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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/15/1971

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

P. O. BOX 6
MINERAL WELLS, WV 26150

307 TRACEWELL ROAD
MINERAL WELLS, WV 26150

2b Employer Identification Number (EIN) 55-0524967

2c Plan Sponsor's telephone number 304-489-9665

2d Business code (see instructions) 813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/14/2026	COREY DORNON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/14/2026	JESSIE KING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

COREY DORNON

307 TRACEWELL ROAD
MINERAL WELLS, WV 26150

3b Administrator's EIN
55-0524967

3c Administrator's telephone number
304-489-9665

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4770
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4770
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4791
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4791
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	388

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

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

4J

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

D Employer Identification Number (EIN)
55-0524967

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
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH

(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
26-0687550	19445	SRG 0009150853	700	04/01/2025	04/01/2026

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

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** [X] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	8505
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

D Employer Identification Number (EIN)
55-0524967

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HARRIS, HARDIN & COMPANY, A.C.

8417 US ROUTE 60 SUITE 13
BARBOURSVILLE, WV 25504

55-0756523

(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	22240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANDARD VALUATIONS

790 CLEVELAND AVENUE
ST. PAUL, MN 55116

41-1327339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

D Employer Identification Number (EIN)
55-0524967

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	230191	222325
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	274043	248540
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	36401	35904
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5668823	5256421
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1283580	1475156
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17663814	19183466
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	7381262	7919227
1f Total assets (add all amounts in lines 1a through 1e)	1f	32538114	34341039
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	77747	106416
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	77747	106416
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	32460367	34234623

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2657353	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	11000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2668353
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	196032	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		196032
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	21811	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	672280	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		694091
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	379957	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	344421	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		35536
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	136073	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		136073

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		848869
c Other income	2c		403711
d Total income. Add all **income** amounts in column (b) and enter total	2d		4982665
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	306872	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		306872
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	964255	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22240	
(5) Investment advisory and investment management fees	2i(5)	7473	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6410	
(9) Valuation/appraisal fees	2i(9)	15000	
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1886159	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2901537
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3208409
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1774256
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: HARRIS, HARDIN & COMPANY, A.C. **(2)** EIN: 55-0756523

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

WEST VIRGINIA LABORERS' TRAINING TRUST FUND

FINANCIAL STATEMENTS AND

INDEPENDENT AUDITORS' REPORT

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

WEST VIRGINIA LABORERS' TRAINING TRUST FUND
INDEX TO FINANCIAL STATEMENTS

HARRIS, HARDIN & COMPANY, A.C.
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
West Virginia Laborers' Training Trust Fund
Mineral Wells, WV 26150

Opinion

We have audited the financial statements of the West Virginia Laborers' Training Trust Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for training programs as of December 31, 2025 and 2024, and the related statements of changes in net assets available for training programs, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the West Virginia Laborers' Training Trust Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years ended December 31, 2025 and 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the West Virginia Laborers' Training Trust 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 of our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the West Virginia Laborers' Training Trust Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the West Virginia Laborers' Training Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluated the overall presentation of financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate, that raise substantial doubt about the West Virginia Laborers' Training Trust Fund's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

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

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

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

Harris, Hardin & Company, A.C.

Barboursville, WV
March 20, 2026

WEST VIRGINIA LABORERS' TRAINING TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR TRAINING PROGRAMS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Interest Bearing Cash	$ 1,272,843	$ 1,691,828
Common Stocks	1,475,156	1,283,580
Mutual Funds	19,183,466	17,663,814
Certificates of Deposits	3,983,578	3,976,995
Total Investments	25,915,043	24,616,217
Receivables		
Employer Contributions	248,540	274,043
Investment Income	35,904	36,401
Total Receivables	284,444	310,444
Cash and Cash Equivalents	222,325	230,191
Prepaid Expenses	50,430	14,827
Land, Buildings and Equipment		
Land	301,595	301,595
Buildings and Improvements	3,814,315	3,765,315
Furniture and Equipment	1,778,491	1,715,113
	5,894,401	5,782,023
Less: Accumulated Depreciation	(3,972,813)	(3,915,939)
Total Land, Building, and Equipment	1,921,588	1,866,084
Total Assets	28,393,830	27,037,763
LIABILITIES		
Accounts Payable	37,760	8,008
Payroll Tax Liabilities	4,293	5,176
Due to Benefit Funds	64,363	64,563
Total Liabilities	106,416	77,747
Net Assets Available for Training Programs	$ 28,287,414	$ 26,960,016

