

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u> <u>12200 N. AMBASSADOR DRIVE</u> <u>SUITE 400</u> <u>KANSAS CITY, MO 64163-1244</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1964</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>43-6060737</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>816-756-3313</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>237990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1964</u>		2b Employer Identification Number (EIN) <u>43-6060737</u>		2c Plan Sponsor's telephone number <u>816-756-3313</u>		2d Business code (see instructions) <u>237990</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>10/01/1964</u>											
2b Employer Identification Number (EIN) <u>43-6060737</u>											
2c Plan Sponsor's telephone number <u>816-756-3313</u>											
2d Business code (see instructions) <u>237990</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	PATRICK PRYOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	12990
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)	3985
a(2) Total number of active participants at the end of the plan year		6a(2)	4083
b Retired or separated participants receiving benefits.....		6b	4488
c Other retired or separated participants entitled to future benefits		6c	3514
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	12085
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1008
f Total. Add lines 6d and 6e		6f	13093
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
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	610
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:			
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNION LABOR LIFE INSURANCE COMPANY

(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
13-1423090	69744	GA01102		01/01/2021	12/31/2021

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
ULLICO INVESTMENT COMPANY 1625 I STREET NW
WASHINGTON, DC 20006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(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	35871910

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 ☐ 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	
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. Specify nature of costs.	10b	

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. ▶

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	802010	0	01/01/2021	12/31/2021

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
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(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	76087789

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. Specify nature of costs ▶	6d	

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 ☐ 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	
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. Specify nature of costs.	10b	

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. ▶

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737

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

1a Enter the valuation date: Month 01 Day 01 Year 2021	
b Assets	
(1) Current value of assets.....	1b(1) 932654293
(2) Actuarial value of assets for funding standard account	1b(2) 932654293
c (1) Accrued liability for plan using immediate gain methods	1c(1) 878340214
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 878340214
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 1733691918
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 32977706
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 60155554
(3) Expected plan disbursements for the plan year.....	1d(3) 62322651

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

SIGN HERE	Signature of actuary KATHY SWAN Type or print name of actuary CHEIRON, INC. Firm name 8300 GREENSBORO DRIVE SUITE 800, MCLEAN, VA 22102 Address of the firm	Date 20-07736 Most recent enrollment number 877-243-4766 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:

a Current value of assets (see instructions)	2a	932654293
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5599	838889540
(2) For terminated vested participants	3540	357460136
(3) For active participants:		
(a) Non-vested benefits.....		89561065
(b) Vested benefits.....		447781177
(c) Total active	3985	537342242
(4) Total	13124	1733691918
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.80 %

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
	34842064	0			
			Totals ▶	3(b)	3(c)
				34842064	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					41435

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	106.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?.....		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	13.9 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	17.0 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.5 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	9000355	923543

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the 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	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	12671447
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	316611195
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	3629185
e Total charges. Add lines 9a through 9d.....	9e	55474686

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	163356434
g	Employer contributions. Total from column (b) of line 3.....	9g	34842064
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	153254761
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	14283622
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	130233768
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	639711084
(3)	FFL credit	9j(3)	
k	(1) Waived funding deficiency	9k(1)	
	(2) Other credits	9k(2)	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	236051044
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	180576358
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3)	Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MACKAY SHIELDS LLC
13-4080466

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIRST EAGLE INVESTMENT MANAGEMENT
227 WEST MONROE STREET SUITE 3200 CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

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

CHEVY CHASE TRUST COMPANY

52-2037618

(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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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)

GREENSPRING

100 PAINTERS MILL ROAD, STE 700
OWINGS MILL, MD 21117

(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?
28 50	INVESTMENT MANAGER	1737576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD ASSET MANAGEMENT

05-0530199

(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?
28 50	INVESTMENT MANAGER	892518	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON MCSHANE CORP

41-0956552

(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 49 50	CONTRACT ADMINISTRATOR	549095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INTECH

01-0614895

(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?
28 50	INVESTMENT MANAGER	428234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIGULER GUFF ADVISERS, LLC

13-3855629

(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?
28 50	INVESTMENT MANAGER	421409	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARISTOTLE

95-4833644

(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?
28 50	INVESTMENT MANAGER	365533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LSV

23-2772200

(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?
28 50	INVESTMENT MANAGER	314650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(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?
28 50 51	INVESTMENT MANAGER	310375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARNOLD NEWBOLD SOLLARS & HOLLINS

43-1174269

(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	LEGAL	266179	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HAMILTON LANE

23-2962336

(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?
28 52 50	INVESTMENT MANAGER	144528	Yes ☒ No ☐	Yes ☒ No ☐	112042	Yes ☐ No ☒

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

ENTRUST

90-0644478

(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?
28 50	INVESTMENT MANAGER	255878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

13-1423090

(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?
28 51	INVESTMENT MANAGER	238107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BAIRD

39-6037917

(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?
28 50 52	INVESTMENT MANAGER	235131	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACOBS LEVY

22-2774695

(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?
28 50	INVESTMENT MANAGER	231809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GW&K

80-0250512

(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?
28 50	INVESTMENT MANAGER	204842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JP MORGAN INVESTMENT MANAGMENT INC

13-3200244

(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?
28 50 27 52	INVESTMENT MANAGER	186322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US REAL ESTATE

04-2895544

(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?
28 50	INVESTMENT MANAGER	177526	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(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?
28 50	INVESTMENT MANAGER	150396	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHERION

13-4215617

(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 17	ACTUARY	143619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE & ASSOCIATES

36-3485298

(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	INVESTMENT ADVISOR	106000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE CARRIER

333 WEST 34TH STREET
NEW YORK, NY 10001

(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?
22 50	INSURANCE	88237	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THL

90-0789283

(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?
28 50	INVESTMENT MANAGER	55995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO

27-0603835

(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?
28 50	INVESTMENT MANAGER	50706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC

100 PARK AVENUE FLOOR 32
NEW YORK, NY 10017

20-0292745

(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?
28 50	INVESTMENT MANAGER	47147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KENNEDY

10829 OLIVE BLVD 1
ST LOUIS, MO 63141

(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?
28	INVESTMENT MANAGER	44366	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

(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?
28 50	INVESTMENT MANAGER	41586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MFS

57-1187281

(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?
28 50	INVESTMENT MANAGER	33820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ABERDEEN

ONE BEACON STREET
BOSTON, MA 02108

(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?
28 50	INVESTMENT MANAGER	33750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN, LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	31200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE TRUST COMPANY

48-0862626

(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?
28 50	INVESTMENT MANAGER	29641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARONSON JOHNSON ORTIZ LP

230 SOUTH BROAD STREET, 20TH FLOOR
PHILADELPHIA, PA 19102

(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?
28 50	INVESTMENT MANAGER	16925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60065

(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?
49 99	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	JOSHUA A. C. DAVIS	b EIN:	13-4215617
c Position:	ENROLLED ACTURARY		
d Address:	101 SW MAIN STREET SUITE 1602 PORTLAND, OR 97204	e Telephone:	703-893-1456

Explanation: TRANSFER OF RESPONSIBILITIES WITHIN CHEIRON, INC.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	D Employer Identification Number (EIN) <u>43-6060737</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CFT EMERGING MARKETS RESEARCH E</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY NA</u>			
c EIN-PN <u>27-1593162-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50002812</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS EMERGING MARKETS DEBT FUND</u>			
b Name of sponsor of entity listed in (a): <u>MFS HERITAGE TRUST COMPANY</u>			
c EIN-PN <u>57-1187281-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15899490</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UNION LABOR LIFE SEPARATE ACCOUNT J</u>			
b Name of sponsor of entity listed in (a): <u>THE UNION LABOR LIFE INSURANCE CO</u>			
c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35871910</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL US PROPERTY SA-PGL1</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>76087789</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LSV INTL VALUE EQUITY TRUST</u>			
b Name of sponsor of entity listed in (a): <u>LSV ASSET MANAGEMENT</u>			
c EIN-PN <u>20-0726879-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46803720</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC DEFENSIVE EQUITY FUND</u>			
b Name of sponsor of entity listed in (a): <u>PARAMETRIC PORTFOLIO ASSOCIATES LLC</u>			
c EIN-PN <u>45-2531297-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15786868</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MACKAY SHIELDS CIT</u>			
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>			
c EIN-PN <u>47-1818241-076</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45649550</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **ASB LABOR EQUITY INDEX FUND**

b Name of sponsor of entity listed in (a): **CHEVY CHASE TRUST COMPANY**

c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93810546
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a Name of MTIA, CCT, PSA, or 103-12 IE: **ULLICO INFRASTRUCTURE TAX EXEMPT FD**

b Name of sponsor of entity listed in (a): **ULLICO INVESTMENT ADVISORS INC**

c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12672049
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WESTERN ASSET US CORE PLUS LLC**

b Name of sponsor of entity listed in (a): **WESTERN ASSET MANAGEMENT COMPANY LLC**

c EIN-PN 20-1575788-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45669286
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	D Employer Identification Number (EIN) <u>43-6060737</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4166774	5680725
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	885644	400680
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	29685058	39525189
(2) U.S. Government securities	1c(2)	13460333	267728
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20644394	572765
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	354203619	370253047
(5) Partnership/joint venture interests	1c(5)	150353033	197065238
(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)	189609343	205362398
(10) Value of interest in pooled separate accounts	1c(10)	96913568	111959699
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	64965934	120931923
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11955593	14795568
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	648992	367214

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	937492285 1067182174
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	4602758 4822115
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	4602758 4822115
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	932889527 1062360059

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	34800629
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	1770892
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	36571521
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	163790
	(B) U.S. Government securities	2b(1)(B)	147277
	(C) Corporate debt instruments	2b(1)(C)	110972
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	496
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	422535
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	4231606
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1993
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4233599
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	644156638
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	565071920
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	79084718
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	33788470
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	33788470

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		23618458
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		15318156
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		193037457
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	55300171	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		55300171
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	441598	
(2) Contract administrator fees.....	2i(2)	539200	
(3) Investment advisory and management fees.....	2i(3)	6761665	
(4) Other.....	2i(4)	524291	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		8266754
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		63566925
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		129470532
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 443957.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737

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

All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 43-6060737		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	7

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
----------	------------

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

81

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

14b

11

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

14c

23

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

1

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

9464

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) through (c)

a Enter the percentage of plan assets held as:

Stock: 54.0 % Investment-Grade Debt: 11.5 % High-Yield Debt: 6.5 % Real Estate: 10.5 % Other: 17.5 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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 _____

CONSTRUCTION INDUSTRY LABORERS
PENSION FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2021

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Independent Auditors' Report

Board of Trustees
Construction Industry Laborers Pension Fund
Kansas City, Missouri

Opinion

We have audited the financial statements of Construction Industry Laborers Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Construction Industry Laborers Pension Fund as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of Construction Industry Laborers Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Financial Statements

Management is responsible for the preparation and fair presentation of 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 Construction Industry Laborers Pension 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.

Auditors' 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 auditors' 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Construction Industry Laborers Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Construction Industry Laborers Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2021 and reportable transactions for the year ended December 31, 2021 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 auditing standards generally accepted in the United States of America.

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.

RubinBrown LLP

October 13, 2022

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2021	2020
Assets		
Investments - At Fair Value		
U.S. Government and municipal securities	\$ 267,728	\$ 13,460,333
Corporate obligations	572,765	20,644,394
Corporate stocks	370,253,047	354,203,619
Foreign currency	367,204	654,866
Pooled separate accounts	111,959,699	96,913,568
103-12 investment entities	120,931,923	64,965,934
Limited partnerships	150,755,516	111,790,461
Written options futures contracts	10	(5,874)
Limited liability companies	46,309,722	38,562,572
Money market funds	39,525,189	29,685,058
Common/collective trusts	220,157,966	201,564,936
Total Investments - At Fair Value	1,061,100,769	932,439,867
 Receivables		
Interest and dividends	180,198	568,997
Employer contributions	3,986,609	3,931,540
Withdrawal liability contributions	1,694,116	235,234
Due from brokers for securities sold	131,614	227,779
Total Receivables	5,992,537	4,963,550
 Other Assets		
Prepaid expenses and deposits	88,868	88,868
 Total Assets	1,067,182,174	937,492,285
 Liabilities		
Accounts payable	677,411	939,257
Other liabilities	1,378,779	1,113,648
Temporary cash overdraft	1,496,333	794,139
Reciprocal transfers	1,184,110	453,195
Due to brokers for securities purchased	85,482	1,302,519
Total Liabilities	4,822,115	4,602,758
 Net Assets Available For Benefits	\$ 1,062,360,059	\$ 932,889,527

