

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

**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><b>1a</b> Name of plan <u>LABORERS' LOCAL NO. 1174 PENSION FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>LABORERS' LOCAL NO. 1174 PENSION FUND</u></p> <p><u>PO BOX 9250</u> <u>6345 FLANK DRIVE SUITE 400</u> <u>HARRISBURG, PA 17112-2795</u></p>	<p><b>1c</b> Effective date of plan <u>06/01/1968</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>23-1687376</u></p> <p><b>2c</b> Plan Sponsor's telephone number</p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/04/2026	MICHAEL KNECHT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	925
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	293
	<b>6a(2)</b>	476
	<b>6b</b>	451
	<b>6c</b>	209
	<b>6d</b>	1136
	<b>6e</b>	5
	<b>6f</b>	1141
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	48

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

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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-1687376</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030430	1141	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	3487263

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

► **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.

<b>A</b> Name of plan <u>LABORERS' LOCAL NO. 1174 PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LABORERS' LOCAL NO. 1174 PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>23-1687376</u>

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

**1a** Enter the valuation date: Month 06 Day 01 Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>113206202</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>113206202</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>106416090</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>102161265</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>162146907</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>2386697</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>7286965</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>7496965</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.

<b>SIGN HERE</b>  <u>DAVID B. REID</u> Type or print name of actuary  <u>CBIZ RETIREMENT PLAN SERVICES</u> Firm name  <u>1845 WALNUT STREET - 10TH FLOOR</u> <u>PHILADELPHIA, PA 19103-4755</u> Address of the firm	<u>03/03/2026</u> Date  <u>23-06971</u> Most recent enrollment number  <u>215-587-0700</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	113206202
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	448	88884061
<b>(2)</b> For terminated vested participants .....	208	22569468
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		4672011
<b>(b)</b> Vested benefits .....		46021367
<b>(c)</b> Total active .....	522	50693378
<b>(4)</b> Total .....	1178	162146907
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	69.82 %

**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
12/01/2024	2310440	0			
06/01/2025	641747	0			
<b>Totals ▶</b>			<b>3(b)</b>	2952187	<b>3(c)</b> 0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b> 0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	110.8 %
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

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

- a**  Attained age normal
- b**  Entry age normal
- c**  Accrued benefit (unit credit)
- d**  Aggregate
- e**  Frozen initial liability
- f**  Individual level premium
- g**  Individual aggregate
- h**  Shortfall
- i**  Other (specify):

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> 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
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.63 %
	Pre-retirement	Post-retirement
<b>b</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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	AF AF
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 % 6.75 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	13.0 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	13.0 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	210000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<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	-8109356	-820943

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> 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)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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
<b>e</b> 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). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	792962

**c** Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....
- (2) Funding waivers .....
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
<b>9c(1)</b>	48392531	6900850
<b>9c(2)</b>		
<b>9c(3)</b>		

**d** Interest as applicable on lines 9a, 9b, and 9c.....

<b>9d</b>	519332
<b>9e</b>	8213144

**e** Total charges. Add lines 9a through 9d.....  
**Credits to funding standard account:**

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

<b>9f</b>	19236366
<b>9g</b>	2952187

**h** Amortization credits as of valuation date.....

	Outstanding balance	
<b>9h</b>	35946277	5925356

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....

<b>9i</b>	1774907
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**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL) .....
- (3) FFL credit .....

<b>9j(1)</b>	14132863
<b>9j(2)</b>	33687709

- k (1)** Waived funding deficiency .....
- (2)** Other credits .....

<b>9j(3)</b>	
<b>9k(1)</b>	
<b>9k(2)</b>	

**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

<b>9l</b>	29888816
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	21675672
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**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
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**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (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 .....
  - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

<b>9o(1)</b>	
<b>9o(2)(a)</b>	
<b>9o(2)(b)</b>	
<b>9o(3)</b>	

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

<b>10</b>	
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**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....

Yes  No

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1687376</b>	

**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

**(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

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**(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

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

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

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

BENEFITS PLANNERS & ASSOCIATES

1910 COCHRAN ROAD SUITE 605  
PITTSBURGH, PA 15220

25-1260770

(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 15 50	NONE	69833	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)

PRINCIPAL CUSTODY SOLUTIONS

510 N VALLEY MILLS DR, STE 400  
WACO, TX 76710-6075

56-1354495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 27	NONE	41253	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

325 CHESTNUT STREET, SUITE 315  
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	33763	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)

CBIZ

1845 WALNUT STREET  
PHILADELPHIA, PA 19103-4755

23-1700844

(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	28172	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)

ALAN ROSS & COMPANY PC

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	11750	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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

<b>A</b> Name of plan <u>LABORERS' LOCAL NO. 1174 PENSION FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LABORERS' LOCAL NO. 1174 PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>23-1687376</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRISA ACCOUNT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>		
<b>c</b> EIN-PN <u>22-1121670-038</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3487263</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1687376</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	606871	1020157
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	636265	620806
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	232309	698362
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1423181	1015084
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	5204105	5157295
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	3436618	3487263
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	101715655	107159014
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	113255004	119157981
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	2034	20923
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	46768	27885
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	48802	48808
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	113206202	119109173

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2831540	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	359997	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3191537
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	46057	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		46057
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2674448	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2674448
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	5357844	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	5371675	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-13831
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-36020	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-36020

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		68845
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		7558153
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		13489189

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	7084332	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	239350	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		7323682
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	69833	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	11750	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	47218	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	730	
(7) Actuarial fees .....	<b>2i(7)</b>	28172	
(8) Legal fees .....	<b>2i(8)</b>	33763	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	71070	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		262536
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		7586218

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5902971
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 566631.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1687376</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

<b>1</b>	
----------	--

**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..... 

<b>3</b>	<b>0</b>
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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 **BRANDENBURG**

**b** EIN **36-3353196** **c** Dollar amount contributed by employer **612607**

**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) **7.45**

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

**a** Name of contributing employer **DUGGAN & MARCON**

**b** EIN **23-1567518** **c** Dollar amount contributed by employer **268897**

**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) **7.45**

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

**a** Name of contributing employer **BEAN INC**

**b** EIN **24-0521360** **c** Dollar amount contributed by employer **208310**

**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) **7.45**

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

**a** Name of contributing employer **LMB INDUSTRIAL SERVICES**

**b** EIN **26-1367237** **c** Dollar amount contributed by employer **230754**

**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) **7.45**

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

**a** Name of contributing employer **ESBACH BROTHERS**

**b** EIN **23-1288830** **c** Dollar amount contributed by employer **241789**

**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) **7.45**

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	0
<b>b</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.....	<b>16b</b>	

**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: 55.3 % Private Equity: 4.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 34.7 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.7 % Other: 4.0 %