See Accompanying Notes to Financial Statements

WEST VIRGINIA LABORERS' TRAINING TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR TRAINING PROGRAMS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Employer Contributions	$ 2,657,353	$ 3,981,169
Grants	11,000	31,500
Total Contributions	2,668,353	4,012,669
Investment Income		
Net Appreciation (Depreciation) of Fair Value of Investments	1,020,478	411,761
Interest and Dividends	890,123	836,033
Less: Investment Expenses	(7,473)	(6,830)
Net Investment Income	1,903,128	1,240,964
Other Income		
Gain on Sale of Equipment	33,000	(1,876)
Total Additions	4,604,481	5,251,757
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Training Expenses		
Supplies and Materials	175,040	179,519
Meals and Kitchen Expense	66,701	75,883
Travel	57,505	67,002
Medical Expense	7,626	1,467
Total Training Expense	306,872	323,871
Administrative Expenses		
Salaries and Wages	964,255	895,702
Payroll Taxes	78,839	80,125
Employee Benefits	871,272	822,243
Professional Fees	111,991	115,666
Insurance	83,299	73,654
Conferences, Auto and Travel	105,701	105,483
Occupancy and Telephone	126,257	109,923
Contributions – AGC Fund	138,730	134,065
Repairs and Maintenance	95,078	112,590
Depreciation	179,509	165,422
Office Supplies and Expenses	215,280	161,037
Total Administrative Expense	2,970,211	2,775,910
Total Deductions	3,277,083	3,099,781
Net (Decrease) Increase	1,327,398	2,151,976
Net Assets Available for Training Programs		
Beginning of Year	26,960,016	24,808,040
End of Year	$ 28,287,414	$ 26,960,016

See Accompanying Notes to Financial Statements

NOTE 1 – DESCRIPTION OF FUND

GENERAL
The West Virginia Laborers' Training Trust Fund is a nonproprietary and nonprofit organization with the purpose of training laborers in various trades for the construction industry.

CONTRIBUTIONS
Contributions to the Fund are made by the participating employers based on the negotiated contribution rates set forth in collective bargaining agreements.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

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

INVESTMENT VALUATION AND INCOME RECOGNITION
Investments are reported at fair value as further described in Note 5. Fair value is the price that would be received by the Fund for an asset or paid by the Fund to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Fund's principal or most advantageous market for the asset or liability.

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

USE OF ESTIMATES
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the fund administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

CASH AND CASH EQUIVALENTS
Cash and cash equivalents consist of cash and interest bearing cash funds.

CONCENTRATION OF CREDIT RISK
The Fund maintains cash deposits and certificates of deposit at financial institutions that, at times, may exceed amounts insured by the Federal Deposit Insurance Corporation. The Statement of Financial Accounting Standards No. 105 identifies these items as a concentration of credit risk requiring disclosure, regardless of the degree of risk. The risk is managed by maintaining all deposits in a high quality financial institution.