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2021	2020
Additions To Net Assets Available For Benefits Attributed To:		
Employer contributions	\$ 39,860,265	\$ 38,025,111
Less: reciprocity transfers	(5,059,636)	(4,620,578)
Withdrawal liability income	1,551,514	250
Other income	219,378	27,650
Total Additions	36,571,521	33,432,433
Deductions From Net Assets Available For Benefits Attributed To:		
Benefits paid	55,300,171	54,743,912
Expenses		
Investment management and consulting expenses	6,761,665	3,748,636
Insurance	490,927	476,308
Administrative fees	437,200	382,800
Legal fees	266,179	272,430
Actuarial expenses	143,619	142,242
Payroll audit fees	102,000	88,697
Audit fees	31,800	46,360
Printing and postage	17,470	8,184
Other expenses	10,020	4,514
Trustee and delegate expenses	5,874	5,270
Total Expenses	8,266,754	5,175,441
Total Deductions	63,566,925	59,919,353
Investment Income		
Interest and dividends	5,962,935	9,482,087
Net change in fair value of investments	150,503,001	99,305,165
Net Investment Income	156,465,936	108,787,252
Net Increase	129,470,532	82,300,332
Net Assets Available For Benefits - Beginning Of Year	932,889,527	850,589,195
Net Assets Available For Benefits - End Of Year	\$ 1,062,360,059	\$ 932,889,527

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 And 2020

1. General Information

Description Of The Plan

The following description of the Construction Industry Laborers Pension Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan was established April 1, 1965, as a result of collective bargaining between the Western Missouri and Kansas Laborers District Council of the Laborers International Union of North America, AFL-CIO, the Eastern Missouri Laborers District Council, the Heavy Construction Association of the Greater Kansas City Area and the Associated General Contractors of Missouri (CBA). The Plan is a multiemployer defined benefit pension plan covering participants who work under the terms of the CBA.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits

A participant entitled to a regular monthly pension benefit is one who has attained the age of 62 and has at least 5 pension credits, including one hour of service after January 1, 1989, or at least 500 hours in a Plan credit year after December 31, 1986 or at least 100 hours of work in covered employment for which contributions were required to be made in the twelve-month period immediately before either becoming age 62 or retirement. Monthly pension benefits are generally also available to participants that are age 55 with 30 pension credits. The Plan permits participants who meet specific requirements to retire before age 62. Pension benefits are reduced for each month of age before 62. A participant has a nonforfeitable right to a pension benefit with 5 years of vested service determined based on service dates. The monthly pension is determined based on a benefit accrual rate that includes \$3 per year of credited service prior to 1996 and also includes varying percentages of contributions paid on a participant's behalf in the years subsequent to January 1, 1996.

Subject to certain limitations, a participant may elect to receive pension benefits in the form of a single life annuity with 60 months guaranteed, a 50% husband and wife pension, a ten-years-certain and life pension, or a 66 2/3% or 75% or 100% joint and survivor pension.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

Death And Disability Benefits

If a participant that is eligible for a pension dies at any age before retirement, a death benefit may be paid to the participant's designated beneficiary as a lump sum that is actuarially equivalent to 60 payments of 50% of the monthly accrued vested benefit.

A participant who becomes permanently and totally disabled, as defined, and meets the service requirements is entitled to disability benefits based on years of credited service as of the date of disability and the accrual rate for the regular retirement benefit.

Contributions

Employers of participants contribute to the Plan for each hour worked by the participants in covered employment and at rates negotiated through collective bargaining agreements, which are up to \$7.15 for each hour worked.

Employer contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. The Plan's employer contributions for the Plan years ended December 31, 2021 and 2020 met the minimum funding requirements of ERISA.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

Investment Valuation And Revenue Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion on fair value measurements. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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 the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on pension credits accumulated, which are determined based on annual hours worked. Benefits payable under all circumstances (retirement, death, disability or termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations as of January 1, 2021 and 2020 are as follows:

	2021	2020
Investment Rate Of Return	7.00%	7.50%
Mortality	Healthy lives: 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020 Disabled lives: 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020	Healthy lives: 120% RPH-2014 Healthy Blue Collar Mortality Table adjusted to 2006 and projected forward to 2016 using Scale MP-2015, generationally projected using the ultimate rates of Scale MP-2015 Disabled lives: 120% RPH-2014 Disabled Mortality Table adjusted to 2006 and projected forward to 2016 using Scale MP-2015, generationally projected using the ultimate rates of Scale MP-2015
Future Benefit Accrual	Assumed 1.0 pension credit per year per active participant	

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

The valuations reflect deductions of \$1,600,000 and \$1,648,000 for anticipated administrative expenses associated with providing benefits for 2021 and 2020, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management of the Plan has evaluated subsequent events through the date, which the financial statements were available for issue, which is the date of the Independent Auditors' Report.

3. Actuarial Present Value Of Accumulated Plan Benefits

The latest available actuarial reports were prepared as of January 1, 2021. The actuarial present value of accumulated plan benefits as of that date is as follows:

Actuarial present value of accumulated plan benefits:	
Vested participants currently receiving payments	\$ 515,922,102
Other vested benefits	<u>350,903,230</u>
Total vested benefits	866,825,332
Non-vested benefits	<u>33,595,454</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 900,420,786</u></u>

The changes in the actuarial present value of the accumulated plan benefits during the valuation year ended January 1, 2021 are as follows:

Actuarial present value of accumulated plan benefits,	
beginning of year	\$ 856,647,432
Factors that affected change in the actuarial present	
value of accumulated plan benefits:	
Benefits accumulated, actuarial experience,	
changes in data	2,828,829
Interest	62,860,846
Changes in actuarial assumptions	34,252,896
Benefits paid	(54,743,912)
Administrative expenses	<u>(1,425,305)</u>
Actuarial present value of accumulated plan benefits,	
end of year	<u><u>\$ 900,420,786</u></u>

4. Tax Status

The Trust established under the Plan, to hold the Plan's assets, is qualified pursuant to the appropriate section of the Internal Revenue Code (the IRC) and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan obtained its latest determination letter on July 19, 2012 in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's counsel believe that the Plan is designed and continues to operate in compliance with the applicable requirements of the IRC.

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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

5. Fair Value Measurements

The Plan utilizes an established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described 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: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets; |

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Corporate Stocks, Corporate Obligations And U.S. Government And Municipal Securities

Valued at either the closing price reported on the active market on which the individual securities are traded or valued by a pricing service which determines the valuation of normal institutionalized trading units of such securities using methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders.

Money Market Funds

Valued at the daily closing price as reported by the fund. Money market funds held by the Plan are open end investment companies that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market funds held by the Plan are deemed to be actively traded.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements (Continued)

Pooled Separate Accounts, Common/Collective Trusts, 103-12 Investment Entities, Limited Partnerships, Limited Liability Companies

Valued at the unit value or NAV (or NAV equivalent) of units of the individuals funds. The NAV (or NAV equivalent), as provided by the trustee of each of the invested funds, is used as a practical expedient to estimate fair value. The NAV (or NAV equivalent) is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV (or NAV equivalent).

Foreign Currency

The fair value of foreign currencies is based on the exchange rate of the foreign currency compared to the U.S. dollar in an active market as of the last business day of the year.

There have been no changes in the methodologies used at December 31, 2021 or 2020.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
U.S. Government and municipal securities	\$ —	\$ 267,728	\$ —	\$ 267,728
Corporate obligations	—	572,765	—	572,765
Corporate stocks	370,253,047	—	—	370,253,047
Foreign currency	—	367,204	—	367,204
Written options futures contracts	—	10	—	10
Money market funds	39,525,189	—	—	39,525,189
Total Assets In The Fair Value Hierarchy	\$ 409,778,236	\$ 1,207,707	\$ —	410,985,943
Pooled separate accounts measured at net asset value (a)				111,959,699
103-12 investment entities measured at net asset value (a)				120,931,923
Limited partnerships measured at net asset value (a)				150,755,516
Limited liability companies measured at net asset value (a)				46,309,722
Common/collective trusts measured at net asset value (a)				220,157,966
				<u>\$ 1,061,100,769</u>

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
U.S. Government and municipal securities	\$ —	\$ 13,460,333	\$ —	\$ 13,460,333
Corporate obligations	—	20,644,394	—	20,644,394
Corporate stocks	354,203,619	—	—	354,203,619
Foreign currency	—	654,866	—	654,866
Written options futures contracts	—	(5,874)	—	(5,874)
Money market funds	29,685,058	—	—	29,685,058
Total Assets In The Fair Value Hierarchy	\$ 383,888,677	\$ 34,753,719	\$ —	418,642,396
Pooled separate accounts measured at net asset value (a)				96,913,568
103-12 investment entities measured at net asset value (a)				64,965,934
Limited partnerships measured at net asset value (a)				111,790,461
Limited liability companies measured at net asset value (a)				38,562,572
Common/collective trusts measured at net asset value (a)				201,564,936
				<u>\$ 932,439,867</u>

- (a) Certain investments that are measured at fair value using the net asset value per share/unit (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

Fair Value Measurements Of Investments In Certain Entities That Calculate Net Asset Value Per Share

	Fair Value		Unfunded	Redemption	Redemption
	2021	2020	Commitments	Frequency	Notice Period
103-12 Investment Entities					
Equity	\$ 46,803,720	\$ 41,611,607	\$ —	Daily	3 days
Hedge strategy	15,786,867	13,412,788	—	Monthly	5 days
Real estate	12,672,049	—	—	Quarterly	45 days
Fixed income	45,669,287	9,941,539	—	Weekly	4 days
Pooled Separate Accounts					
Real estate	111,959,699	96,913,568	—	Daily to Monthly	3 days to 3 months
Common/Collective Trusts					
Equity	143,813,358	136,266,863	—	Daily to weekly	2 to 10 days
Fixed income	76,344,608	65,298,073	—	Daily to monthly	0 to 15 days
Limited Liability Companies			—		
Real estate	29,941,539	24,810,308	8,246,138	Not Permitted, Quarterly	90 days, N/A
Hedge strategy/fixed income	16,368,183	13,752,264	—	Monthly	7 days
Limited Partnerships					
Private investments	115,986,580	84,615,107	53,401,278	Not Permitted	N/A
Infrastructure	16,144,657	15,401,929	—	3/31 and 9/30	4 months
Fixed income	18,624,279	11,773,425	—	Monthly	30 days
Total	<u>\$ 650,114,826</u>	<u>\$ 513,797,471</u>	<u>\$ 61,647,416</u>		

6. Plan Termination

Although the Trustees have not expressed any intention do so, they have the right to discontinue or terminate the Plan, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
- All other vested benefits not insured by PBGC.
- All nonvested benefits under the Plan.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, 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.

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 for accumulated benefit obligations and the level of benefits guaranteed by the PBGC. In no event would any of the assets of the Plan revert to contributing employers.

7. Administrative Agreements And Related Party Transactions

The Plan has an agreement with Wilson-McShane Corporation to provide for administrative services.

The Plan has an agreement with Cheiron to act as an independent actuary and Plan consultant.

The Plan has an agreement with Marquette Associates to act as an investment consultant.

The Plan has an agreement with BMO Harris to act as a custodian of assets held for investment. During 2021 and 2020, BMO Harris was an investment manager for one of the Plan's investments.

The Plan has an agreement with Commerce Bank to provide cash management services, including funds transfers, sweep services and ACH services.

These transactions qualified as exempt party in interest transactions.

8. Risks And Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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 assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. Concentration Of Credit Risk

The Plan maintains cash accounts at BMO Harris Bank. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (without regard to outstanding items). At various times during the years ended December 31, 2021 and 2020, the Plan's cash balances exceeded FDIC limits.