**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 NO 1174  
PENSION FUND

FINANCIAL STATEMENTS

MAY 31, 2025 AND 2024

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees  
Laborers' Local No. 1174 Pension Fund

### *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit*

We have performed audits of the financial statements of Laborers' Local No. 1174 Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of May 31, 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 May 31, 2024, and the related statements of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management having determined it is permissible in the circumstances, has elected to have the audit of Laborers' Local No. 1174 Pension Fund financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Principal Bank, a qualified institution, as of May 31, 2025 and 2024, and for the years ended May 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### *Opinion*

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified by Principal Bank agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***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 No. 1174 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' Local No. 1174 Pension Fund's 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***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 an absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional 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 No. 1174 Pension Fund internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' Local No. 1174 Pension Fund's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures related to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental Schedule of Assets (Held at end of Year) 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 Schedule of 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion, on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Olson + Conway, P.C.*

Reading, Pennsylvania  
March 4, 2026

LABORERS' LOCAL NO. 1174 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

May 31, 2025 and 2024

	2025	2024
<b>ASSETS</b>		
<b>INVESTMENTS, AT FAIR VALUE</b>		
Cash and Cash Equivalents	\$ 1,015,084	\$ 1,423,181
Mutual Funds	107,159,014	101,715,655
Pooled Separate Accounts	3,487,263	3,436,618
Limited Partnership	<u>5,157,295</u>	<u>5,204,105</u>
Total Investments	<u>116,818,656</u>	<u>111,779,559</u>
<b>CASH</b>	<u>1,020,157</u>	<u>606,871</u>
<b>RECEIVABLES</b>		
Employer contributions	620,806	636,265
Reciprocal contributions	48,826	91,989
Accrued income	<u>150,386</u>	<u>137,263</u>
Total Receivables	<u>820,018</u>	<u>865,517</u>
<b>OTHER ASSETS</b>		
Prepaid expenses	2,606	3,057
Prepaid benefits	<u>496,544</u>	<u>-</u>
	<u>499,150</u>	<u>3,057</u>
Total Assets	<u>119,157,981</u>	<u>113,255,004</u>
<b>LIABILITIES</b>		
Accounts payable	20,923	2,034
Reciprocals payable to other plans	<u>27,885</u>	<u>46,768</u>
Total Liabilities	<u>48,808</u>	<u>48,802</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 119,109,173</u></u>	<u><u>\$ 113,206,202</u></u>

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

LABORERS' LOCAL NO. 1174 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended May 31, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to:		
Employer contributions	\$ 2,831,540	\$ 2,875,977
Reciprocal plan contributions	359,997	418,233
Liquidated damages	-	979
	<u>3,191,537</u>	<u>3,295,189</u>
Less: Reciprocal transfers to other plans	<u>(239,350)</u>	<u>(223,200)</u>
Total employer contributions	<u>2,952,187</u>	<u>3,071,989</u>
Investment income		
Net appreciation in fair value of investments	7,577,147	10,921,121
Interest	46,057	57,990
Dividends	2,674,448	2,291,129
	<u>10,297,652</u>	<u>13,270,240</u>
Less: Investment expense	<u>(47,218)</u>	<u>(39,991)</u>
	<u>10,250,434</u>	<u>13,230,249</u>
Total additions	<u>13,202,621</u>	<u>16,302,238</u>
Deductions from Net Assets Attributed to:		
Benefits paid directly to participants and beneficiaries	6,958,332	6,416,227
Death benefits	126,000	138,000
Administrative expenses	215,318	208,368
	<u>7,299,650</u>	<u>6,762,595</u>
Total deductions	<u>7,299,650</u>	<u>6,762,595</u>
Net Increase	5,902,971	9,539,643
Net Assets Available for Benefits:		
Beginning of year	<u>113,206,202</u>	<u>103,666,559</u>
End of year	<u>\$ 119,109,173</u>	<u>\$ 113,206,202</u>

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

LABORERS' LOCAL NO. 1174 PENSION FUND

STATEMENT OF ACCUMULATED PLAN BENEFITS

Beginning of Year Benefit Information  
May 31, 2024

Actuarial present value of accumulated plan benefits

Vested benefits:

Retirees and beneficiaries	\$ 62,049,726
Terminated participants	11,679,892
Active participants	<u>25,534,229</u>
	99,263,847

Non-vested benefits	<u>2,897,418</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 102,161,265</u></u>
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The Accompanying Notes are an Integral Part of these Financial Statements.

LABORERS' LOCAL NO. 1174 PENSION FUND

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Beginning of Year Benefit Information  
For the Year Ended May 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 101,317,102
Increase (decrease) during the year attributable to:	
Benefits accumulated	780,691
Decrease in discount period	6,617,699
Benefits paid	<u>(6,554,227)</u>
Net increase	<u>844,163</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 102,161,265</u>

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

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the Laborers' Local No. 1174 Pension Fund 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 June 1, 1968, as a result under an agreement between the General Contractors Association of Lehigh Valley and the Labor Union to provide retirement benefits for eligible members. The Plan is a multiemployer defined benefit pension plan maintained pursuant to collective bargaining agreements between Laborers' Local No. 1174 (Union) and various employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Merger

On June 1, 2005, assets of Laborers Union Local No. 471 Pension Fund were merged with the assets of Laborers' Local No. 1174 Pension Fund. As a result, all investments were transferred from Laborers Union Local No. 471 Pension Fund into Laborers' Local No. 1174 Pension Fund and the members of the former 471 received a 9.5% increase to their pension benefit.

Pension Benefits

Benefits, including provisions for normal retirement, early retirement, disability and death, and fund termination provisions are summarized as follows.

Laborers' Local No. 1174 Pension Fund participants receive monthly benefits for normal retirement based on the following annual rates per each year of credited service:

	Prior to June 1, 1988	June 1, 1988 to May 31, 2000	Subsequent to June 1, 2000
Active participants who retire after January 1, 1999 who have at least 1,000 hours of covered service after January 1, 1998	\$30	\$100	\$150
Active participants who retire after June 1, 2000 who have at least 1,000 hours of covered service after June 1, 2000	\$50	\$100	\$150

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

Pension Benefits (Continued)

Former participants of Laborers Union Local No. 471 receive monthly benefits for normal retirement based on monthly rates multiplied by each 1,000 hours for which contributions were received for a person during a specified time period. The rates for each time period are as follows:

June 1, 1966 through May 31, 1975	\$ 2.50
After June 1, 1975	18.00
After June 1, 1988	22.00
After June 1, 1989	27.00
After June 1, 1991	37.00
After June 1, 1996	42.00
After June 1, 1998 through May 31, 2004	50.00

After May 31, 2004, through the date of the merger, the rates for Laborers Union Local No. 471 were the same as Laborers' Local No. 1174.