NOTE 3 – TAX STATUS

The Fund obtained its latest determination letter dated October 24, 1972, in which the Internal Revenue Service stated that the Fund, as designed, was in compliance with the applicable requirements of the Internal Revenue Code 501(c)(3). Fund management believes that the Fund is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 4 – INVESTMENTS

The Fund's investments are held by various financial institutions serving as trustees and custodians of the Fund's assets. These institutions are responsible for safeguarding the Fund's investments and executing investment transactions as directed by the Fund's investment managers and trustees. During 2025 and 2024, the Fund's investments (including investments bought and sold, as well as held during the year) appreciated or depreciated in fair value as follows:

	Net Appreciation (Depreciation) In Fair Value During Year	Fair Value At End of Year
Year Ended December 31, 2025		
Fair Value as Determined by Quoted Market Price:		
Interest Bearing Cash	$ -0-	$ 1,272,843
Common Stocks	164,983	1,475,156
Mutual Funds	848,911	19,183,466
Certificates of Deposits	6,584	3,983,578
TOTAL	$ 1,020,478	$ 25,915,043
Year Ended December 31, 2024		
Fair Value as Determined by Quoted Market Price:		
Interest Bearing Cash	$ -0-	$ 1,691,828
Common Stocks	144,988	1,283,580
Mutual Funds	262,516	17,663,814
Certificates of Deposits	4,257	3,976,995
TOTAL	$ 411,761	$ 24,616,217

For financial statement purposes, realized gains and losses are computed utilizing the average cost method for determining the basis of the investments sold. On Form 5500, the Department of Labor (DOL) requires presentation of realized gains and losses to be computed on the basis of revalued cost, which is defined as fair value at the beginning of the year if held on that date or historical cost if purchased during the year. Using the DOL prescribed computation, realized gains are $35,536 and unrealized gains are $984,942 for the year ended December 31, 2025.

NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework to measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority of unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described as follows:

- Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the fund has the ability to access.
- Level 2 inputs to the valuation methodology include the following:
  - Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the assets or liability
  - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

  If the assets 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 in inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. The same methodologies were used as of December 31, 2025 and 2024.

- *Interest Bearing Cash.* The fair values are estimated to approximate deposit account balances, payable on demand, as no discounts for credit quality or liquidity were determined to be applicable. These measurements are classified within Level 1 of the fair value hierarchy.
- *Common Stocks*. The fair value of common stocks is determined by obtaining quoted prices on nationally recognized securities exchanges in which the security is traded. These measurements are classified within Level 1 of the fair value hierarchy.
- *Mutual Funds*. The fair value of mutual fund investments is determined by obtaining quoted prices on nationally recognized securities exchanges in which the security is traded. These measurements are classified within Level 1 of the fair value hierarchy.
- *Certificates of Deposit*. The fair value of bank issued Certificates of Deposit held through a brokerage firm is determined using observable market inputs, including stated interest rates, remaining maturity. These measurements are classified within Level 2 of the fair value hierarchy.

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table sets forth, by level within the fair value hierarchy, the fund's assets at fair value as of December 31, 2025 and 2024.

Assets at Fair Value Measurements at Reporting Date

	Fair Value	(Level 1)	(Level 2)	(Level 3)
December 31, 2025				
Interest Bearing Cash	$ 1,272,843	$ 1,272,843	$ -0-	$ -0-
Common Stocks	1,475,156	1,475,156	-0-	-0-
Mutual Funds	19,183,466	19,183,466	-0-	-0-
Certificates of Deposit	3,983,578	-0-	3,983,578	-0-
Total	$ 25,915,043	$ 21,931,465	$ 3,983,578	$ -0-
December 31, 2024				
Interest Bearing Cash	$ 1,691,828	$ 1,691,828	$ -0-	$ -0-
Common Stocks	1,283,580	1,283,580	-0-	-0-
Mutual Fund	17,663,814	17,663,814	-0-	-0-
Certificates of Deposit	3,976,995	-0-	3,976,995	-0-
Total	$ 24,616,217	$ 20,639,222	$ 3,976,995	$ -0-

NOTE 6 – TAX POSITIONS

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund. The Fund administrator has analyzed the tax positions taken by the Fund, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) of disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Fund administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 7 – RISKS AND UNCERTAINTIES

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

NOTE 8 – TRANSACTIONS WITH PARTIES IN INTEREST

Fees paid during the year for services rendered by parties in interest were based on customary and reasonable rates for such services and are paid by the Fund.