Supplemental Schedules

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 1 Of 14
December 31, 2021

Description Of Investment	No. Of Shares	Cost	Fair Value
Corporate Stocks			
Dalata Hotel Group Ord	262,866	\$ 1,226,570	\$ 1,111,080
Spin Master Corp Sub Vtg Com	25,481	502,694	967,204
Brp Inc/CA-Sub Voting	14,927	1,125,582	1,309,531
Helen of Troy LTD	2,234	335,935	546,146
Abercrombie & Fitch Co Cl A	1,810	78,052	63,042
Academy Sports & Outdoors Inc Com	4,020	178,632	176,478
Airbnb Inc Com Cl A	256	42,949	42,621
Amazon.Com Inc Com	806	1,368,495	2,687,478
Asbury Automotive Group Inc Com	743	146,339	128,338
Autozone Inc Com	382	395,461	800,821
Bath & Body Works Inc Com	15,239	1,011,368	1,063,530
Best Buy Inc Com	5,436	575,746	552,298
Best Buy Inc Com	3,928	465,431	399,085
Burlington Stores Inc Com	3,448	981,745	1,005,126
Callaway Golf Co Com	4,885	84,402	134,044
Chipotle Mexican Grill Inc Cl A	331	354,772	578,671
Chipotle Mexican Grill Inc Cl A	452	341,429	790,209
Churchill Downs Inc Com	1,175	115,036	283,058
Chuys Hldgs Inc Com	6,700	132,104	201,804
D R Horton Inc Com	6,362	415,114	689,959
Dana Incorporated	2,683	64,504	61,226
Deckers Outdoor Corp	1,580	586,709	578,770
Dillard's Inc Cl A	184	43,579	45,084
Dominos Pizza Inc Com	473	135,211	266,928
Dorman Products Inc Com	1,342	107,581	151,659
Expedia Inc Del Com New	711	105,985	128,492
Five Below Inc Com	2,892	342,193	598,326
Five Below Inc Com	1,450	196,056	299,991
Floor & Decor Hldgs Inc Cl A	5,306	438,611	689,833
Fox Factory Hldg Corp Com	3,150	239,237	535,815
Frontdoor Inc Com	8,364	333,928	306,541
Gamestop Corp New Cl A	5,090	991,549	755,305
Grand Canyon Ed Inc Com	2,950	347,681	252,845
Hilton Worldwide Hldgs Inc	5,832	726,016	909,734
Installed Bldg Prods Inc Com	741	69,563	103,533
Kohls Corp Com	22,645	1,337,832	1,118,437
Kontoor Brands Inc Com	643	38,009	32,954
Lennar Corp Cl A	22,700	1,892,240	2,636,832
Leslies Inc Com	60,715	1,385,033	1,436,517
Leslies Inc Com	9,577	216,312	226,592
Lithia Mtrs Inc Cl A Com	335	96,921	99,478
Lithia Mtrs Inc Cl A Com	430	70,738	127,689
Lithia Mtrs Inc Cl A Com	850	97,332	252,408
Lululemon Athletica Inc Com	6,721	2,683,352	2,630,935
Magnite Inc Com	4,702	129,368	82,285

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 2 Of 14
December 31, 2021

Description Of Investment	No. Of Shares	Cost	Fair Value
Malibu Boats Inc Com Cl A	19,938	\$ 749,773	\$ 1,370,339
Marriott Vacations Wrldwde CP Com	1,001	97,805	169,149
Michelin Compagnie Generale Des Etablissements Michelin ADR	61,300	1,756,508	2,009,782
Monarch Casino & Resort Inc Com	2,049	135,221	151,524
Murphy USA Inc Com	816	118,102	162,580
Nvr Inc Com	93	474,100	549,525
National Vision Hldgs Inc Com	1,819	40,989	87,294
Nike Inc Cl B	19,406	2,269,334	3,234,398
Nordstrom Inc Com	7,234	189,076	163,633
Ryohin Keikaku Co Npv	54,000	1,053,279	822,537
Ollies Bargain Outlt Hldgs Inc Com	1,838	178,869	94,087
Oxford Inds Inc Com	1,500	115,130	152,280
Papa Johns Intl Inc Com	531	49,378	70,873
Planet Fitness Inc Cl A	1,639	127,204	148,461
Pool Corporation Com	1,992	367,211	1,127,472
Rent A Ctr Inc New Com	2,158	100,920	103,670
Six Flags Entmt Corp New Com	2,864	109,861	121,949
Skyline Champion Corporation	2,749	71,449	217,116
Sony Corp Amern Sh New	21,960	2,156,255	2,775,744
Tri Pointe Homes, Inc	4,303	106,434	120,011
Target Corp Com	2,146	558,246	496,670
Tesla, Inc	3,174	2,608,024	3,354,220
Toll Bros Inc Com	3,510	223,550	254,089
Topbuild Corp Com	800	131,581	220,728
Tractor Supply Co Com	4,264	563,492	1,017,390
Travel Plus Leisure Co Com	5,416	336,364	299,342
Vail Resorts Inc	411	132,611	134,767
Visteon Corp Com New	639	84,946	71,018
Williams Sonoma Inc Com	3,297	580,477	557,622
Wingstop Inc Com	732	57,199	126,490
Wyndham Hotels & Resorts Inc Com	18,297	829,056	1,640,326
Royal Unibrew Dkk	12,485	971,037	1,402,411
Britvic Ord	98,552	931,353	1,223,802
Herbalife Nutrition LTD	5,353	198,093	219,098
Beyond Meat Inc Com	5,049	547,945	328,993
Coca-Cola Consolidated, Inc.	100	59,683	61,919
Coca Cola Co Com	30,200	1,470,454	1,788,142
Constellation Brands Inc Cl A	6,265	1,409,753	1,572,327
Costco Whsl Corp New Com	1,289	428,467	731,765
Darling Ingredients Inc Com	2,170	138,703	150,359
E L F Beauty Inc Com	5,347	111,657	177,574
Hershey Co Com	4,339	606,765	839,466
Krispy Kreme Inc Com	10,020	172,464	189,578
Lamb Weston Hldgs Inc Com	8,698	599,961	551,279
Lauder Estee Cos Inc Cl A	3,625	1,142,940	1,341,975

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 3 Of 14
December 31, 2021

Description Of Investment	No. Of Shares	Cost	Fair Value
Medifast Inc Com	710	\$ 115,624	\$ 148,695
Monster Beverage Corp New Com	4,619	405,492	443,609
Performance Food Group Co Com	2,745	133,469	125,968
Performance Food Group Co Com	4,200	152,019	192,738
Pilgrims Pride Corp New Com	9,038	152,996	254,872
Pricesmart Inc Com	1,200	69,009	87,804
Procter & Gamble Co Com	12,100	1,564,409	1,979,318
Tyson Foods Inc Cl A	16,400	1,024,369	1,429,424
US Foods Hldg Corp Com	36,928	1,394,523	1,286,202
Utz Brands Inc Com Cl A	52,506	829,424	837,471
Walgreens Boots Alliance Inc Com	16,400	814,868	855,424
National Energy Services Reuni Shs	98,764	1,420,750	933,320
Coterra Energy Inc	74,400	1,398,883	1,413,600
Cactus Inc Cl A	52,047	1,398,536	1,984,552
Cheniere Energy Inc Com New	7,315	318,276	741,887
Diamondback Energy Inc Com	2,791	201,958	301,009
Eog Res Inc Com	763	52,090	67,777
Magnolia Oil & Gas Corp Cl A	3,027	47,182	57,119
Magnolia Oil & Gas Corp Cl A	14,545	227,559	274,464
Occidental Pete Corp Com	5,241	136,199	151,937
Phillips 66 Com	12,900	868,037	934,734
Technopro Holdings Inc Com	39,904	645,042	1,209,412
Banca Generali Eur	34,834	1,103,926	1,528,326
Everest RE Group LTD	1,515	376,894	414,989
Ortho Clinical Diagnostics Hldgs PLC	88,537	1,558,410	1,893,806
Renaissancere Holdings LTD	2,472	400,147	418,584
Chubb LTD Com	7,500	1,109,851	1,449,825
Alleghany Corp Del Com	551	342,089	367,842
Ameriprise Finl Inc Com	8,104	2,366,312	2,444,653
Ameriprise Finl Inc Com	7,080	1,377,347	2,135,753
Ameris Bancorp Com	4,300	157,439	213,624
Atlantic Un Bankshares Corp Com	3,150	115,193	117,464
Axos Finl Inc Com	2,623	78,898	146,652
Brp Group Inc Com Cl A	4,003	67,924	144,548
Capital One Finl Corp Com	16,240	1,680,028	2,356,262
Cincinnati Finl Corp Com	15,700	1,372,948	1,788,701
Commerce Bancshares Inc Com	36,943	2,193,518	2,539,462
Commerce Bancshares Inc Com	15,855	1,023,123	1,089,873
Cullen Frost Bankers Inc Com	10,500	1,074,691	1,323,735
East West Bancorp Inc Com	32,465	2,489,657	2,554,346
East West Bancorp Inc Com	1,834	113,012	144,378
Everquote Inc Com Cl A	4,298	139,196	67,307
Goldman Sachs Group Inc Com	2,129	847,356	814,449
Houlihan Lokey Inc Cl A	1,989	103,758	205,907
Lincoln Natl Corp Ind Com	2,370	155,385	161,776

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Description Of Investment	No. Of Shares	Cost	Fair Value
Bankinter Sa	295,296	\$ 1,417,036	\$ 1,507,574
MCSI Inc Cl A	1,144	514,916	700,917
Mitsubishi Ufj Finl Group Inc	156,400	728,183	853,944
Morningstar Inc Com	3,282	488,449	1,122,411
National Bk Hldgs Corp Cl A	2,155	86,662	94,691
Jafco Co LTD Npv	19,811	699,040	1,138,929
Pjt Partners Inc Com Cl A	2,310	183,919	171,148
PNC Finl Svcs Group Inc Com	10,900	1,584,381	2,185,668
Pinnacle Financial Partners Com	7,440	503,183	710,520
Pinnacle Financial Partners Com	2,950	170,129	281,725
Raymond James Finl Inc Com	3,649	360,773	366,360
Stifel Finl Corp Com	2,350	92,670	165,487
Synchrony Finl Com	6,779	315,091	314,478
Texas Capital Bancshares Inc Com	825	53,718	49,706
Triumph Bancorp Inc Com	1,282	39,612	152,661
Western Alliance Bancorp Com	3,597	406,827	387,217
Western Alliance Bancorp Com	3,234	379,324	348,140
Biohaven Pharmactl Hldg Co LTD Com	1,800	113,070	248,058
Icon PLC Shs	2,893	462,965	895,962
Icon PLC Shs	3,100	445,609	960,070
Medtronic PLC Shs	16,200	1,729,135	1,675,890
Alcon Inc Ord Shs	21,500	1,567,511	1,873,080
Acadia Healthcare Company Inc Com	4,307	183,924	261,435
Adaptive Biotechnologies Corp Com	26,169	855,786	734,302
Adaptive Biotechnologies Corp Com	4,049	104,480	99,039
Albireo Pharma Inc Com	8,050	265,703	187,485
Align Technology Inc Com	828	358,247	544,145
Alnylam Pharmaceuticals Inc Com	3,016	527,350	511,453
Amerisourcebergen Corp Com	811	99,723	107,774
Amgen Inc Com	10,291	2,209,968	2,315,166
Amgen Inc Com	8,200	1,985,805	1,844,754
Amicus Therapeutics Inc Com	6,370	63,369	73,574
Apellis Pharmaceuticals Inc Com	841	36,448	39,762
Array Technologies Inc Com Shs	4,764	113,472	74,747
Atricure Inc Com	3,850	113,947	267,691
Avid Bioservices Inc Com	4,396	39,104	128,275
Avrobio Inc Com	3,379	54,137	13,009
Axonics Modulation Tech Inc Com	2,199	56,334	123,144
Bruker Corp Com	1,359	58,130	114,034
Cardiff Oncology Inc Com	5,937	64,265	35,681
Cardinal Health Inc Com	10,241	526,719	527,309
Cardiovascular Sys Inc Del Com	4,950	202,778	92,961
Castle Biosciences Inc Com	3,171	158,942	135,941
Catalent Inc Com	5,373	397,338	687,905
Certara Inc Com	27,272	847,115	775,070

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Cerus Corp Com	14,722	\$ 63,381	\$ 100,257
Chemocentryx Inc Com	5,300	194,528	192,973
Cooper Cos Inc Com New	1,523	493,812	638,046
Artivion, Inc.	4,070	81,734	82,825
Artivion, Inc.	6,498	151,766	132,234
Cryoport Inc Com Par	3,451	171,680	204,196
Danaher Corp Com	11,350	2,692,360	3,734,264
Davita Inc	3,371	410,768	383,485
Dexcom Inc Com	1,725	932,931	926,239
Dexcom Inc Com	1,394	360,421	748,508
Edwards Lifesciences Corp Com	4,102	444,106	531,414
Elanco Animal Health Inc Com	47,300	1,406,711	1,342,374
Envista Hldgs Corp Com	36,990	1,032,461	1,666,769
Exelixis Inc Com	54,002	1,283,128	987,157
Exelixis Inc Com	18,336	309,074	335,182
Globus Med Inc Cl A New	4,031	206,252	291,038
Halozyme Therapeutics Inc Com	2,627	52,897	105,632
Halozyme Therapeutics Inc Com	6,813	212,762	273,951
Healthequity Inc Com	3,218	152,285	142,364
ICU Medical Inc Com	757	174,511	179,666
Idexx Laboratories Inc Com	1,062	277,512	699,285
Incyte Corp Com	7,264	583,188	533,178
Insmed Inc Com Par	6,425	220,345	175,017
Insulet Corp Com	2,473	281,045	657,991
Integra Lifesciences Hldgs Corp Com New	3,219	193,061	215,641
Intra Cellular Therapies Inc Com	1,157	42,925	60,557
Intra Cellular Therapies Inc Com	3,453	186,083	180,730
Ionis Pharmaceuticals Inc Com	12,678	538,360	385,792
Iovance Biotherapeutics Inc Com	2,027	29,880	38,695
Keros Therapeutics Inc Com	792	49,633	46,340
Kezar Life Sciences Inc Com	5,401	29,375	90,305
Lhc Group Inc Com	604	81,238	82,887
Lhc Group Inc Com	1,325	183,222	181,830
Ligand Pharmaceuticals Inc Com New	388	42,290	59,931
Marker Therapeutics Inc Com	22,164	38,787	21,060
McKesson Corp Com	2,549	378,986	633,605
Medpace Hldgs Inc Com	1,575	178,238	342,783
Merit Medical Systems Inc Com	992	69,007	61,802
Moderna Inc Com	9,904	3,218,878	2,515,418
Molina Healthcare Inc Com	1,801	234,735	572,862
Nanostring Technologies Inc Com	1,576	114,854	66,554
Nuvasive Inc Com	1,870	100,067	98,138
Omnicell Inc Com	1,392	112,473	251,172
Oyster Point Pharma Inc Com	8,968	220,266	163,756
PTC Therapeutics Inc Com	1,885	83,760	75,080