Participants of Laborers' Local No. 1174 Pension Fund are eligible for normal retirement when they have met one of the following two conditions: 1) attained age 62 and completed 10 vesting service years or 2) attained age 65 and it has been 5 years since their initial participation in the Plan. Former participants of Laborers Union Local No. 471 are eligible for normal retirement when they have met one of the following four conditions: 1) attained age 65 and it has been 5 years since their initial participation in the Plan, 2) attained age 60 and have completed 25 vesting service years, 3) attained age 55 and completed 30 vesting service years, or 4) attained age 62 and completed 10 vesting service years.

Participants are eligible for early retirement at a reduced rate of 0.5% for each month that precedes the normal retirement date. Participants of Laborers' Local No. 1174 Pension Fund may retire early once they have attained age 55 and completed 10 years of vesting service. Former participants Laborers Union Local No. 471 may retire early once they have attained age 55 and have completed 5 years of vesting service. Participants of both funds are eligible for an unreduced early pension if they have attained age 60 and have 25 years or more of vesting service.

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

Pension Benefits (Continued)

Participants are eligible for disability benefits upon becoming disabled as defined under the Social Security Act and attaining 5 years of vested service. Participants are eligible for death benefits after attaining one year of vested service. The amount of the death benefit ranges from \$1,000 to \$10,000 based on the amount of the participant's years of vested service at the date of death. Former 471 participants are eligible for death benefits after attaining 5 years of vested service. The amount of the 471 death benefit ranges from \$5,000 to \$10,000 based on the amount of the 471 participant's years of vested service at the date of death.

Funding the Plan

The Plan is being funded through a Pension Trust administered by a Board of Administration 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 contribution for each hour worked by a member as follows:

May 1, 2023 to April 30, 2024	\$7.25
May 1, 2024 to April 30, 2025	\$7.45

ERISA Minimum Funding Requirement:

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

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.

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Employer Contributions and Contributions Receivable

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 which the work is performed. The accounts receivable represents contributions for hours worked through May 31 received subsequent to year end.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the plan at year end. The custodian and investment advisor 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 and the unrealized appreciation (depreciation) on those investments.

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.

Reciprocal Contributions, Payments and Agreements

Reciprocal Plan contributions represent payments received from other local pension plans for work performed by 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.

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Reciprocal Contributions, Payments and Agreements (Continued)

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.

Administrative Expenses

Expenses incurred in connection with the general administrative 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 reduction to investment income on the Statement of Net Assets Available for Benefits.

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 June 1, 2024 were as follows:

1. Funding Mortality: RP-2000 Combined Healthy Male and Female Tables with Blue Collar Adjustment and no mortality projection.
2. Current Liability Mortality: IRS 2024 Static Mortality Table, under IRS Notice 2019-26

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

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

3. Interest: 6.75% per year, compounded annually

4. Terminations: Sample rates as follows:

<u>Age</u>	<u>Unisex</u>
25	11.7%
30	11.3%
40	9.6%
50	5.5%
60	1.7%

5. Disability: Sample rates as follows:

<u>Age</u>	<u>Unisex</u>
25	0.218%
30	0.309%
40	0.597%
50	1.224%
55	2.118%

6. Expenses: \$200,000 per year

7. Retirement Age: Age 65 with less than 10 years of vesting service. Active members with at least 10 years of vesting service are assumed to retire with annual rates varying by age and vesting service.

8. Spouse: Females 3 years younger than male spouse, males 80% married and females 60% married.

9. Asset Valuation: Market value.

10 Actuarial Cost Method: Entry Age Normal Method

Note 4. Financial Data Certified by the Trustee (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at May 31, 2025 and 2024, dividend income, and net appreciation in fair value of investments for the year ended May 31, 2025 and 2024 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Principal Bank, the custodian of the Plan.

Plan investment information that was not certified includes the Money Market Account with First National Bank and three of the partnerships. These accounts are not held by the custodian and as a result are not covered by the certification. Auditing procedures were performed on these investments.

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 5. 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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.

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

The asset's and 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 changes in the methodologies used at May 31, 2025 and 2024.

Mutual Funds: Valued at the daily closing prices as reported by the plan. Mutual funds held by the Plan are open-end mutual funds are registered with the U.S. 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.

Money Market Fund: Value relates to the net asset value per share the daily closing price.

Partnerships and Pooled Separate Accounts: Valued at the net asset value of units held by the Plan at year end, as a practical expedient for fair value.

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

	<i>Assets at Fair Value as of May 31, 2025</i>			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 996,915	\$ 18,169	\$ -	\$ 1,015,084
Mutual Funds	107,159,014	-	-	107,159,014
	<u>\$ 108,155,929</u>	<u>\$ 18,169</u>	<u>\$ -</u>	<u>\$ 108,174,098</u>
Investments measured at net asset value				
Pooled Separate Accounts				3,487,263
Partnerships				5,157,295
Investments at fair value				<u>\$ 116,818,656</u>

	<i>Assets at Fair Value as of May 31, 2024</i>			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 713,206	\$ 709,975	\$ -	\$ 1,423,181
Mutual Funds	101,715,655	-	-	101,715,655
	<u>\$ 102,428,861</u>	<u>\$ 709,975</u>	<u>\$ -</u>	<u>\$ 103,138,836</u>
Investments measured at net asset value				
Pooled Separate Accounts				3,436,618
Partnerships				5,204,105
Investments at fair value				<u>\$ 111,779,559</u>

There were no significant transfers of investments between levels during the years ended May 31, 2025 and 2024. Certain amounts from the prior year have been reclassified to enhance comparability with the current information.

See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of May 31, 2025 and 2024, respectively. There are no participant restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>May 31, 2025</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts	\$3,487,263	N/A	Quarterly	3 months
Partnerships	\$5,157,295	N/A	Quarterly	3 months
<u>May 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts	\$3,436,618	N/A	Quarterly	3 months
Partnerships	\$5,204,105	N/A	Quarterly	3 months

Note 6. Commitments

During the fiscal year ended May 31, 2014 the Fund entered into a purchase agreement with BPG Investment Partnership IX, LP. This agreement requires the Fund to purchase \$2,725,000 of a partnership interest of BPG Investment Partnership IX, LP. As of August 31, 2019 the Fund had fulfilled the purchase commitment. Once the commitment was paid in full, the investment is required to be held by the Fund for a period of five years.

During the fiscal year ended May 31, 2020, the Fund entered into two purchase agreements with Atel Private Debt Partners II, LLC and Golub Capital Partners International 12, LP. These agreements require the Fund to purchase \$1,200,000 and \$3,100,000 respectively of each partnership interest. As of May 31, 2025, the Fund has fulfilled \$1,200,000 and \$2,790,000 of their purchase commitments. Once the commitments have been paid in full the investments are required to be held by the Fund for a period of 8 years.