NOTE 9 – FUNDING POLICY

The Fund is funded by employer contributions made pursuant to various collective bargaining agreements. Employer contributions are remitted to the Fund through the West Virginia Laborers' Combined Funds, the VA/NC Training Fund, and the MD Training Fund. Total employer contribution revenue for the year ended December 31, 2025, was $2,657,353.

NOTE 10 – LAND, BUILDINGS AND EQUIPMENT

Land, buildings, office furniture and equipment are stated at cost and depreciation is provided for on the straight-line and accelerated methods over the estimated useful lives of 5 to 30 years. Depreciation expense is $179,509 for 2025 and $165,422 for 2024.

NOTE 11 – HEALTH AND WELFARE PLAN

The employees of the West Virginia Laborers' Training Trust Fund are participants in the West Virginia Laborers Trust Fund Health & Welfare Plan (the "Plan"), a multi-employer health and welfare plan provided through the trustees of the West Virginia Laborers Trust Fund. The Plan is maintained in accordance with one or more collective bargaining agreements between the West Virginia and Appalachian Laborers' District Council and various employers. Contributions to the Plan are made by participating employers and are based on negotiated contribution rates as set forth in collective bargaining agreements. Contributions made by the Training Fund to this health and welfare plan during the year ended December 31, 2025 and 2024 were based on hourly rates of $8.25 and $8.25, respectively.

NOTE 12 – DEFINED CONTRIBUTION PROFIT SHARING PLAN

The employees of the West Virginia Laborers' Training Trust Fund are participants in the West Virginia Laborers Profit Sharing Plan (the "Plan"), a multi-employer defined contribution profit sharing plan provided through the trustees of the West Virginia Laborers Profit Sharing Plan Trust Fund. The Plan maintained in accordance with one or more collective bargaining agreements between the West Virginia and Appalachian Laborers' District Council and various employers. Contributions to the Plan are made by participating employers and are based on negotiated contribution rates as set forth in collective bargaining agreements. Contributions made by the Training Fund to this plan during the year ended December 31, 2025 and 2024 were based on hourly rates of $2.75 and $2.50, respectively.

NOTE 13 – MULTI-EMPLOYER DEFINED BENEFIT PENSION PLANS

The employees of the West Virginia Laborers' Training Trust Fund are participants in the West Virginia Laborers Pension Plan (the "Plan"), a multi-employer defined benefit plan provided through the trustees of the West Virginia Laborers Pension Trust Fund. The Plan maintained in accordance with one or more collective bargaining agreements between the West Virginia and Appalachian Laborers' District Council and various employers. Contributions to the Plan are made by participating employers and are based on negotiated contribution rates as set forth in collective bargaining agreements. Contributions made by the Training Fund to this plan during the year ended December 31, 2025 and 2024 were based on hourly rates of $5.25 and $5.25, respectively.

The officers and employees of the West Virginia Laborers' Training Trust Fund are participants in the LIUNA Staff & Affiliates Pension Fund (the "LSAPF"), a multi-employer defined benefit plan provided through the Board of Trustees of the LSAPF. The LSAPF covers officers and employees of LIUNA, officers and employees of local unions and District Councils affiliated with LIUNA, and employees of various benefit funds and other organizations that are required to contribute to the LSAPF under the LIUNA Constitutions, participation agreements, or collective bargaining agreements. The LSAPF is financed by contributions from contributing employers which have full-time officers or employees. The contributions are based upon a percentage of the annual salary rates of the full-time officers and employees. The percentage rate is set by the International Union Constitution and by special participation agreements. Contributions made by the Training Fund to this plan during the year ended December 31, 2025 and 2024 were based on percentages of 29% and 29%, respectively.

NOTE 14 – COMMITMENTS

The Fund entered into a lease agreement with Pinto Properties, LLC for property to be used in the training of members of Laborers' Local Union 616. The lease is for one year for $1,600 per month with an option to extend the lease for five (5) additional terms of one (1) year each. The Fund has entered into a sublease agreement with Laborers' Local Union 616 for a portion of the property at a rate of $650 per month.