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Phathom Pharmaceuticals Inc Com	9,348	\$ 301,736	\$ 183,875
Phreesia Inc Com	10,643	375,392	443,387
Protagonist Therapeutics Inc Com	1,677	36,743	57,353
Reata Pharmaceuticals Inc Cl A	895	51,328	23,601
Repligen Corp Com	2,818	403,953	746,319
Resmed Inc Com	3,288	579,325	856,458
Sarepta Therapeutics Inc Com	3,576	331,961	322,019
Shockwave Med Inc Com	143	33,969	25,501
Si Bone Inc Com	5,280	101,286	117,269
Staar Surgical Co Com	190	27,384	17,347
Supernus Pharmaceuticals Inc Com	6,239	150,261	181,929
Surgery Partners Inc Com	2,223	29,793	118,730
Sutro Biopharma Inc Com	1,705	36,895	25,370
Syneos Health Inc Cl A	2,745	119,637	281,857
Tandem Diabetes Care Inc Com New	1,109	93,780	166,927
10x Genomics Inc Cl A Com	10,092	1,689,360	1,503,304
Tenet Healthcare Corp Com New	533	34,495	43,541
Traverse Therapeutics Inc Com	6,423	112,166	199,370
Trulieve Cannabis Corp Com	4,289	101,866	111,557
Turning Point Therapeutics Inc Com	726	32,294	34,630
U S Physical Therapy Inc Com	1,346	165,493	128,610
United Therapeutics Corp Del Com	7,281	979,152	1,573,278
Veeva Sys Inc Cl A Com	691	227,218	176,537
Veeva Sys Inc Cl A Com	1,209	206,660	308,875
Veracyte Inc Com	3,367	97,177	138,720
Vericel Corp Com	5,896	121,830	231,713
West Pharmaceutical Svcs Inc Com	3,042	1,303,672	1,426,728
Zogenix Inc Com New	9,250	257,120	150,313
Zymeworks Inc Com	1,794	55,265	29,404
Aalberts Inds	27,060	883,495	1,791,291
Gates Industrial Corpratin PLC Ord	104,378	1,626,393	1,660,654
Johnson Ctls Intl PLC Shs	31,200	1,596,548	2,536,872
Kornit Digital LTD Shs	2,351	381,325	357,940
Stevanato Group S P A Ord Shs	60,616	1,238,055	1,360,829
Agco Corp Del Com	3,017	382,514	350,032
Asgn Inc Com	1,535	85,259	189,419
Advanced Drain Sys Inc Del Com	5,025	548,316	684,053
Alamo Group Inc Com	1,335	148,840	196,485
Allegiant Travel Co Com	410	96,510	76,686
Allison Transmission Hldgs Inc Com	11,074	477,067	402,540
Archbest Corp Com	529	56,546	63,401
Armstrong World Inds Inc New Com	11,001	824,831	1,277,436
Atkore Intl Group Inc Com	11,333	260,367	1,260,116
Atkore Intl Group Inc Com	362	31,314	40,251
Atkore Intl Group Inc Com	2,811	181,730	312,555

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Axon Enterprise Inc Com	2,490	\$ 446,966	\$ 390,930
Axon Enterprise Inc Com	1,133	71,556	177,881
Carlisle Cos Inc Com	6,300	934,162	1,563,156
Casella Waste Sys Inc Cl A	2,005	76,485	171,267
Cintas Corp Com	2,791	1,200,192	1,236,887
Columbus McKinnon Corp	29,340	1,161,246	1,357,268
Cae Inc Npv	33,765	969,644	853,094
Copart Inc Com	1,392	212,480	211,055
Copart Inc Com	5,367	522,563	813,745
Costar Group Inc Com	6,260	494,415	494,728
Curtiss Wright Corp Com	11,601	1,301,799	1,608,711
Delta Air Lines Inc Del Com New	15,159	678,299	592,414
Dycom Inds Inc Com	1,025	49,667	96,104
Encore Wire Corp Com	1,715	244,090	245,417
Exponent Inc Com	2,702	149,840	315,404
Fastenal Co Com	9,832	366,166	629,838
Forrester Research Inc Com	3,050	152,676	179,127
Generac Hldgs Inc Com	2,707	441,963	952,647
General Dynamics Corp Com	7,100	1,051,688	1,480,137
Gibraltar Inds Inc Com	3,657	223,117	243,849
Graco Inc Com	7,080	363,289	570,790
Heico Corp New Com	4,363	514,568	629,232
Helios Technologies Inc Com	1,700	76,387	178,789
Honeywell International Inc Com	8,780	1,977,625	1,830,718
Hunt J B Trans Svcs Inc Com	2,518	437,242	514,679
Hunt J B Trans Svcs Inc Com	2,720	302,355	555,968
IAA Inc Com	2,160	85,043	109,339
Ilex Corp Com	2,876	534,036	679,656
Ingersoll Rand Inc Com	11,020	529,410	681,807
Insperty Inc Com	3,350	209,541	395,669
Jeld Wen Hldg Inc Com	2,400	51,043	63,264
John Bean Technologies Corp Com	790	85,482	121,312
Landstar Sys Inc Com	2,795	302,264	500,361
Lyft Inc Cl A Com	8,076	459,187	345,087
Arcadis NV	35,939	894,144	1,728,959
Mercury Systems Inc	1,492	110,815	82,150
Mueller Inds Inc Com	1,230	62,415	73,012
Daiseki Co LTD Npv	27,720	654,255	1,230,117
NV5 Global, Inc	862	78,215	119,059
Old Dominion Fght Lines Inc Com	1,983	612,570	710,668
Oshkosh Truck Corp Com	9,540	1,065,667	1,075,253
Pgt Innovations, Inc.	66,303	113,465	1,491,154
Parker Hannifin Corp Com	7,200	1,936,785	2,290,464
Parsons Corporation Com	24,946	745,636	839,433

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RBC Bearings Inc Com	2,372	\$ 440,778	\$ 479,073
RBC Bearings Inc Com	1,332	185,800	269,024
Resideo Technologies Inc Com	816	21,191	21,240
Ritchie Bros. Auctioneers Com	5,100	170,367	312,171
Shyft Group Inc Com	9,600	90,825	471,648
Siteone Landscape Supply Inc Com	2,235	143,123	541,496
Terex Corp New Com	2,526	115,964	111,018
Tetra Tech Inc New Com	881	59,251	149,594
Thermon Group Hldgs Inc Com	4,500	114,178	76,185
Toro Co Com	7,922	790,483	791,487
Transunion Com	6,137	537,449	727,725
Trex Co Inc Com	5,500	243,292	742,665
Trex Co Inc Com	1,390	43,377	187,692
Trinet Group Inc Com	715	49,623	68,111
Ufp Industries Inc Com	1,228	46,245	112,988
United Parcel Svc Inc Cl B	15,569	3,251,736	3,337,059
Valmont Inds Inc Com	3,180	417,126	796,590
Willscot Mobil Mini Hldng Corp Com Cl A	4,063	90,785	165,933
Woodward Inc Com	1,850	202,674	202,501
Xpo Logistics Inc Com	3,372	293,304	261,094
Xylem Inc Com	17,800	1,728,204	2,134,576
Crayon Group Hld Nok	56,340	1,233,768	1,170,709
Auto Trader Group Ord WI	115,593	662,531	1,154,573
Accenture PLC Class A Ordinary Shares	7,996	1,807,363	3,314,742
Ci&t Inc Com Cl A	6,232	92,510	74,098
Globant S A Com	1,629	385,559	511,653
Adobe Inc.	5,519	3,107,801	3,129,604
Adobe Inc.	5,540	2,608,978	3,141,512
Anaplan Inc Com	7,551	343,665	346,213
Ansys Inc Com	1,836	609,800	736,456
Ansys Inc Com	7,000	2,574,671	2,807,840
Apple Inc Com	49,137	1,074,370	8,725,257
Arista Networks Inc Com	6,428	508,305	924,025
Automatic Data Processing Inc Com	1,099	252,153	270,991
Belden Inc New Com	1,550	98,722	101,882
Blackline Inc Com	1,029	62,365	106,543
Booz Allen Hamilton Hldg Corp Cl A	5,825	488,045	493,902
Bottomline Technologies Del Inc Com	1,950	89,605	110,117
Box Inc Cl A	7,136	177,140	186,892
Broadridge Finl Solutions Inc Com	3,827	538,386	699,652
Azenta Inc.	3,622	265,203	373,464
Cdw Corp Com	3,585	380,147	734,136
Cmc Materials Inc Com	775	88,240	148,560
Caci Intl Inc Cl A	650	120,439	174,987
Cadence Design Sys Inc Com	4,950	700,194	922,433

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Description Of Investment	No. Of Shares	Cost	Fair Value
Cerence Inc Com	4,123	\$ 219,039	\$ 315,987
Ciena Corp Com New	18,546	776,663	1,427,486
Citrix Sys Inc Com	1,554	154,794	146,993
Commscope Hldg Co Inc Com	38,904	373,428	429,500
Commvault Sys Inc Com	2,176	106,573	149,970
Consensus Cloud Solutions Inc Com	1	30	58
Descartes Sys Group Inc Com	10,530	370,851	872,261
Crowdstrike Hlds Inc Cl A	802	211,282	164,210
Datto Hldg Corp Com	320	57,002	56,995
Dell Technologies Inc Cl C	13,017	654,841	731,165
Dell Technologies Inc Cl C	2,226	59,191	125,034
Descartes Sys Group Inc Com	3,295	120,834	272,431
Dolby Laboratories Inc Com	10,913	1,076,311	1,039,136
Dropbox Inc Cl A	41,129	1,182,557	1,009,306
Dropbox Inc Cl A	17,673	372,471	433,695
Evo Pmts Inc Cl A Com	3,663	102,640	93,773
Endava PLC Ads	1,384	185,775	232,401
Entegris Inc Com	2,500	99,037	346,450
Epam Sys Inc Com	1,493	547,275	997,996
Epam Sys Inc Com	1,215	209,288	812,167
Etsy Inc Com	2,277	495,947	498,526
Euronet Worldwide Inc Com	3,999	608,532	476,561
Euronet Worldwide Inc Com	1,108	152,450	132,040
Everbridge Inc Com	907	72,673	61,068
F5 Inc	4,609	647,581	1,127,868
Fiserv Inc Com	882	88,451	91,543
Fleetcor Technologies Inc Com	1,606	392,290	359,487
Fortinet Inc Com	3,184	263,963	1,144,330
Godaddy Inc Cl A	5,533	414,365	469,530
Hp Inc Com	20,160	744,367	759,427
Hp Inc Com	19,036	563,257	717,086
Hubshot Inc Com	990	694,907	652,559
Infinera Corp Com	15,255	116,916	146,295
Insight Enterprises Inc Com	918	90,005	97,859
Intuit Com	4,669	2,172,128	3,003,194
Itron Inc Com	1,284	83,804	87,980
Jabil, Inc	8,441	252,411	593,824
Ziff Davis, Inc.	11,730	946,418	1,300,388
Kbr Inc Com	2,380	91,406	113,336
Keysight Technologies Inc Com	9,863	1,696,186	2,036,808
Keysight Technologies Inc Com	4,861	443,826	1,003,845
Lattice Semiconductor Corp Com	4,803	248,376	370,119
Livperson Inc Com	2,812	83,016	100,445
Mks Instruments Inc Com	9,430	938,442	1,642,423

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Macom Technology Solutions Holdings, Inc	2,348	\$ 90,377	\$ 183,848
Macom Technology Solutions Holdings, Inc	3,200	48,735	250,560
Maxlinear Inc Com	2,500	83,659	188,475
Microsoft Corp Com	18,917	2,407,824	6,362,165
Microsoft Corp Com	11,770	2,651,805	3,958,486
Microchip Technology Inc Com	10,328	466,723	899,156
Microchip Technology Inc Com	28,200	2,001,832	2,455,092
Monolithic Pwr Sys Inc Com	1,022	555,585	504,183
Monolithic Pwr Sys Inc Com	1,968	267,794	970,873
N Able Inc Common Stock	87,136	1,201,012	967,210
NCR Corp New Com	4,511	185,855	181,342
NCR Corp New Com	11,841	427,592	476,008
Digital Garage Npv	25,600	862,458	1,088,241
Netapp Inc Com	6,873	446,963	632,247
Nlight Inc Com	3,080	113,167	73,766
Nortonlifelock Inc Com	19,778	469,368	513,832
Nuance Communications Inc Com	8,004	438,486	442,781
Nutanix Inc Cl A	9,939	211,832	316,657
Nvidia Corp Com	6,246	1,897,416	1,837,011
PTC Inc Com	4,450	390,173	539,118
Pagerduty Inc Com	2,597	100,068	90,246
Palo Alto Networks Inc Com	152	35,732	84,628
Paycom Software Inc Com	1,293	663,402	536,841
Paycom Software Inc Com	1,985	540,363	824,152
Paycor Hem Inc Com	6,877	179,204	198,126
Paylocity Hldg Corp Com	560	66,021	132,250
Paylocity Hldg Corp Com	1,850	180,446	436,896
Paypal Hlds Inc Com	7,230	1,756,679	1,363,433
Pegasystems Inc Com	9,296	12,624,597	1,039,479
Ping Identity Hldg Corp Com	5,608	144,718	128,311
Power Integrations Inc Com	1,988	185,514	184,665
Pure Storage Inc Cl A	16,322	295,178	531,281
Qualcomm Inc Com	18,628	2,231,549	3,406,502
Qualcomm Inc Com	14,250	2,307,966	2,605,898
Qualtrics Intl Inc Com Cl A	1,414	65,344	50,056
RAPID7 Inc Com	4,350	256,366	511,952
Silicon Laboratories Inc Oc Com	1,382	138,461	285,272
Smartsheet Inc Com Cl A	6,147	322,498	476,085
Solarwinds Corp Com	100	2,090	1,419
Splunk Inc Com	4,900	616,112	567,028
Sprout Social Inc Com Cl A	168	22,370	15,236
Sterling Check Corp Com	32,957	852,953	675,948
Switch Inc Cl A	11,096	227,431	317,789
Synopsys Inc Com	2,539	303,561	935,622
Tenable Hlds Inc Com	1,306	53,902	71,921