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 6. Commitments (Continued)

During the year ended May 31, 2022, the fund entered into a purchase agreement with Dover Street X Feeder Fund, LP. The agreement requires the fund to purchase \$1,500,000 of the partnership interest. As of May 31, 2025, the fund has fulfilled \$1,185,000 of their purchase commitments.

Note 7. Related Party Transactions

Certain assets of the Plan are managed by PFM Asset Management LLC and held by Principal Bank, the custodian as defined by the Plan. These transactions qualify as 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 90 Degree Benefits, Inc., an 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.

Note 8. 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 September 23, 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.

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 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 examination for years prior to May 31, 2023.

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 9. 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 that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 10. Concentration of Credit Risk

The Plan maintains bank accounts with First National Bank. Accounts at the institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. From time to time, the Plan has deposits in excess of \$250,000. Cash at May 31, 2025 exceeded the federally insured limits by \$817,898. Management has not experienced any loss nor do they expect that the deposits will be a credit risk.

The Plan receives most of the employer contributions from construction and manufacturing companies located in eastern Pennsylvania. Three of the employers contribute approximately 48% of the total contributions for the Plan.

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See Independent Auditors' Report.

LABORERS' LOCAL NO. 1174 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 March 4, 2026, the date the financial statements were available to be issued.

Note 12. Risks and Uncertainties

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

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 assumption 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 13. Plan Amendments

Effective January 1, 2024, the Trustees increased the limit for lump sum cash-out payments of small pensions from \$5,000 to \$7,000.

The Trustees clarified the recovery of overpayments to incorporate the processes that have been in use.

Effective June 1, 2025, the Trustees extended the period that participants or beneficiaries may file an appeal or take legal action against the Plan and updated some of the terms used by the Plan.

## SUPPLEMENTARY INFORMATION

**LABORERS' LOCAL NO. 1174 PENSION FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
YEAR ENDED MAY 31, 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) COST	(d) CURRENT VALUE
CASH AND CASH EQUIVALENTS	FNB MONEY MARKET ACCOUNT	\$ 18,170	\$ 18,170
	ALLSPRINGS GOVERNMENT MONEY MARKET	996,914	996,914
		<u>1,015,084</u>	<u>1,015,084</u>
MUTUAL FUNDS	PFM MM DOMESTIC EQUITY	38,948,863	41,860,457
	PFM MM INTL EQUITY	19,439,486	23,999,129
	FIRST AM MM FIX INC	45,846,889	41,299,428
		<u>104,235,238</u>	<u>107,159,014</u>
POOLED SEPARATE ACCOUNTS	PRISA PRUDENTIAL CONTRACT GA30430	1,671,001	3,487,263
PARTNERSHIPS	ATEL PRIVATE DEBT PARTNERS II, LLC	1,083,177	1,054,374
	BPG INVEST. PARTNERSHIP 1X LP	8,899	295
	DOVER STREET X FEEDER FUND LP	962,034	1,312,626
	GOLUB CAPITAL PARTNERS INTERNATIONAL 12, LP	2,790,000	2,790,000
		<u>4,844,110</u>	<u>5,157,295</u>
		<u>\$ 111,765,433</u>	<u>\$ 116,818,656</u>

LABORERS' LOCAL NO. 1174 PENSION FUND

SCHEDULE OF ADMINISTRATIVE EXPENSES

For the Years Ended May 31, 2025 and 2024

	2025	2024
Administrative Expenses		
Administrative fees	\$ 69,833	\$ 77,339
Actuarial fees	28,172	32,304
Legal fees	33,763	22,397
Auditing fees	11,750	11,500
PBGC	43,364	44,065
Printing and office expenses	4,420	6,021
Insurance premiums	10,284	10,303
Bank fees	730	1,123
Dues	1,275	1,195
Meeting expenses	432	1,256
Training conference	10,430	-
Computer maintenance	865	865
	<u>215,318</u>	<u>208,368</u>
Total administrative expenses	\$ <u>215,318</u>	\$ <u>208,368</u>

See Independent Auditors' Report.

## SCHEDULE MB, LINE 6 SUMMARY OF PRINCIPAL PLAN PROVISIONS

### 1. *Type of Plan*

The Plan is a non-contributory, defined benefit plan.

### 2. *Eligibility for Participation*

All employees within bargaining units represented by Locals 471 & 1174 where the collective bargaining agreement calls for contributions to the Plan on behalf of such employees.

### 3. *Normal Retirement Date*

An employee's Normal Retirement Date is the earlier of (1) or (2) where: (1) is the last day of the month in which his 62nd birthday occurs, or the last day of the month in which he completes 10 years of Vesting Service, whichever is later, and (2) is the later of age 65 or the completion of 5 years of participation.

For former Local 471 participants, the Normal Retirement Date may be reduced to age 60 with 25 years of Vesting Service, or age 55 with 30 years of Vesting Service.

### 4. *Credited Service*

- a. For employment prior to June 1, 1974, Credited Service was granted from the date of initiation into Local 1174.
- b. On and after June 1, 1974 but prior to June 1, 1988, a year of Credited Service is granted for 750 or more hours per plan year (with 1/10 year for each 75 hours if less than 750).
- c. On and after June 1, 1988, a year of Credited Service is granted for 2,000 or more hours per plan year (with 1/20 year for each 100 hours if less than 2,000).

*For participants who terminate employment before June 1, 1997; service from June 1, 1988 through May 31, 1995 is credited at the rate of 1/10 of a year for each 100 hours worked during the plan year. The participant is not credited with more than 1 year of service during any plan year.*

Credit for hours worked (at the rate of eight hours per day) will also be given during certain absences, as follows:

1. absence from work while receiving Workers Compensation benefits arising from covered employment.
2. absence from work while receiving weekly accident and sickness benefit from the Local 1174 Health & Welfare Fund.

### 5. *Loss of Credited Service*

Credited Service will be cancelled if any Employee, who is not yet vested, does not accumulate 500 or more Hours of Service for five consecutive Plan Years.

**SCHEDULE MB, LINE 6**  
**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
(continued)

**6. Vesting Service**

- a. For service prior to June 1, 1976, Vesting Service as of January 1, 1976 equals Credited Service as of January 1, 1976.
- b. After June 1, 1976 but prior to June 1, 1995, one year of Vesting Service is credited for 750 or more hours per plan year.
- c. On and after June 1, 1995, a year of Vesting Service is granted for 1,000 or more hours per plan year.

**7. Accrued Pension**

Effective January 1, 2018, an employee's accrued pension is equal to \$50 per year of service prior to June 1, 1988, plus \$150 thereafter.