NOTE 15 – RELATED ORGANIZATIONS AND CONTRIBUTIONS

The Fund enjoys a working relationship with the Laborers'-AGC Education and Training Fund. This relationship requires a $0.02 per labor hour contribution to Laborers'-AGC. The Fund also receives grant funding for various training projects.

NOTE 16 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$ 28,287,414	$ 26,960,016
Land and buildings value	7,316,377	6,896,666
Less: Book value of land and buildings	(1,369,168)	(1,396,315)
Net assets available for benefits per Form 5500	$ 34,234,623	$ 32,460,367

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Changes in net assets available for benefits per financial statements	$ 1,327,398	$ 2,151,976
Depreciation on buildings and improvements	76,147	78,686
Valuation change in excess of actual costs incurred	370,711	64,710
Changes in net assets available for benefits per Form 5500	$ 1,774,256	$ 2,295,372

NOTE 17 – SUBSEQUENT EVENTS

The Fund evaluated its December 31, 2025 financial statements for subsequent events through March 20, 2026, the date the financial statements were available to be issued.

Form 5500 Schedule H Part IV Line 4i - Schedule of Assets Held for Investment Purposes
West Virginia Laborers' Training Trust Fund
EIN: 55-0524967
PN: 501
12/31/2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value			(d) Cost	(e) Current Value
	Interest Bearing Cash					
	United Bank Liquid Asset			30,764	$ 30,764	$ 30,764
	United Bank Liquid Asset			370	370	370
	United Bank Sweep Account				1,127,948	1,127,948
	Raymond James Deposit Program				113,761	113,761
					$ 1,272,843	**$ 1,272,843**
	Certificates of Deposit					
	American Express National Bank	3.950%	9/11/2026	235,000	$ 235,000	$ 235,555
	Banc of California	4.000%	11/16/2026	100,000	100,000	100,392
	Bank of Hope	4.250%	2/2/2026	220,000	220,000	220,084
	Carter Bank & Trust	3.950%	9/14/2026	235,000	235,000	235,606
	Cross River Bank	4.000%	11/5/2026	235,000	235,000	235,794
	DR Bank FDIC	4.650%	7/13/2026	250,000	250,000	251,332
	EagleMark Savings Bank	4.700%	7/17/2026	250,000	250,000	251,317
	First Cmnty Bk of the Heartland	4.700%	7/15/2026	250,000	250,000	251,303
	First Federal Bank of Florida	4.150%	12/7/2026	245,000	245,000	246,306
	Israel Discount Bk of NY	4.000%	9/14/2026	75,000	75,000	75,239
	LendingsClub Bank NA	4.000%	9/9/2026	235,000	235,000	235,627
	Milestone Bank FDIC	4.350%	1/30/2026	220,000	220,000	219,987
	Morgan Stanley Bank	4.050%	11/6/2026	235,000	235,000	235,893
	Synchrony Bank FDIC	3.900%	9/8/2026	235,000	235,000	235,726
	Transportation Alliance Bank	4.000%	11/6/2026	235,000	235,000	235,834
	UBS Bank USA FDIC	3.900%	9/11/2026	235,000	235,000	235,491
	Valley National Bank	4.000%	11/13/2026	235,000	235,000	235,813
	Verus Bank of CMRC	4.000%	6/25/2027	245,000	245,000	246,279
					$ 3,970,000	**$ 3,983,578**
	Common Stocks					
	Amazon.com			64	$ 11,430	$ 14,772
	American Express Co			43	6,525	15,908
	Amgen Inc			50	13,258	16,366
	Apple Inc			57	9,853	15,496
	Boeing Company Co			75	14,214	16,284