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Tyler Technologies Inc Com	1,558	\$ 395,575	\$ 838,126
Ubiquiti Inc Com	185	57,138	56,740
Universal Display Corp Com	1,971	333,109	325,274
Verisign Inc Com	2,424	459,502	615,260
Viavi Solutions Inc Com	17,500	247,486	308,350
Vontier Corporation Com	11,684	374,847	359,049
Wns Hldgs LTD Sponsored ADR	1,634	90,598	144,151
Zscaler Inc Com	2,033	555,988	653,264
Stelco Hldgs Inc Npv	30,668	388,551	1,000,914
Axalta Coating Sys LTD Com	7,791	221,878	258,038
Lyondellbasell Industries N V Shs A	3,103	299,889	286,190
Avient Corporation Com	5,866	160,738	328,203
Balchem Corp Com	1,600	160,328	269,760
Boise Cascade Co Del Com	1,454	84,555	103,525
Synthomer PLC Ord	156,348	1,063,965	843,288
Chemours Co Com	8,787	296,663	294,892
Corteva Inc Com	48,600	1,986,890	2,297,808
Eagle Matls Inc Com	7,336	702,636	1,221,151
Ecolab Inc Com	9,213	2,004,593	2,161,278
FMC Corp Com New	3,030	318,917	332,967
Ingevity Corp Com	19,538	1,342,540	1,400,875
Louisiana Pac Corp Com	1,926	113,914	150,902
Martin Marietta Materials Com	5,500	1,622,578	2,422,860
Neenah, Inc	29,200	1,516,780	1,351,376
Olin Corp Com Par \$1	3,396	159,210	195,338
Quaker Chemical Corp Com	675	126,291	155,777
Rpm Intl Inc Com	17,600	1,472,992	1,777,600
The Scotts Miracle-Gro Company	467	63,344	75,187
Westlake Corporation	1,846	156,777	179,302
Open House Co LTD Npv	15,800	340,037	826,011
Aroundtown Sa	187,776	1,055,296	1,126,401
Nexus Real Estate Invt Tr	107,473	1,097,249	1,073,896
Dream Indl Trust Unit	85,224	1,135,606	1,161,980
Sirius Real Estate Ord Npv	566,401	1,041,279	1,081,014
Storagevault Canada Inc Com	200,920	386,727	1,146,996
Summit Ind Trust Units	54,141	443,419	1,007,390
Crown Castle Intl Corp New Com	10,160	1,608,372	2,120,798
Equity Lifestyle Pptys Inc Com	1,115	92,414	97,741
Equity Lifestyle Pptys Inc Com	10,600	666,168	929,196
Independence Rlty Tr Inc Com	6,769	91,532	174,843
Innovative Indl Pptys Inc Com	725	64,173	190,610
Iron MTN Inc New Com	25,847	1,193,611	1,352,574
National Storage Affiliates Tr Com Shs Ben In	20,874	528,192	1,444,481
Hulic Co LTD Npv	103,700	1,013,318	983,408
Plymouth Indl REIT Inc Com	39,852	933,962	1,275,264

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

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December 31, 2021

Description Of Investment	No. Of Shares	Cost	Fair Value
Ryman Hospitality Pptys Inc Com	884	\$ 80,634	\$ 81,293
Ryman Hospitality Pptys Inc Com	2,178	179,183	200,289
SBA Communications Corp New Cl A	1,592	562,557	619,320
Stag Indl Inc Com	6,000	175,563	287,760
Sun Cmnty Inc Com	4,600	677,246	965,862
Arteria Networks C Npv	58,900	771,227	790,271
Alphabet Inc Cap Stk Cl A	252	732,362	729,185
Alphabet Inc Cap Stk Cl A	692	1,804,750	2,004,752
Cogent Communications Hldgs Inc Com	1,007	69,220	73,692
Meta Platform, Inc.	5,845	1,751,671	1,965,966
Match Group Inc New Com	4,785	761,934	632,816
Netflix Inc Com	5,454	2,754,711	3,285,708
Playtika Hldg Corp Com	11,679	229,052	201,930
Take-Two Interactive Software Com	2,311	370,013	410,711
Twitter Inc Com	505	31,421	21,826
Twitter Inc Com	30,300	1,591,941	1,309,566
Yelp Inc Cl A	5,503	146,343	199,429
Zynga Inc Cl A	41,614	337,801	266,330
Italgas Spa Npv	232,862	1,445,463	1,595,653
NRG Energy Inc Com New	11,270	423,025	485,512
Dermapharm Hldg SE Npv	14,874	790,290	1,500,536
Shurgard Self Stor Npv	19,605	575,628	1,280,863
JD Sports Fashion Ord	233,300	985,824	1,567,788
Linea Directa Sa	414,586	742,283	755,051
Nordnet AB Npv	29,284	358,418	561,797
Pennon Group Ord	20,440	380,669	321,966
Byggfakta Grp Nord Npv	126,439	1,096,652	908,225
Ariston Hldg NV	82,626	950,828	948,627
Flatex AG Npv Reg	75,650	972,882	1,738,772
Seria Co LTD Npv	29,200	1,152,588	845,690
Total Corporate Stocks		298,391,089	370,253,047
Foreign Currency			
Argentine Peso	\$ 1,724	27	17
European Monetary Union Euro	298,091	340,590	338,930
Japanese Yen	3,253,579	28,287	28,257
Total Foreign Currency		368,904	367,204
U.S. Government And Municipal Securities			
Federal Home Ln Mtg Corp Partn CTF Group #SD8106 2.000% Dtd 10/01/2020 Due 11/01/2050 IPD24	77,410	79,890	77,241
Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2019 10 Cl			
PT 3.50% Dtd 02/01/2019 Due 03/25/2049 IPD24	40,091	40,404	42,722
Bexar Cnty Tex Rev Taxable Ref Bds Taxable 0.76% Dtd 08/15/2021 Due 08/15/2024 Non-Callable	150,000	150,000	147,765
Total U.S. Government And Municipal Securities		270,294	267,728

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

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December 31, 2021

Description Of Investment	Par Value / No. Of Units	Cost	Fair Value
Corporate Obligations			
Bank New York Mellon Corp Fr 0.85% Dtd 10/25/2021 Due 10/25/2024 Callable	75,000	\$ 74,951	\$ 74,365
Chevron Corp New Sr NT 1.141% Dtd 05/11/2020 Due 05/11/2023 Callable	100,000	100,000	100,562
Consolidated Edison Inc Sr Gbl 2020 A 0.65% Dtd 12/03/2020 Due 12/01/2023 Callable	100,000	100,016	99,182
Hormel Foods Corp Sr NT 0.65% Dtd 06/03/2021 Due 06/03/2024 Callable	140,000	139,975	138,911
Lehman Brth Hld Escrow 6.75% Dtd 12/21/2007 Due 12/28/2017 (In Default)	240,000	239,822	36
Metropolitan Life Global Fdg I Fr 1.95% Dtd 01/13/2020 Due 01/13/2023 Non-Callable	100,000	99,957	101,282
Southern Co Sr Gbl Coco 1.75% Dtd 02/26/2021 Due 03/15/2028 Callable	50,000	49,253	48,677
Lehman Broth Hld In Escrow 5.857% Dtd 05/17/2007 Due 11/30/2056 (In Default)	150,000	145,106	15
Gcb Lehman Brothers HI Escrow 0.01% Dtd 06/14/2006 Due 08/19/2065 (In Default)	80,000	48,800	—
144a NT Cl A-1 Fltg Rate Dtd 02/09/2017 Due 03/26/2040	9,725	9,725	9,735
Total Corporate Obligations		1,007,605	572,765
Written Options Futures Contracts			
US 5yr Note (Cbt) MAR20 Last Priced 11/01/2019	—	10	10
MAR20 10YR130.25p 2/21/20 Last Priced 01/31/2020	—	538	—
Total Written Options Futures Contracts		548	10
103-12 Investment Entities			
LSV International Value Equity Trust	159,954	23,346,156	46,803,720
Parametric Defensive Equity Fund LLC	6,221,564	10,851,288	15,786,867
Ullico Infrastructure Tax-Exempt Fund, LP	55,626	12,500,000	12,672,049
Western Asset US Core Plus LLC	1,809,831	45,854,810	45,669,287
Total 103-12 Investment Entities		92,552,254	120,931,923
Pooled Separate Accounts			
Principal US Property Sep Acct	1,060,023	26,000,000	76,087,789
Ullico Separate Account J	2,123,618	30,166,543	35,871,910
Total Pooled Separate Accounts		56,166,543	111,959,699
Common/Collective Trusts			
MFS Emerging Markets Debt Fund	580,833	12,447,241	15,899,490
MacKay Shields Core Plus Bond CIT	3,600,122	36,932,107	45,649,550
Chevy Chase Trust Company - ASB Labor Equity Index Fund	2,120,252	43,242,538	93,810,546
AFL-CIO Housing Investment Trust	13,012	13,733,606	14,795,568
Wellington Trust Company CTF Emerging Markets Research Equity	2,983,461	43,867,671	50,002,812
Total Common/Collective Trusts		150,223,163	220,157,966
Limited Liability Companies			
Invesco Strategic Opportunities III Onshore Feeder, LLC	—	1,753,862	2,954,242
Neuberger Berman US Equity Index PutWrite Fund LLC	—	11,399,936	16,368,183
US Real Estate Investment Fund, LLC	—	15,108,582	26,987,297
Total Limited Liability Companies		28,262,380	46,309,722

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 14 Of 14
December 31, 2021

Description Of Investment	No. of Units	Cost	Fair Value
Limited Partnerships			
Macquire Infrastructure Partners	—	\$ 191,314	\$ —
Entrustpermal Special Opportunities Fund IV LTD	9,609	10,970,817	12,391,054
Entrust Special Opportunities Fund III LTD	—	4,196,988	4,795,223
Hamilton Lane Capital Opportunities Fund LP	—	981,159	753,995
Hamilton Lane Secondary Feeder Fund IV-A LP	—	4,379,081	12,264,610
StepStone VC Secondaries Fund IV, LP	—	7,997,337	17,289,609
Yucaipa American Allegiance Fund II, LP	—	2,422,549	7,524,875
Yucaipa American Allegiance Fund III, LP	—	5,596,800	8,890,595
First Eagle Bank Loan Select Fund (Offshore)	—	15,922,967	18,624,279
JP Morgan IIF ERISA LP	—	12,997,706	16,144,657
Siguler Guff Distressed Opportunity Fund V, LP	—	7,200,916	9,562,099
Siguler Guff Emerging Markets Opportunities Fund IV, LP	—	7,255,942	10,813,435
Siguler Guff Small Buyout III, LP	—	4,476,652	11,657,527
Siguler Guff Small Buyout IV, LP	—	7,340,447	10,015,894
Invesco Mortgage Recovery Feeder Loan Fund, LP	—	885,564	402,390
ElmTree U.S. Net Lease Fund IV, LP	—	2,742,102	3,444,372
Aberdeen Standard U.S. Private Equity IX, LP	—	3,703,317	5,430,902
RCP	—	750,000	750,000
Total Limited Partnerships	—	100,011,658	150,755,516
Money Market Funds			
GS Financial Sq Trsy Obligations Cap 1858	13,090,772	13,090,772	13,090,772
BMO Government Money Market Fund Y #605 *	26,434,417	26,434,417	26,434,417
Total Money Market Funds		39,525,189	39,525,189
Total Investments		\$ 766,779,627	\$ 1,061,100,769

* Represents party in interest

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2021

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
BMO Harris Bank N.A. *								
BMO Government Money Market Class Y #605	118	—	\$ 166,285,010	\$ —	\$ —	\$ —	\$ 166,285,010	\$ —
BMO Government Money Market Class Y #605	—	697	—	158,882,714	—	158,882,714	158,882,714	—

* Represents party in interest

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

Schedule MB, Line 6 – Summary of Plan Provisions

This summary of Plan provisions provides an overview of the major provisions of the pension Plan used in the actuarial valuation. It is not intended to replace the more precise language of the Plan document, and if there is any difference between the description of the Plan herein and the actual text of the Plan document, the Plan document will govern.