For employees who terminate before June 1, 1997, the accrued pension is equal to \$13 per year of credited service prior to June 1, 1974 and \$17 per year on and after June 1, 1974 through May 31, 1988 and \$40 per year on and after June 1, 1988 through May 31, 1995 and \$80 per year on and after June 1, 1995 through May 31, 1997. For employees who terminate after May 31, 1997 but before June 1, 1998, the accrued pension is equal to \$20 per year of credited service prior to June 1, 1988, plus \$80 per year of credited service on and after June 1, 1988 through May 31, 1996 and \$100 per year of credited service thereafter. For employees who terminate after May 31, 1998 but before June 1, 2000, the accrued pension is equal to \$30 per year of service prior to June 1, 1988, plus \$100 per year thereafter. For employees who terminate after June 1, 2000 but before January 1, 2018, an employee's accrued pension is equal to \$50 per year of service prior to June 1, 1988, plus \$100 per year from June 1, 1988 to June 1, 2000, plus \$150 thereafter.

**8. Normal Retirement Benefit**

An employee's Normal Retirement Benefit is his Accrued Pension determined as of his Normal Retirement Date (his date of retirement, if later).

**9. Early Retirement Benefit**

An employee who has both attained age 55 and completed at least 10 years of Credited Service can retire prior to his Normal Retirement Date. His Early Retirement pension is equal to his accrued pension, reduced by one-half of one percent for each month in the period between the date his pension commences and his Normal Retirement Date. Local 471 participants can retire at age 55 with 5 years of Credited Service.

Early Retirement at age 60 is unreduced if the participant has reached age 60 and has 25 years of Credited Service.

For any Participant who has 300 or more Hours of Covered Employment after January 1, 2016, Early Retirement at age 58 is unreduced if the participant has reached age 58 and has 25 years of Credited Service, and his Early Retirement pension is equal to his accrued pension, reduced by one-quarter of one percent for each month prior to age 58.

**SCHEDULE MB, LINE 6**  
**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
(continued)

**10. Disability Retirement**

If an employee becomes totally and permanently disabled (according to Social Security criteria) after he has completed at least 5 years of Credited Service, his accrued Normal Retirement Pension will be payable without actuarial reduction as soon as his disability has been established to the satisfaction of the Trustees.

**11. Death Benefits**

a. Before Retirement

1. Upon the death of an employee with less than 10 years of Credited Service, the lump sum benefit payable to his designated beneficiary is:

<u>Years of Credited Service at Death</u>	<u>Lump-Sum Death Benefit</u>
1 but less than 2	\$ 1,000
2 but less than 3	2,000
3 but less than 4	3,000
4 but less than 5	4,000
5 but less than 6	5,000
6 but less than 7	6,000
7 but less than 8	7,000
8 but less than 9	8,000
9 but less than 10	9,000
10 or more	10,000

2. A Former Local 471 Participant who has five (5) or more years of Vesting Service as of June 1, 2005 shall receive the following lump-sum death benefits:

<u>Vesting Service Years at Death</u>	<u>Lump-Sum Death Benefit</u>
5 but less than 9	\$ 8,000
9 but less than 10	9,000
10 or more	10,000

3. Upon the death of a vested employee or a former Employee entitled to a pension, the benefit payable is:
  - i. If his spouse survives -- a lump sum death benefit *plus* a lifetime pension for his spouse. The spouse's pension is payable beginning with the later of the employee's death or the date the employee would have been entitled to retire early.  
  
The amount of the spouse's pension is one-half of what the employee would have received had he retired on the date the spouse's pension is to begin, having elected the joint and 50% survivor option.
  - ii. If no spouse survives -- a lump sum death benefit payable to his designated beneficiary.

**SCHEDULE MB, LINE 6**  
**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
(continued)

b. After Retirement

1. Upon the death of each retired employee drawing a pension, a lump sum will be payable to his designated beneficiary.
2. At retirement, each member must elect whether to provide a pension for his spouse if she survives him. He may choose his Accrued Pension based upon the regular benefit formula, or a reduced pension for himself with a provision for a pension to his spouse after his death. The member is deemed to have elected a reduced pension if he has a spouse at retirement, but he may elect otherwise, if his spouse consents in writing to such election.

**12. Vesting**

If an employee who has completed 5 or more years of Vesting Service and has at least 1 hour of service after May 1, 1999 or who has 10 or more years of Vesting Service (5 years for Local 471 participants) terminated covered employment other than by death or disability prior to the time he is eligible for an Early (or Normal) Retirement Benefit, he will be entitled to a Deferred Vested Pension beginning on his Normal Retirement Date equal to his Accrued Pension as of the date his covered employment terminates. If he has 10 or more years of Credited Service, upon attaining his 55th birthday, he may elect to start his pension, reduced as described above for Early Retirement (Age 55 with 5 or more years of Credited Service for Local 471 participants).

**13. Historical Contribution Rates**

<u>Year</u>	<u>Rate</u>
5/1/1997 - 4/30/2001	\$2.80
5/1/2001 - 4/30/2002	\$3.00
5/1/2002 - 4/30/2004	\$3.20
5/1/2004 - 4/30/2006	\$3.50
5/1/2006 - 4/30/2007	\$3.70
5/1/2007 - 4/30/2009	\$3.80
5/1/2009 - 4/30/2010	\$4.05
5/1/2010 - 4/30/2011	\$4.55
5/1/2011 - 4/30/2012	\$4.80
5/1/2012 - 4/30/2013	\$5.00
5/1/2013 - 4/30/2014	\$5.05
5/1/2014 - 4/30/2015	\$5.10
5/1/2015 - 4/30/2016	\$5.30
5/1/2016 - 4/30/2017	\$5.55
5/1/2017 - 4/30/2018	\$5.75
5/1/2018 - 4/30/2019	\$6.30
5/1/2019 - 4/30/2020	\$6.40
5/1/2020 - 4/30/2021	\$6.70
5/1/2021 - 4/30/2022	\$7.00
5/1/2023 - 4/30/2024	\$7.25
5/1/2024 - 4/30/2025	\$7.45
5/1/2025 and later	\$7.60

**14. Changes since Prior Valuation**

Contribution Rate increases from \$7.45 to \$7.60 effecting 5/1/2025.