Form 5500 Schedule H Part IV Line 4i - Schedule of Assets Held for Investment Purposes
West Virginia Laborers' Training Trust Fund
EIN: 55-0524967
PN: 501
12/31/2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common Stocks			
	Caterpillar Inc	26	7,068	14,895
	Chevron Corporation	98	15,693	14,936
	Cisco Systems Inc	192	10,367	14,790
	Coca Cola Co	213	12,216	14,891
	Walt Disney Co	124	9,949	14,107
	Goldman Sachs Group Inc	17	5,546	14,943
	Home Depot Inc	43	13,541	14,796
	Honeywell Intl Inc	75	13,885	14,632
	IBM	49	7,126	14,514
	Invesco QQQ Trust ETF	121	43,038	74,332
	Ishares MSCI Emerging Markets ETF	547	21,132	29,926
	Ishares MSCI EAFE ETF	775	54,470	74,423
	Ishares Russell Mid-Cap Value	1,248	133,392	176,030
	Ishares Russell Midcap Growth ETF	1,055	98,545	144,472
	Ishares Core S&P Mid-Cap ETF	2,226	114,207	146,916
	Ishares Russell 2000 Value ETF	810	112,286	146,780
	Ishares Core S and P US Growth ETF	441	41,732	74,062
	Ishares Dow Jones REIT	419	33,370	39,340
	JPMorgan Chase & Co	46	6,679	14,822
	Johnson & Johnson Com	72	11,051	14,900
	McDonald's	44	11,959	13,448
	Merck & Co Inc.	130	13,547	13,684
	Microsoft	32	10,006	15,476
	Nike Inc	243	18,888	15,482
	Nvidia	86	12,933	16,039
	Proctor & Gamble Co	102	15,275	14,618
	SPDR S&P 500 ETF Trust	174	74,498	118,654
	Salesforce Inc	56	12,478	14,835
	Sherwin-Williams Co	45	15,118	14,581
	3M Co	93	7,407	14,889
	Travelers Companies Inc	53	8,915	15,373
	UnitedHealth Group Inc	45	19,305	14,855
	Verizon Communications Inc	368	12,622	14,989
	Visa Inc Class A	43	9,954	15,081
	Walmart Inc	142	7,706	15,819
			$ 1,071,184	**$ 1,475,156**

Form 5500 Schedule H Part IV Line 4i - Schedule of Assets Held for Investment Purposes
West Virginia Laborers' Training Trust Fund
EIN: 55-0524967
PN: 501
12/31/2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds			
	Baird Aggregate Bond Fund	413,733	$ 4,593,395	$ 4,112,506
	Baird Core Plus Bond Fund	536,795	6,015,812	5,534,357
	Vanguard Total Bond Market Index Fund	325,228	3,573,285	3,177,473
	Vanguard Short-Term Bond Index Fund	327,714	3,468,340	3,388,561
	Vanguard 500 Index Fund	4,701	1,721,681	2,970,569
			$ 19,372,513	**$ 19,183,466**
	Total		**$ 25,686,540**	**$ 25,915,043**

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] 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 ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/15/1971

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WEST VIRGINIA LABORERS' TRAINING TRUST FUND

P. O. BOX 6

MINERAL WELLS WV 26150

2b Employer Identification Number (EIN) 55-0524967

2c Plan Sponsor's telephone number (304) 489-9665

2d Business code (see instructions) 813930

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

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

SIGN HERE	Signature of plan administrator	Date: 5/14/26	Enter name of individual signing as plan administrator: COREY DORNON
SIGN HERE	Signature of employer/plan sponsor	Date: 5-14-2026	Enter name of individual signing as employer or plan sponsor: JESSIE KING
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

West Virginia Laborers' Training Trust Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 55-0524967
Plan No. 501
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)

Category (i) - single transaction in excess of 5% of Plan assets:

No reportable transactions over 5%

Category (ii) - series of transaction in excess of 5% of Plan assets:

No reportable transactions over 5%

Note: There were no category (iii) or (iv) reportable transactions during 2024 Columns for "Lease Rental" and "Expenses Incurred with Transactions" are not applicable.