1. Participation

Earliest January 1 or July 1 after completion of 500 or more hours in covered employment in a plan year for which contributions are required to be made; or following completion of 870 hours during a 12-consecutive month period.

2. Plan Year (Pension Credit Year)

January 1 through December 31

3. Year of Credited Service

One year of credited service for each year during the contribution period in which the employee works 500 hours in covered employment.

4. Year of Vested Service

One year of vested service for each credit year during the contribution period in which the employee accumulated either 870 hours of work or 500 hours of contributions.

5. Eligibility Service for Special Regular Pension

For service on or before December 31, 2008:

- One year of eligibility service for at least 500 hours in covered employment (same as Credited Service).

For service on or after January 1, 2009:

- One year of eligibility service for at least 750 hours (500 hours for participants with 25 or more years of credited service on January 1, 2009) in covered employment.

6. Regular Pension

Eligibility: Age 62 with five years of credited service, including 1 year of credited future service.

Amount: A member's monthly benefit is equal to the sum of the following:

- \$3.00 per year of service prior to the contribution period, plus
- 4.00% of contributions paid on employee's behalf before January 1, 1996, plus
- 4.00% of contributions up to \$2.00 per hour, plus 3.75% of contributions in excess of \$2.00 per hour for contributions between January 1, 1996 and December 31, 2000, plus
- 4.00% of contributions up to \$2.00 per hour, plus 3.75% of contributions between \$2.00 and \$3.00 per hour, plus 3.50% of contributions in excess of \$3.00 per hour of contributions between January 1, 2001 and December 31, 2002, plus
- 3.00% of contributions paid on employee's behalf for contributions between January 1, 2003 and December 31, 2004, plus
- 2.00% of contributions paid on employee's behalf for contributions between January 1, 2005 and December 31, 2008, plus
- 2.00% of 85% of contributions paid on employee's behalf for contributions between January 1, 2009 and December 31, 2009, plus
- 1.00% of 85% of contributions paid on employee's behalf for contributions on or after January 1, 2010

Schedule MB, Line 6 – Summary of Plan Provisions

7. Special Regular Pension

Eligibility: Age 55 and 30 years of Credited Service. There is no age requirement for participants with 25 years of Credited Future Service as of January 1, 2012.

Amount: Regular pension accrued.

8. Early Retirement

Eligibility: Age 55 and worked in Covered Employment for at least 2,250 credited hours during the last five plan years prior to retirement.

Five years of Credited Service, including 1 hour of work on or after January 1, 1989. For participants who do not have one hour of work on or after January 1, 1989, additional age and/or service is required.

Amount: Regular Pension accrued, reduced by 6% for each year of age less than 62, if the participant has earned a minimum of 2,250 credited hours of work in Covered Employment during the last five plan years prior to retirement.

9. Regular Deferred Pension

Eligibility: Age 55 and five years of Vesting Service.

Amount: Regular pension, reduced by 6% for each year of age less than 62 if the participant has earned a minimum of 2,250 credited hours of work in Covered Employment during the last five plan years prior to retirement (otherwise reduced using actuarial equivalent reduction from age 62).

10. Disability Retirement

Eligibility: Five years of Credited Service and at least 100 hours within 12 months preceding disability.

Amount: Graded amount, with 75% of regular pension accrued payable with five years of credited service, and 100% of regular pension accrued payable with 30 years of credited service, or early retirement benefit, if greater, but not less than \$50.00.

11. Pre-Retirement Death Benefits

Only one of the following is payable:

Spouse's Benefit:

Eligibility: Five years Vesting Service and spouse is eligible for surviving spouse benefit.

When Paid: Immediately.

Amount: 50% of the benefit the employee would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. Reductions are made to the accrued benefit for form of payment, no reduction is made for age.

Lump Sum Death Benefit:

Eligibility: Five years of Credited Service and spouse is not eligible for surviving spouse benefit.

Amount: Actuarial equivalent of 60 payments of 50% of the employee's accrued monthly benefit.

Schedule MB, Line 6 – Summary of Plan Provisions

12. Post-Retirement Death Benefits

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the employee, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with the first 60 payments guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

13. Forms of Payment

The normal forms of payment are the following:

- Qualified Joint and Survivor Annuity, which under the Fund is a 50% Husband-and-Wife Pension with a "pop-up" feature, for married participants. The "pop-up" feature increases the participant's retirement benefit to the amount that would have been payable had the Joint and Survivor payment option not been elected if the spouse predeceases the participant.
- Single Life Annuity with 60 months guaranteed for single participants.

The optional forms of payment are the following:

- Single Life Annuity with 120 months guaranteed
- 100% Joint and Survivor Annuity with a "pop-up" feature, for married participants
- 75% Joint and Survivor Annuity with a "pop-up" feature, for married participants
- 66-2/3% Joint and Survivor Annuity with a "pop-up" feature, for married participants

14. Contribution Rate

Varies from \$1.30 to \$7.00 an hour.

Average as of January 1, 2021: \$5.47

15. Changes in Plan Provisions Since Last Valuation

None.

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment E to 2021 Form 5500 Schedule MB

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

**DISTRIBUTION OF ACTIVE MEMBERS
BY AGE AND SERVICE AS OF JANUARY 1, 2021**

COUNTS BY AGE/SERVICE

Age	Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	48	349	24	0	0	0	0	0	0	0	421
25 to 29	26	345	141	9	0	0	0	0	0	0	521
30 to 34	19	252	212	70	13	0	0	0	0	0	566
35 to 39	12	185	125	101	94	21	0	0	0	0	538
40 to 44	14	141	88	79	103	91	10	0	0	0	526
45 to 49	9	78	83	72	90	78	60	1	0	0	471
50 to 54	1	66	57	70	78	76	56	16	2	0	422
55 to 59	2	44	38	46	71	63	57	21	9	1	352
60 to 64	3	18	25	19	23	27	17	8	6	1	147
65 to 69	0	5	4	3	3	3	2	0	0	1	21
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	134	1,483	797	469	475	359	202	46	17	3	3,985

Average Age = 40.11

Average Service = 9.41

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment A to 2021 Form 5500 Schedule MB

Schedule MB, Line 3 – Withdrawal Liability Amounts

Schedule of Withdrawal Liability Payments	
Date of Payment	Amount
2/11/2021	\$8,287
3/9/2021	8,287
6/8/2021	8,287
9/8/2021	8,287
12/9/2021	8,287
Total	<u>8,287</u> \$41,435

Given the relative magnitude of the Withdrawal Liability payments to all employer contributions made to the Fund, all contributions are assumed to be made mid-year.

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2021 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-5
Schedule of Amortization Charges Required for Minimum Required Contribution
as of January 1, 2021

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/1996	\$ 674,128	30.00	\$ 230,933	5.00	\$ 52,638
2. Plan Amendment	1/1/1997	2,779,279	30.00	1,104,571	6.00	216,574
3. Assumption Change	1/1/1997	5,035,794	30.00	2,001,393	6.00	392,415
4. Plan Amendment	1/1/1998	5,796,142	30.00	2,599,397	7.00	450,772
5. Assumption Change	1/1/1998	26,607,722	30.00	11,932,754	7.00	2,069,309
6. Plan Amendment	1/1/1999	3,922,137	30.00	1,945,162	8.00	304,441
7. Plan Amendment	1/1/2000	3,878,272	30.00	2,094,685	9.00	300,473
8. Plan Amendment	1/1/2001	6,195,894	30.00	3,600,984	10.00	479,158
9. Plan Amendment	1/1/2002	1,027,996	30.00	636,743	11.00	79,359
10. Plan Amendment	1/1/2002	4,273,783	30.00	2,647,197	11.00	329,927
11. Assumption Change	1/1/2003	7,935,129	30.00	5,197,156	12.00	611,525
12. Plan Amendment	1/1/2004	1,324,286	30.00	911,150	13.00	101,888
14. Experience Loss	1/1/2005	16,376,263	30.00	11,771,052	14.00	1,257,907
15. Plan Amendment	1/1/2006	1,070,363	30.00	799,996	15.00	82,089
16. Experience Loss	1/1/2006	20,741,772	15.00	0	0.00	0
17. Plan Amendment	1/1/2007	2,860,586	30.00	2,214,159	16.00	219,052

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2021 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-5 Schedule of Amortization Charges Required for Minimum Required Contribution as of January 1, 2021 (Continued)						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
18. Experience Loss	1/1/2007	10,768,510	15.00	1,134,829	1.00	1,134,829
19. Assumption Change	1/1/2007	16,804,492	30.00	13,007,049	16.00	1,286,818
20. Experience Loss	1/1/2008	6,141,409	15.00	1,249,251	2.00	645,748
21. Experience Loss	1/1/2009	997,747	15.00	293,949	3.00	104,682
22. Change in Assumptions	1/1/2009	10,850,686	15.00	3,196,677	3.00	1,138,410
23. Recognized 2008 ENIL	1/1/2009	102,574,470	29.00	82,735,098	17.00	7,919,774
24. Experience Loss	1/1/2010	35,520,692	15.00	13,477,824	4.00	3,718,722
25. Recognized 2008 ENIL	1/1/2011	43,405,090	27.00	35,789,549	17.00	3,425,936
26. Recognized 2008 ENIL	1/1/2012	19,501,891	26.00	16,282,157	17.00	1,558,601
27. Recognized 2008 ENIL	1/1/2013	22,312,441	25.00	18,883,620	17.00	1,807,625
28. Assumption change	1/1/2013	8,616,575	15.00	5,170,263	7.00	896,597
29. Recognized 2008 ENIL	1/1/2014	23,478,069	24.00	20,166,784	17.00	1,930,455
30. Experience Loss	1/1/2015	5,743,197	15.00	4,150,301	9.00	595,341
31. Experience Loss	1/1/2016	16,609,729	15.00	12,915,937	10.00	1,718,634
32. Experience Loss	1/1/2017	12,141,118	15.00	10,061,882	11.00	1,254,039
33. Experience Loss	1/1/2018	1,285,081	15.00	1,126,128	12.00	132,506
34. Experience Loss	1/1/2019	17,645,580	15.00	16,243,708	13.00	1,816,424
35. Experience Loss	1/1/2020	2,119,658	15.00	2,038,502	14.00	217,843
36. Experience Loss	1/1/2021	9,000,355	15.00	9,000,355	15.00	923,543
Total Charges		\$ 561,643,679		\$ 316,611,195		\$ 39,174,054

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2021 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-6 Schedule of Amortization Credits Required for Minimum Required Contribution as of January 1, 2021						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/2009	4,207,491	15.00	1,239,552	3.00	441,433
2. Change in Asset Method	1/1/2009	43,186,095	30.00	35,491,180	18.00	3,297,449
3. Recognized 2008 ENIL	1/1/2010	26,595,865	28.00	21,679,447	17.00	2,075,254
4. Bifurcated Gain Base	1/1/2011	45,217,706	15.00	20,725,410	5.00	4,724,051
5. Bifurcated Gain Base	1/1/2012	8,454,650	15.00	4,495,790	6.00	881,493
6. Plan Amendment	1/1/2012	50,315,780	15.00	26,755,560	6.00	5,245,985
7. Bifurcated Gain Base	1/1/2013	30,935,220	15.00	18,562,287	7.00	3,218,965
8. Bifurcated Gain Base	1/1/2014	28,928,933	15.00	19,196,013	8.00	3,004,405
9. Assumption Change	1/1/2016	6,570,782	15.00	5,109,522	10.00	679,889
Total Credits		\$ 244,412,522		\$ 153,254,761		\$ 23,568,924
Net Charge				\$ 163,356,434		\$ 15,605,130

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment G to 2021 Form 5500 Schedule MB

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Changes:

The RPA '94 current liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance.

The mortality table used to determine RPA '94 current liability was updated to the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3).

The administrative expense assumption was decreased from \$1,648,000 to \$1,600,000 per year payable throughout the year with an increase of 2% for each following plan year.

The discount rate assumption was lowered from 7.50% to 7.00%.

Demographic assumptions (termination rates, retirement rates, disability rates, mortality rates) were updated to reflect the most recent experience study completed in November 2021.

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions

1. Valuation Date

January 1, 2021

2. Rates of Investment Return

7.00% per annum, net of investment expenses, for funding and disclosure purposes, compounded annually.

The RPA '94 current liability rate is 2.43%.

6.50% for Withdrawal Liability

3. Rates of Mortality

Funding

Healthy Lives – 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020

Disabled Lives – 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020

Based on the available experience, these tables projected to the valuation year reflect the best estimate of mortality experience as of the measurement date. The projection past the valuation date represents a provision of future mortality improvement.