**LABORERS' UNION LOCAL NO. 1174 PENSION FUND**  
**SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**MAY 31, 2025**

**EIN: 23-1687376**  
**FORM: 5500**  
**PLAN: #001**

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	COST	CURRENT VALUE
	CASH AND CASH EQUIVALENTS	FNB MONEY MARKET ACCOUNT	\$ 18,170	\$ 18,170
		ALLSPRINGS GOVERNMENT MONEY MARKET	996,914	996,914
			<u>1,015,084</u>	<u>1,015,084</u>
	MUTUAL FUNDS	PFM MM DOMESTIC EQUITY	38,948,863	41,860,457
		PFM MM INTL EQUITY	19,439,486	23,999,129
		FIRST AM MM FIX INC	45,846,889	41,299,428
			<u>104,235,238</u>	<u>107,159,014</u>
	POOLED SEPARATE ACCOUNTS	PRISA PRUDENTIAL CONTRACT GA30430	<u>1,671,001</u>	<u>3,487,263</u>
	PARTNERSHIPS	ATEL PRIVATE DEBT PARTNERS II, LLC	1,083,177	1,054,374
		BPG INVEST. PARTNERSHIP 1X LP	8,899	295
		DOVER STREET X FEEDER FUND LP	962,034	1,312,626
		GOLUB CAPITAL PARTNERS INTERNATIONAL 12, LP	2,790,000	2,790,000
			<u>4,844,110</u>	<u>5,157,295</u>
			<u>\$ 111,765,433</u>	<u>\$ 116,818,656</u>

Schedule MB, line 8b(2) - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total Number	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Average Age: 2024: 41.63 2023: 41.35	Under 25	17	20	1	0	0	0	0	0	0	0	38
	25-29	30	32	5	0	0	0	0	0	0	0	67
Average Service: 2024: 5.04 2023: 4.56	30-34	17	33	9	1	0	0	0	0	0	0	60
	35-39	8	15	9	2	1	0	0	0	0	0	35
# of Males: 507	40-44	97	19	8	4	6	0	0	0	0	0	134
	45-49	4	17	15	11	7	2	0	0	0	0	56
# of Females: 15	50-54	6	13	10	11	7	2	1	1	0	0	51
	55-59	2	7	16	11	6	6	2	2	0	0	52
	60-64	1	4	6	8	2	1	1	1	0	0	24
	65-69	0	1	1	1	1	1	0	0	0	0	5
	70 & Over	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>182</b>	<b>161</b>	<b>80</b>	<b>49</b>	<b>30</b>	<b>12</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>522</b>

**Schedule MB, lines 9c and 9h -  
 Schedule of Funding Standard Account Bases**

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
<b>A. Charges</b>						
1. Assumption Change	6/1/1995	35,742	30	2,776	1.000	2,776
2. Plan Amendment	6/1/1996	85,766	30	12,866	2.000	6,643
3. Plan Amendment	6/1/1997	1,625,474	30	353,217	3.000	125,508
4. Plan Amendment (471)	6/1/1998	955,665	30	267,554	4.000	73,578
5. Plan Amendment	6/1/1998	1,829,474	30	512,193	4.000	140,854
6. Plan Amendment	6/1/1999	136,613	30	46,220	5.000	10,489
7. Plan Amendment	6/1/2000	3,970,665	30	1,558,974	6.000	304,025
8. Plan Amendment	6/1/2003	144,375	30	77,111	9.000	10,969
9. Plan Amendment (471)	6/1/2004	3,115,056	30	1,790,904	10.000	236,108
10. Plan Amendment	6/1/2006	1,643,594	30	1,065,546	12.000	124,002
11. Assumption Change	6/1/2007	5,050,323	30	3,440,540	13.000	380,187
12. Actuarial Loss	6/1/2012	7,927,413	15	2,304,831	3.000	818,971
13. Assumption Change	6/1/2013	272,608	15	102,115	4.000	28,082
14. Actuarial Loss	6/1/2014	1,679,919	15	760,407	5.000	172,568
15. Actuarial Loss	6/1/2015	513,738	15	269,873	6.000	52,629
16. Plan Amendment	6/1/2015	1,423,555	15	747,815	6.000	145,836
17. Actuarial Loss	6/1/2016	5,448,675	15	3,230,921	7.000	556,715
18. Assumption Change	6/1/2017	2,319,006	15	1,521,188	8.000	236,335
19. Actuarial Loss	6/1/2018	1,577,962	15	1,128,484	9.000	160,534
20. Plan Amendment	6/1/2018	2,535,380	15	1,813,183	9.000	257,936
21. Actuarial Loss	6/1/2019	2,664,681	15	2,052,766	10.000	270,632
22. Assumption Change	6/1/2021	5,134,665	15	4,466,636	12.000	519,803
23. Actuarial Loss	6/1/2022	13,998,055	15	12,823,998	13.000	1,417,079
24. Actuarial Loss	6/1/2023	8,382,467	15	8,042,413	14.000	848,591
<b>Total</b>				\$ 48,392,531		\$ 6,900,850

**Schedule MB, lines 9c and 9h -  
 Schedule of Funding Standard Account Bases  
 (continued)**

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
<b>B. Credits</b>						
1. Assumption Change (471)	6/1/2003	\$ 701,968	30	\$ 374,921	9.000	\$ 53,335
2. Assumption Change (471)	6/1/2005	689,075	30	422,349	11.000	52,107
3. Actuarial Gain	6/1/2010	9,414,455	15	978,434	1.000	978,434
4. Actuarial Gain	6/1/2011	5,067,856	15	1,017,002	2.000	525,103
5. Actuarial Gain	6/1/2013	7,372,834	15	2,761,772	4.000	759,490
6. Assumption Change	6/1/2014	249,477	15	112,923	5.000	25,627
7. Actuarial Gain	6/1/2017	3,869,619	15	2,538,338	8.000	394,361
8. Assumption Change	6/1/2020	2,334,627	15	1,918,736	11.000	236,721
9. Actuarial Gain	6/1/2020	3,121,909	15	2,565,773	11.000	316,548
10. Actuarial Gain	6/1/2021	17,412,003	15	15,146,673	12.000	1,762,687
11. Actuarial Gain	6/1/2024	8,109,356	15	8,109,356	15.000	820,943
Total				\$ 35,946,277		\$ 5,925,356
<b>C. Net (A - B)</b>				\$ 12,446,254		\$ 975,494
<b>D. Balance Test</b>						
1. Credit balance / (funding deficiency)				\$ 19,236,366		
2. Balance test: [C - D(1)]				\$ (6,790,112)		
3. Unfunded accrued liability				\$ (6,790,112)		

In accordance with Revenue Ruling 81-213, the unfunded accrued liability is reported as \$0 on the Funding Standard Account.

### **Schedule MB, line 11 - Justification for Change in Actuarial Assumptions**

The Current Liability interest rate was updated from 2.80% to 3.63% for RPA '94 Current Liability to remain within the range allowed by IRS regulations.

The Current Liability Mortality Table was updated from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table, as prescribed

**SCHEDULE MB, LINE 6  
 STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS**

**Funding Interest Rate:** 6.75% per year, compounded annually.

**Current Liability Interest Rate:**  
*RPA '94* 3.63% per year, compounded annually.

**Funding Mortality:** RP-2000 Combined Healthy Male and Female Tables with Blue Collar Adjustment and no mortality projection.

