228	2b Employer Identification Number (EIN)	24-0866674
	2c Plan Sponsor's telephone number	(800) 552-6972
	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		2/10/26	JACOB HYDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LAWRENCE C. MUSGROVE ASSOCIATES INC PO BOX 1769 SALEM VA 24153-1769	3b Administrator's EIN 54-0759756 3c Administrator's telephone number (800) 552-6972
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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
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5 Total number of participants at the beginning of the plan year	5	620
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)	97
a (2) Total number of active participants at the end of the plan year	6a(2)	116
b Retired or separated participants receiving benefits	6b	326
c Other retired or separated participants entitled to future benefits	6c	71
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	513
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	107
f Total. Add lines 6d and 6e	6f	620
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)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	34

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

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

a Pension Schedules

- (1) **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)

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

A Name of plan LABORERS' LOCAL 130 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF LABORERS' LOCAL 130 PENSION FUND	D Employer Identification Number (EIN) 24-0866674	

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

1a Enter the valuation date: Month 05 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	6,576,458
(2) Actuarial value of assets for funding standard account.....	1b(2)	6,945,475
c (1) Accrued liability for plan using immediate gain methods	1c(1)	41,943,296
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	41,943,296
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	61,938,473
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	488,975
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	4,269,839
(3) Expected plan disbursements for the plan year	1d(3)	4,257,610

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

SIGN HERE		
	Signature of actuary	Date

NATHAN HOELLMAN 2308906

Type or print name of actuary Most recent enrollment number

ACRISURE 412-394-9330

Firm name Telephone number (including area code)

Address of the firm

444 LIBERTY AVENUE, SUITE 605
 PITTSBURGH PA 15222

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.56%

	Pre-retirement			Post-retirement		
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males	6c(1)	7P		7P		
(2) Females	6c(2)	7FP		7FP		
d Valuation liability interest rate	6d	7.50%		7.50%		
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					7.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g					4.8%
h Estimated investment return on current value of assets for year ending on the valuation date	6h					8.5%
i Expense load included in normal cost reported in line 9b	6i					<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)					%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)					162,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)					<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-668,780	-70,478
4	-123,743	-13,040

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)** 5

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)		8e	1,865,235
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any.....		9a	23,703,921
b Employer's normal cost for plan year as of valuation date		9b	389,211
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	16,252,022	3,343,803
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c		9d	2,057,770
e Total charges. Add lines 9a through 9d		9e	29,494,705
Credits to funding standard account:			
f Prior year credit balance, if any		9f	
g Employer contributions. Total from column (b) of line 3		9g	1,380,449
h Amortization credits as of valuation date.....		Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h(1)	4,958,122	598,976
(2) "RPA '94" override (90% current liability FFL)	9h(2)		
(3) FFL credit	9h(3)		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	87,875
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	13,044,049	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	51,903,690	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency.....		9k(1)	
(2) Other credits.....		9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	2,067,300
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	27,427,405
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....		9o(2)(b)	0
(3) Total as of valuation date		9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....		10	27,427,405
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No