RPA '94 Current Liability

IRS 2021 Static Mortality Table

4. Annual Administrative Expenses

\$1,600,000 per year payable continuously (i.e., equivalent to \$1,546,778 as of the beginning of year), increasing 2.0% annually.

For determining the present value of accumulated benefits FASB ASC 960, the expense assumption is assumed to be \$121.91 per participant for the current plan year and increasing at the rate of 2.0% per year.

5. Future Benefits Accrual

Active participants are assumed to work the same hours they worked in the prior year and receive one year of credited service per year. For normal cost and contributions in projections, hours are adjusted so that total hours match what the Board of Trustees set as the contributory hours assumption for the most recent PPA certification.

6. Percentage married

80%

7. Spouse's Age

Females are assumed to be three years younger than males.

8. Unknown Data for Participants:

Participants with missing dates of birth are assumed to be the age of the average age of those not missing dates of birth.

9. Current Inactive Vested

Liability for inactive vested participants over age 75 is excluded from the valuation.

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment C to 2021 Form 5500 Schedule MB

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

10. Form of Benefit

All future retirements and disabilities are assumed to be single life annuities with 60 payments guaranteed.

11. Rates of Turnover

Annual Probability of Termination	
Years of Service	Rate
0 – 1	0.14
2 – 3	0.13
4	0.12
5	0.10
6 – 9	0.06
10	0.05
11	0.04
12 +	0.03

12. Rates of Retirement

Rates vary by age and eligibility for Special Regular Pension:

Age	Annual Probability of Retirement	
	Not Eligible for Special Regular Pension	Eligible for Special Regular Pension
Before 55	0.00	0.30
55 – 59	0.10	0.30
60	0.20	0.30
61	0.35	0.30
62	0.50	0.30
63 – 64	0.25	0.40
65 – 66	0.40	0.40
67 – 71	0.40	1.00
72	1.00	1.00

13. Retirement Age for Inactive Vested Participants

Age 56 for participants with 30 years of credited service, otherwise 59. 20% of current and future inactive vested participants are assumed to have earned a minimum of 2,250 credited hours of work in Covered Employment during the last five years prior to retirement.

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

14. Rates of Disability

Age	Annual Probability of Disability
20	0.00025
25	0.00030
30	0.00035
35	0.00045
40	0.00055
45	0.00305
50	0.00555
55	0.01055
60	0.00955

The administrative expense assumption was decreased from \$1,648,000 to \$1,600,000 per year payable throughout the year with an increase of 2% for each following plan year.

The discount rate assumption was lowered from 7.50% to 7.00%.

Demographic assumptions (termination rates, retirement rates, disability rates, mortality rates) were updated to reflect the most recent experience study completed in November 2021.

15. Rationale of Economic and Demographic Assumptions

In accordance with Actuarial Standard of Practice No. 27 and No. 35, the economic and demographic assumptions used in this report were based on an experience study covering the period from January 1, 2016 through December 31, 2020. The findings of this study can be found in the experience study report dated November 2021. The results in the experience study still represent our best estimate of future experience.

16. Summary of Changes Since Last Valuation

The RPA '94 current liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance.

The mortality table used to determine RPA '94 current liability was updated to the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3).

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Methods

1. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the unit credit method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the unit credit actuarial cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each Participant as of each valuation date, represents the actuarial present value of the Participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the unit credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

2. Asset Valuation Method: Smoothed Market Value Method

The Actuarial Value of Assets is based on the market value with an adjustment to smooth gains or losses in the market value over the past five years.

The asset valuation method calculates the expected investment earnings on the Actuarial Value of Assets using the Fund's actual cash flows for the previous year. The asset valuation method calculates the expected market value asset return at the current valuation date using the Fund's actual cash flows and

the expected long-term rate of return on assets. The investment gain or loss for the current year is then determined by subtracting the expected investment earnings from the actual investment return on the market value. One-fifth (1/5th) of the actuarial gain (actual returns greater than expected) or loss (actual returns less than expected) is then added to the Market Value of Assets along with a similar one-fifth recognition of actuarial gains/losses for each of the preceding four years to arrive at the preliminary smoothed Actuarial Value of Assets (with the exception of the Plan year ending 2009 loss which is recognized at a rate of 10% per Plan year due to funding relief). If the preliminary smoothed actuarial asset value is outside a corridor of 80% to 120% of market value, the final smoothed value is increased/(or reduced) to the bottom/(top) of the 80% to 120% market value corridor.

The Actuarial Value of Assets was reset to equal the Market Value of Assets as of January 1, 2021.

3. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under §431(b)(8) of the Code. Specifically, the Board elected the "special amortization rule," which allows the Fund's investment losses for the plan year ended December 31, 2008 to be separately amortized over 29 years.

4. Changes in Methods Since Last Valuation

The Actuarial Value of Assets was reset to equal the Market Value of Assets as of January 1, 2021.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2021

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
BMO Harris Bank N.A. *								
BMO Government Money Market Class Y #605	118	—	\$ 166,285,010	\$ —	\$ —	\$ —	\$ 166,285,010	\$ —
BMO Government Money Market Class Y #605	—	697	—	158,882,714	—	158,882,714	158,882,714	—

* Represents party in interest

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

A Name of plan Construction Industry Laborers' Pension Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Construction Industry Laborers' Pension Fund	D Employer Identification Number (EIN) 43-6060737

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2021**b** Assets

(1) Current value of assets.....	1b(1)	932,654,293
(2) Actuarial value of assets for funding standard account.....	1b(2)	932,654,293
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	878,340,214
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	878,340,214
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	1,733,691,918
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	32,977,706
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	60,155,554
(3) Expected plan disbursements for the plan year.....	1d(3)	62,322,651

Statement by Enrolled Actuary

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

**SIGN
HERE***Kathy Swan*

Signature of actuary

9/27/2022

Date

Kathy Swan

20-07736

Type or print name of actuary

Most recent enrollment number

Cheiron, Inc.

(877) 243-4766

Firm name

Telephone number (including area code)

8300 Greensboro Drive
Suite 800
McLean

VA 22102

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) 2021
v. 200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	932,654,293
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5,599	838,889,540
(2) For terminated vested participants	3,540	357,460,136
(3) For active participants:		
(a) Non-vested benefits		89,561,065
(b) Vested benefits		447,781,177
(c) Total active	3,985	537,342,242
(4) Total	13,124	1,733,691,918
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.80 %

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
	34,842,064				
Totals ▶			3(b)	34,842,064	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					41,435

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	106.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.43 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	13.9 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	17.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.5 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	9,000,355	923,543

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the 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
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	12,671,447
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	316,611,195
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	3,629,185
e Total charges. Add lines 9a through 9d.....	9e	55,474,686

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	163,356,434
g Employer contributions. Total from column (b) of line 3.....	9g	34,842,064

Outstanding balance

h Amortization credits as of valuation date.....	9h	153,254,761	23,568,924
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		14,283,622

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	130,233,768
(2) "RPA '94" override (90% current liability FFL)	9j(2)	639,711,084

(3) FFL credit	9j(3)	
-----------------------------	--------------	--

k (1) Waived funding deficiency	9k(1)	
--	--------------	--

(2) Other credits.....	9k(2)	
-------------------------------	--------------	--

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	236,051,044
--	-----------	-------------

m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	180,576,358
---	-----------	-------------

n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
--	-----------	--

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	
---	--------------	--

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
--	--	--

(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
--	-----------------	--

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
---	-----------------	---

(3) Total as of valuation date	9o(3)	0
---	--------------	---

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
--	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	---

Construction Industry Laborers' Pension Fund

EIN: 43-6060737

Plan Number: 001

Attachments to 2021 Schedule MB of Form 5500

<u>Attachment</u>	<u>Description</u>
A	Line 3 – Withdrawal Liability Amounts
B	Line 6 – Summary of Plan Provisions
C	Line 6 – Statement of Actuarial Assumptions and Methods
D	Line 8b(1) – Schedule of Projection of Expected Benefit Payments
E	Line 8b(2) – Schedule of Active Participant Data
F	Line 9c and 9h – Schedule of Funding Standard Account Bases
G	Line 11 – Justification for Change in Actuarial Assumptions

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment A to 2021 Form 5500 Schedule MB

Schedule MB, Line 3 – Withdrawal Liability Amounts

Schedule of Withdrawal Liability Payments	
Date of Payment	Amount
2/11/2021	\$8,287
3/9/2021	8,287
6/8/2021	8,287
9/8/2021	8,287
12/9/2021	8,287
Total	<u>8,287</u> \$41,435

Given the relative magnitude of the Withdrawal Liability payments to all employer contributions made to the Fund, all contributions are assumed to be made mid-year.

Schedule MB, Line 6 – Summary of Plan Provisions

This summary of Plan provisions provides an overview of the major provisions of the pension Plan used in the actuarial valuation. It is not intended to replace the more precise language of the Plan document, and if there is any difference between the description of the Plan herein and the actual text of the Plan document, the Plan document will govern.

1. Participation

Earliest January 1 or July 1 after completion of 500 or more hours in covered employment in a plan year for which contributions are required to be made; or following completion of 870 hours during a 12-consecutive month period.

2. Plan Year (Pension Credit Year)

January 1 through December 31

3. Year of Credited Service

One year of credited service for each year during the contribution period in which the employee works 500 hours in covered employment.

4. Year of Vested Service

One year of vested service for each credit year during the contribution period in which the employee accumulated either 870 hours of work or 500 hours of contributions.

5. Eligibility Service for Special Regular Pension

For service on or before December 31, 2008:

- One year of eligibility service for at least 500 hours in covered employment (same as Credited Service).

For service on or after January 1, 2009:

- One year of eligibility service for at least 750 hours (500 hours for participants with 25 or more years of credited service on January 1, 2009) in covered employment.

6. Regular Pension

Eligibility: Age 62 with five years of credited service, including 1 year of credited future service.

Amount: A member's monthly benefit is equal to the sum of the following:

- \$3.00 per year of service prior to the contribution period, plus
- 4.00% of contributions paid on employee's behalf before January 1, 1996, plus
- 4.00% of contributions up to \$2.00 per hour, plus 3.75% of contributions in excess of \$2.00 per hour for contributions between January 1, 1996 and December 31, 2000, plus
- 4.00% of contributions up to \$2.00 per hour, plus 3.75% of contributions between \$2.00 and \$3.00 per hour, plus 3.50% of contributions in excess of \$3.00 per hour of contributions between January 1, 2001 and December 31, 2002, plus
- 3.00% of contributions paid on employee's behalf for contributions between January 1, 2003 and December 31, 2004, plus
- 2.00% of contributions paid on employee's behalf for contributions between January 1, 2005 and December 31, 2008, plus
- 2.00% of 85% of contributions paid on employee's behalf for contributions between January 1, 2009 and December 31, 2009, plus
- 1.00% of 85% of contributions paid on employee's behalf for contributions on or after January 1, 2010

Schedule MB, Line 6 – Summary of Plan Provisions

7. Special Regular Pension

Eligibility: Age 55 and 30 years of Credited Service. There is no age requirement for participants with 25 years of Credited Future Service as of January 1, 2012.

Amount: Regular pension accrued.

8. Early Retirement

Eligibility: Age 55 and worked in Covered Employment for at least 2,250 credited hours during the last five plan years prior to retirement.

Five years of Credited Service, including 1 hour of work on or after January 1, 1989. For participants who do not have one hour of work on or after January 1, 1989, additional age and/or service is required.

Amount: Regular Pension accrued, reduced by 6% for each year of age less than 62, if the participant has earned a minimum of 2,250 credited hours of work in Covered Employment during the last five plan years prior to retirement.

9. Regular Deferred Pension

Eligibility: Age 55 and five years of Vesting Service.

Amount: Regular pension, reduced by 6% for each year of age less than 62 if the participant has earned a minimum of 2,250 credited hours of work in Covered Employment during the last five plan years prior to retirement (otherwise reduced using actuarial equivalent reduction from age 62).

10. Disability Retirement

Eligibility: Five years of Credited Service and at least 100 hours within 12 months preceding disability.

Amount: Graded amount, with 75% of regular pension accrued payable with five years of credited service, and 100% of regular pension accrued payable with 30 years of credited service, or early retirement benefit, if greater, but not less than \$50.00.

11. Pre-Retirement Death Benefits

Only one of the following is payable:

Spouse's Benefit:

Eligibility: Five years Vesting Service and spouse is eligible for surviving spouse benefit.

When Paid: Immediately.

Amount: 50% of the benefit the employee would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. Reductions are made to the accrued benefit for form of payment, no reduction is made for age.

Lump Sum Death Benefit:

Eligibility: Five years of Credited Service and spouse is not eligible for surviving spouse benefit.

Amount: Actuarial equivalent of 60 payments of 50% of the employee's accrued monthly benefit.

Schedule MB, Line 6 – Summary of Plan Provisions

12. Post-Retirement Death Benefits

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the employee, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with the first 60 payments guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

13. Forms of Payment

The normal forms of payment are the following:

- Qualified Joint and Survivor Annuity, which under the Fund is a 50% Husband-and-Wife Pension with a "pop-up" feature, for married participants. The "pop-up" feature increases the participant's retirement benefit to the amount that would have been payable had the Joint and Survivor payment option not been elected if the spouse predeceases the participant.
- Single Life Annuity with 60 months guaranteed for single participants.