**Current Liability Mortality:** IRS 2024 Generational Mortality Table, as prescribed.

**Retirement:** Active members are assumed to retire at age 65 with less than 10 years of Vesting Service. Active members with at least 10 years of Vesting Service are assumed to retire in accordance with annual rates varying by age and Vesting Service. Active members at retirement age on the valuation date are assumed to retire the following year.

Age	Annual Rate of Retirement	
	Vesting Service	
	10-24	25+
55	5.0%	10.0%
56	5.0%	5.0%
57	15.0%	5.0%
58	5.0%	30.0%
59	5.0%	25.0%
60	5.0%	25.0%
61	25.0%	15.0%
62	30.0%	45.0%
63	20.0%	45.0%
64+	100.0%	100.0%

Deferred Vested members are assumed to retire at age 62 with 10 years of Vesting Service or at age 65 with at least 5 years of Vesting Service but less than 10 years of Vesting Service.

**Withdrawal:** Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age and sex. The following table illustrates the assumed number of such terminations per year:

Age	Annual Rate of Termination
	Unisex
25	11.7%
30	11.3%
40	9.6%
50	5.5%
60	1.7%

**SCHEDULE MB, LINE 6**  
**STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS**  
 (continued)

**Disability:** Participants are assumed to terminate employment due to disability in accordance with annual rates varying by age. The following table illustrates the assumed rate of such terminations per year:

Age	Annual Rate of Disability
	Unisex
25	0.218%
30	0.309%
40	0.597%
50	1.224%
55	2.118%

**Salary Scale:** Not applicable.

**Form of Payment:** It is assumed that participants elect optional forms at the following rates upon retirement:

Payment Form	Election Rate
Single Life Annuity	70%
50% Joint & Survivor	25%
75% Joint & Survivor	5%

**Spouses (Marital Status):** It is assumed that 80% of male employees and 60% of female employees who die in service after meeting the age and service requirements for a surviving spouse pension will be married at death. Female spouses are assumed to be 3 years younger than male spouses.

**Future Service Credits:** It is assumed that each member earns the same number of service credits for each year worked until termination as earned in the prior year.

**Actuarial Valuation Method:** Entry Age Normal Method  
*Normal Cost* - for each participant, the level amount which if paid each year from his hire date to assumed retirement date would accumulate to the amount needed at retirement date to provide the participant's expected pension.  
*Actuarial Accrued Liability* - for each active participant, the amount needed at the valuation date to provide his expected pension at retirement less the present value of his expected future normal cost amounts.

- for each terminated participant, the present value at the valuation date of his pension entitlement.
- the total of the accrued liability for all participants is the accrued liability of the Plan.

**SCHEDULE MB, LINE 6**  
**STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS**  
(continued)

***Asset Valuation Method:*** Plan assets are valued at market.

***Expenses:*** An amount equal to the actual administrative expenses (net of investment expenses) paid in the preceding Plan Year, rounded to the nearest \$10,000. For the 2024 Plan Year, the amount is \$210,000 per year.

***Missing Birth Date:*** For an active whose birthdate is not known, his birthdate is assumed to be the average birth date of all actives with known birth dates.

***Changes since the Prior Valuation:*** The Current Liability interest rate was updated from 2.80% to 3.63% for RPA '94 Current Liability to remain within the range allowed by IRS regulations.

The Current Liability Mortality Table was updated from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table, as prescribed.

**SCHEDULE MB, LINE 6**  
**STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS**  
(continued)

**Rationale for Selection of Significant Actuarial Assumptions**

**Interest rate**

The interest rate assumption used for funding purposes is based on historical data, both current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's Investment Consultant provided future investment expectations based on the Plan's asset allocation.

**Administrative expenses**

Expenses are updated each year to mirror the prior year's expenses so that the assumption remains accurate and up to date.

**Mortality and Mortality Improvement**

The mortality assumption is based on historical and current demographic data, adjusted to reflect estimated future experience, and professional judgment. Experience studies wherein actual experience is compared to expected experience are performed periodically.

**Retirement from active and terminated status**

The current assumption has been selected based on an experience study of retirement from active employment for the period of June 1, 2015 through June 1, 2020.

**Termination of employment**

The current assumption has been selected based on an experience study of retirement from active employment for the period of June 1, 2015 through June 1, 2020.

**Disability during employment**

Because the Fund does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, and workforce composition.

**Marital status**

Because the Fund does not have enough data to do a fully credible experience analysis with respect to marital status, the current assumption has been selected based on observations of marital status of plan participants, the actuary's experience with plans of a similar size, plan design, and workforce composition.

**Form of payment**

The current assumption has been selected based on an experience study of optional form elections for the period of June 1, 2015 through June 1, 2020.

**SCHEDULE MB, LINE 8b(1)**  
**SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$501,832	\$137,490	\$6,667,095	\$7,306,416
2025	\$850,342	\$202,820	\$6,500,400	\$7,553,562
2026	\$1,147,265	\$299,804	\$6,327,415	\$7,774,484
2027	\$1,414,979	\$387,685	\$6,148,242	\$7,950,906
2028	\$1,651,841	\$473,736	\$5,962,604	\$8,088,181
2029	\$1,857,991	\$568,119	\$5,770,579	\$8,196,689
2030	\$2,046,313	\$678,766	\$5,572,405	\$8,297,484
2031	\$2,193,970	\$779,557	\$5,368,027	\$8,341,554
2032	\$2,319,755	\$926,832	\$5,157,799	\$8,404,386
2033	\$2,453,453	\$999,595	\$4,942,136	\$8,395,184
2034	\$2,584,839	\$1,056,334	\$4,721,427	\$8,362,599
2035	\$2,650,916	\$1,093,450	\$4,496,208	\$8,240,574
2036	\$2,727,795	\$1,140,620	\$4,267,101	\$8,135,516
2037	\$2,775,162	\$1,211,524	\$4,034,854	\$8,021,540
2038	\$2,805,194	\$1,265,952	\$3,800,457	\$7,871,603
2039	\$2,807,484	\$1,301,247	\$3,564,901	\$7,673,632
2040	\$2,795,556	\$1,342,157	\$3,329,378	\$7,467,092
2041	\$2,794,902	\$1,386,533	\$3,095,043	\$7,276,478
2042	\$2,769,729	\$1,399,558	\$2,863,151	\$7,032,438
2043	\$2,721,663	\$1,386,311	\$2,634,890	\$6,742,864
2044	\$2,666,105	\$1,373,619	\$2,411,425	\$6,451,148
2045	\$2,623,449	\$1,354,040	\$2,193,972	\$6,171,460
2046	\$2,558,962	\$1,316,033	\$1,983,758	\$5,858,753
2047	\$2,487,784	\$1,272,471	\$1,781,785	\$5,542,041
2048	\$2,410,635	\$1,217,996	\$1,589,087	\$5,217,719
2049	\$2,308,677	\$1,175,572	\$1,406,628	\$4,890,877
2050	\$2,223,474	\$1,115,810	\$1,235,261	\$4,574,546
2051	\$2,120,324	\$1,065,944	\$1,075,673	\$4,261,941
2052	\$2,028,558	\$1,018,403	\$928,496	\$3,975,457
2053	\$1,950,343	\$966,851	\$794,078	\$3,711,272
2054	\$1,841,284	\$924,391	\$672,555	\$3,438,230
2055	\$1,741,783	\$868,978	\$563,890	\$3,174,651
2056	\$1,645,617	\$807,976	\$467,884	\$2,921,477

**SCHEDULE MB, LINE 8b(1)**  
**SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS**  
(continued)

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2057	\$1,548,969	\$749,963	\$384,078	\$2,683,010
2058	\$1,450,676	\$702,004	\$311,912	\$2,464,592
2059	\$1,341,750	\$645,031	\$250,586	\$2,237,367
2060	\$1,243,590	\$592,793	\$199,163	\$2,035,546
2061	\$1,159,168	\$538,516	\$156,584	\$1,854,269
2062	\$1,072,478	\$486,149	\$121,784	\$1,680,411
2063	\$995,588	\$437,075	\$93,731	\$1,526,395
2064	\$910,659	\$391,372	\$71,423	\$1,373,454
2065	\$843,139	\$349,068	\$53,908	\$1,246,115
2066	\$766,139	\$310,127	\$40,320	\$1,116,586
2067	\$697,681	\$274,461	\$29,888	\$1,002,030
2068	\$634,341	\$241,955	\$21,963	\$898,259
2069	\$574,030	\$212,437	\$15,997	\$802,464
2070	\$518,155	\$185,779	\$11,545	\$715,479
2071	\$466,367	\$161,797	\$8,247	\$636,412
2072	\$418,908	\$140,320	\$5,833	\$565,061
2073	\$375,509	\$121,167	\$4,082	\$500,758

**SCHEDULE MB, LINE 8b(3)**  
**SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS**  
**AND WITHDRAWAL LIABILITY PAYMENTS**

<b>Plan Year</b>	<b>Employer Contributions</b>	<b>Withdrawal Liability Payments</b>	<b>Total</b>
2024	\$2,901,000	\$0.00	\$2,901,000
2025	\$2,959,000	\$0.00	\$2,959,000
2026	\$2,959,000	\$0.00	\$2,959,000
2027	\$2,959,000	\$0.00	\$2,959,000
2028	\$2,959,000	\$0.00	\$2,959,000
2029	\$2,959,000	\$0.00	\$2,959,000
2030	\$2,959,000	\$0.00	\$2,959,000
2031	\$2,959,000	\$0.00	\$2,959,000
2032	\$2,959,000	\$0.00	\$2,959,000
2033	\$2,959,000	\$0.00	\$2,959,000

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

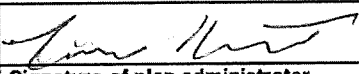
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify \_\_\_\_\_)  
 the first return/report  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

<b>1a</b> Name of plan <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>2a</b> 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) <b>LABORERS' LOCAL NO. 1174 PENSION FUND</b>  <b>PO BOX 9250</b> <b>6345 FLANK DRIVE SUITE 400</b> <b>HARRISBURG PA 17112-2795</b>	<b>1c</b> Effective date of plan <b>06/01/1968</b>	<b>2b</b> Employer Identification Number (EIN) <b>23-1687376</b>
	<b>2c</b> Plan Sponsor's telephone number	<b>2d</b> Business code (see instructions) <b>238900</b>

**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.

<b>SIGN HERE</b>		<u>3/4/26</u>	<b>MICHAEL KNECHT</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2024)**  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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:	<b>4b</b> EIN
<b>a</b> Sponsor's name	<b>4d</b> PN
<b>c</b> Plan Name	

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	925
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	293
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	476
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	451
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	209
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	1,136
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	5
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	1,141
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	48

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

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

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

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

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>1</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

▶ **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.

<b>A</b> Name of plan LABORERS UNION LOCAL NO. 1174 PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  LABORERS UNION LOCAL NO. 1174 PENSION FUND	<b>D</b> Employer Identification Number (EIN)  23-1687376	

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

**1a** Enter the valuation date: Month 06 Day 01 Year 2024

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	113,206,202
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	113,206,202
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	106,416,090
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	102,161,265
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	162,146,907
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	2,386,697
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	7,286,965
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	7,496,965

**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.

<b>SIGN HERE</b>	Signature of actuary	<u>3/3/2026</u> Date
	DAVID B. REID Type or print name of actuary	2306971 Most recent enrollment number
	CBIZ Firm name	215-587-0700 Telephone number (including area code)
	1845 WALNUT STREET - 10th Floor PHILADELPHIA PA 19103-4755 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

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

Schedule MB (Form 5500) 2024  
v. 240311



- 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:

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.63%
<b>b</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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males.....	6c(1)	A
<b>(2)</b> Females.....	6c(2)	A
<b>d</b> Valuation liability interest rate.....	6d	6.75%
<b>e</b> Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	13.0%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date.....	6h	13.0%
<b>i</b> Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	210,000
<b>(3)</b> 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	-8,109,356	-820,943

**8** Miscellaneous information:

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

**b** Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

<b>e</b> 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).	<b>8e</b>	
<b>9</b> Funding standard account statement for this plan year:		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date	<b>9b</b>	792,962
<b>c</b> 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	<b>9c(1)</b>	48,392,531 6,900,850
(2) Funding waivers	<b>9c(2)</b>	0 0
(3) Certain bases for which the amortization period has been extended	<b>9c(3)</b>	0 0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c	<b>9d</b>	519,332
<b>e</b> Total charges. Add lines 9a through 9d	<b>9e</b>	8,213,144
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any	<b>9f</b>	19,236,366
<b>g</b> Employer contributions. Total from column (b) of line 3	<b>9g</b>	2,952,187
<b>h</b> Amortization credits as of valuation date	Outstanding balance	
	<b>9h</b>	35,946,277 5,925,356
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h	<b>9i</b>	1,774,907
<b>j</b> Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	<b>9j(1)</b>	14,132,863
(2) "RPA '94" override (90% current liability FFL)	<b>9j(2)</b>	33,687,709
(3) FFL credit	<b>9j(3)</b>	
<b>k</b> (1) Waived funding deficiency	<b>9k(1)</b>	
(2) Other credits	<b>9k(2)</b>	
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	<b>9l</b>	29,888,816
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference	<b>9m</b>	21,675,672
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference	<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	<b>9o(1)</b>	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	<b>9o(2)(a)</b>	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	<b>9o(2)(b)</b>	0
(3) Total as of valuation date	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	<b>10</b>	
<b>11</b> 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	