The optional forms of payment are the following:

- Single Life Annuity with 120 months guaranteed
- 100% Joint and Survivor Annuity with a "pop-up" feature, for married participants
- 75% Joint and Survivor Annuity with a "pop-up" feature, for married participants
- 66-2/3% Joint and Survivor Annuity with a "pop-up" feature, for married participants

14. Contribution Rate

Varies from \$1.30 to \$7.00 an hour.

Average as of January 1, 2021: \$5.47

15. Changes in Plan Provisions Since Last Valuation

None.

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions

1. Valuation Date

January 1, 2021

2. Rates of Investment Return

7.00% per annum, net of investment expenses, for funding and disclosure purposes, compounded annually.

The RPA '94 current liability rate is 2.43%.

6.50% for Withdrawal Liability

3. Rates of Mortality

Funding

Healthy Lives – 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020

Disabled Lives – 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020

Based on the available experience, these tables projected to the valuation year reflect the best estimate of mortality experience as of the measurement date. The projection past the valuation date represents a provision of future mortality improvement.

RPA '94 Current Liability

IRS 2021 Static Mortality Table

4. Annual Administrative Expenses

\$1,600,000 per year payable continuously (i.e., equivalent to \$1,546,778 as of the beginning of year), increasing 2.0% annually.

For determining the present value of accumulated benefits FASB ASC 960, the expense assumption is assumed to be \$121.91 per participant for the current plan year and increasing at the rate of 2.0% per year.

5. Future Benefits Accrual

Active participants are assumed to work the same hours they worked in the prior year and receive one year of credited service per year. For normal cost and contributions in projections, hours are adjusted so that total hours match what the Board of Trustees set as the contributory hours assumption for the most recent PPA certification.

6. Percentage married

80%

7. Spouse's Age

Females are assumed to be three years younger than males.

8. Unknown Data for Participants:

Participants with missing dates of birth are assumed to be the age of the average age of those not missing dates of birth.

9. Current Inactive Vested

Liability for inactive vested participants over age 75 is excluded from the valuation.

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment C to 2021 Form 5500 Schedule MB

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

10. Form of Benefit

All future retirements and disabilities are assumed to be single life annuities with 60 payments guaranteed.

11. Rates of Turnover

Annual Probability of Termination	
Years of Service	Rate
0 – 1	0.14
2 – 3	0.13
4	0.12
5	0.10
6 – 9	0.06
10	0.05
11	0.04
12 +	0.03

12. Rates of Retirement

Rates vary by age and eligibility for Special Regular Pension:

Age	Annual Probability of Retirement	
	Not Eligible for Special Regular Pension	Eligible for Special Regular Pension
Before 55	0.00	0.30
55 – 59	0.10	0.30
60	0.20	0.30
61	0.35	0.30
62	0.50	0.30
63 – 64	0.25	0.40
65 – 66	0.40	0.40
67 – 71	0.40	1.00
72	1.00	1.00

13. Retirement Age for Inactive Vested Participants

Age 56 for participants with 30 years of credited service, otherwise 59. 20% of current and future inactive vested participants are assumed to have earned a minimum of 2,250 credited hours of work in Covered Employment during the last five years prior to retirement.

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

14. Rates of Disability

Age	Annual Probability of Disability
20	0.00025
25	0.00030
30	0.00035
35	0.00045
40	0.00055
45	0.00305
50	0.00555
55	0.01055
60	0.00955

The administrative expense assumption was decreased from \$1,648,000 to \$1,600,000 per year payable throughout the year with an increase of 2% for each following plan year.

The discount rate assumption was lowered from 7.50% to 7.00%.

Demographic assumptions (termination rates, retirement rates, disability rates, mortality rates) were updated to reflect the most recent experience study completed in November 2021.

15. Rationale of Economic and Demographic Assumptions

In accordance with Actuarial Standard of Practice No. 27 and No. 35, the economic and demographic assumptions used in this report were based on an experience study covering the period from January 1, 2016 through December 31, 2020. The findings of this study can be found in the experience study report dated November 2021. The results in the experience study still represent our best estimate of future experience.

16. Summary of Changes Since Last Valuation

The RPA '94 current liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance.

The mortality table used to determine RPA '94 current liability was updated to the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3).

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Methods

1. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the unit credit method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the unit credit actuarial cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each Participant as of each valuation date, represents the actuarial present value of the Participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the unit credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

2. Asset Valuation Method: Smoothed Market Value Method

The Actuarial Value of Assets is based on the market value with an adjustment to smooth gains or losses in the market value over the past five years.

The asset valuation method calculates the expected investment earnings on the Actuarial Value of Assets using the Fund's actual cash flows for the previous year. The asset valuation method calculates the expected market value asset return at the current valuation date using the Fund's actual cash flows and

the expected long-term rate of return on assets. The investment gain or loss for the current year is then determined by subtracting the expected investment earnings from the actual investment return on the market value. One-fifth (1/5th) of the actuarial gain (actual returns greater than expected) or loss (actual returns less than expected) is then added to the Market Value of Assets along with a similar one-fifth recognition of actuarial gains/losses for each of the preceding four years to arrive at the preliminary smoothed Actuarial Value of Assets (with the exception of the Plan year ending 2009 loss which is recognized at a rate of 10% per Plan year due to funding relief). If the preliminary smoothed actuarial asset value is outside a corridor of 80% to 120% of market value, the final smoothed value is increased/(or reduced) to the bottom/(top) of the 80% to 120% market value corridor.

The Actuarial Value of Assets was reset to equal the Market Value of Assets as of January 1, 2021.

3. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under §431(b)(8) of the Code. Specifically, the Board elected the "special amortization rule," which allows the Fund's investment losses for the plan year ended December 31, 2008 to be separately amortized over 29 years.

4. Changes in Methods Since Last Valuation

The Actuarial Value of Assets was reset to equal the Market Value of Assets as of January 1, 2021.

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment D to 2021 Form 5500 Schedule MB

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments	
Plan Year	Expected Annual Benefit Payments
2021	\$60,722,650
2022	62,471,576
2023	64,054,867
2024	65,728,052
2025	67,364,460
2026	67,920,715
2027	68,567,856
2028	69,151,330
2029	69,572,523
2030	69,875,833

Notes on the Expected Annual Benefit Payments:

- Based on the 2021 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment E to 2021 Form 5500 Schedule MB

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

**DISTRIBUTION OF ACTIVE MEMBERS
BY AGE AND SERVICE AS OF JANUARY 1, 2021**

COUNTS BY AGE/SERVICE

Age	Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	48	349	24	0	0	0	0	0	0	0	421
25 to 29	26	345	141	9	0	0	0	0	0	0	521
30 to 34	19	252	212	70	13	0	0	0	0	0	566
35 to 39	12	185	125	101	94	21	0	0	0	0	538
40 to 44	14	141	88	79	103	91	10	0	0	0	526
45 to 49	9	78	83	72	90	78	60	1	0	0	471
50 to 54	1	66	57	70	78	76	56	16	2	0	422
55 to 59	2	44	38	46	71	63	57	21	9	1	352
60 to 64	3	18	25	19	23	27	17	8	6	1	147
65 to 69	0	5	4	3	3	3	2	0	0	1	21
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	134	1,483	797	469	475	359	202	46	17	3	3,985

Average Age = 40.11

Average Service = 9.41

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2021 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-5
Schedule of Amortization Charges Required for Minimum Required Contribution
as of January 1, 2021

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/1996	\$ 674,128	30.00	\$ 230,933	5.00	\$ 52,638
2. Plan Amendment	1/1/1997	2,779,279	30.00	1,104,571	6.00	216,574
3. Assumption Change	1/1/1997	5,035,794	30.00	2,001,393	6.00	392,415
4. Plan Amendment	1/1/1998	5,796,142	30.00	2,599,397	7.00	450,772
5. Assumption Change	1/1/1998	26,607,722	30.00	11,932,754	7.00	2,069,309
6. Plan Amendment	1/1/1999	3,922,137	30.00	1,945,162	8.00	304,441
7. Plan Amendment	1/1/2000	3,878,272	30.00	2,094,685	9.00	300,473
8. Plan Amendment	1/1/2001	6,195,894	30.00	3,600,984	10.00	479,158
9. Plan Amendment	1/1/2002	1,027,996	30.00	636,743	11.00	79,359
10. Plan Amendment	1/1/2002	4,273,783	30.00	2,647,197	11.00	329,927
11. Assumption Change	1/1/2003	7,935,129	30.00	5,197,156	12.00	611,525
12. Plan Amendment	1/1/2004	1,324,286	30.00	911,150	13.00	101,888
14. Experience Loss	1/1/2005	16,376,263	30.00	11,771,052	14.00	1,257,907
15. Plan Amendment	1/1/2006	1,070,363	30.00	799,996	15.00	82,089
16. Experience Loss	1/1/2006	20,741,772	15.00	0	0.00	0
17. Plan Amendment	1/1/2007	2,860,586	30.00	2,214,159	16.00	219,052

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2021 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-5 Schedule of Amortization Charges Required for Minimum Required Contribution as of January 1, 2021 (Continued)						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
18. Experience Loss	1/1/2007	10,768,510	15.00	1,134,829	1.00	1,134,829
19. Assumption Change	1/1/2007	16,804,492	30.00	13,007,049	16.00	1,286,818
20. Experience Loss	1/1/2008	6,141,409	15.00	1,249,251	2.00	645,748
21. Experience Loss	1/1/2009	997,747	15.00	293,949	3.00	104,682
22. Change in Assumptions	1/1/2009	10,850,686	15.00	3,196,677	3.00	1,138,410
23. Recognized 2008 ENIL	1/1/2009	102,574,470	29.00	82,735,098	17.00	7,919,774
24. Experience Loss	1/1/2010	35,520,692	15.00	13,477,824	4.00	3,718,722
25. Recognized 2008 ENIL	1/1/2011	43,405,090	27.00	35,789,549	17.00	3,425,936
26. Recognized 2008 ENIL	1/1/2012	19,501,891	26.00	16,282,157	17.00	1,558,601
27. Recognized 2008 ENIL	1/1/2013	22,312,441	25.00	18,883,620	17.00	1,807,625
28. Assumption change	1/1/2013	8,616,575	15.00	5,170,263	7.00	896,597
29. Recognized 2008 ENIL	1/1/2014	23,478,069	24.00	20,166,784	17.00	1,930,455
30. Experience Loss	1/1/2015	5,743,197	15.00	4,150,301	9.00	595,341
31. Experience Loss	1/1/2016	16,609,729	15.00	12,915,937	10.00	1,718,634
32. Experience Loss	1/1/2017	12,141,118	15.00	10,061,882	11.00	1,254,039
33. Experience Loss	1/1/2018	1,285,081	15.00	1,126,128	12.00	132,506
34. Experience Loss	1/1/2019	17,645,580	15.00	16,243,708	13.00	1,816,424
35. Experience Loss	1/1/2020	2,119,658	15.00	2,038,502	14.00	217,843
36. Experience Loss	1/1/2021	9,000,355	15.00	9,000,355	15.00	923,543
Total Charges		\$ 561,643,679		\$ 316,611,195		\$ 39,174,054

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2021 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-6 Schedule of Amortization Credits Required for Minimum Required Contribution as of January 1, 2021						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/2009	4,207,491	15.00	1,239,552	3.00	441,433
2. Change in Asset Method	1/1/2009	43,186,095	30.00	35,491,180	18.00	3,297,449
3. Recognized 2008 ENIL	1/1/2010	26,595,865	28.00	21,679,447	17.00	2,075,254
4. Bifurcated Gain Base	1/1/2011	45,217,706	15.00	20,725,410	5.00	4,724,051
5. Bifurcated Gain Base	1/1/2012	8,454,650	15.00	4,495,790	6.00	881,493
6. Plan Amendment	1/1/2012	50,315,780	15.00	26,755,560	6.00	5,245,985
7. Bifurcated Gain Base	1/1/2013	30,935,220	15.00	18,562,287	7.00	3,218,965
8. Bifurcated Gain Base	1/1/2014	28,928,933	15.00	19,196,013	8.00	3,004,405
9. Assumption Change	1/1/2016	6,570,782	15.00	5,109,522	10.00	679,889
Total Credits		\$ 244,412,522		\$ 153,254,761		\$ 23,568,924
Net Charge				\$ 163,356,434		\$ 15,605,130

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment G to 2021 Form 5500 Schedule MB

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Changes:

The RPA '94 current liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance.

The mortality table used to determine RPA '94 current liability was updated to the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3).

The administrative expense assumption was decreased from \$1,648,000 to \$1,600,000 per year payable throughout the year with an increase of 2% for each following plan year.

The discount rate assumption was lowered from 7.50% to 7.00%.

Demographic assumptions (termination rates, retirement rates, disability rates, mortality rates) were updated to reflect the most recent experience study completed in November 2021.