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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CENTRAL LABORERS ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/1981

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)
BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN

P.O. BOX 1267
JACKSONVILLE, IL 62651-1267

201 N MAIN
JACKSONVILLE, IL 62651-1267

2b Employer Identification Number (EIN) 37-6052379

2c Plan Sponsor's telephone number 217-243-8521

2d Business code (see instructions) 237310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/30/2023	KEN DAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/30/2023	JAMES P BRUNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	18844
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)**	8249
a(2) Total number of active participants at the end of the plan year	**6a(2)**	9337
b Retired or separated participants receiving benefits	**6b**	73
c Other retired or separated participants entitled to future benefits	**6c**	10630
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	20040
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	230
f Total. Add lines **6d** and **6e**	**6f**	20270
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	20187
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**	1039

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

2E 2J

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[X]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
CENTRAL LABORERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN

D Employer Identification Number (EIN)
37-6052379

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE 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	GA02064		10/01/2021	09/30/2022

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	215965

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

THE UNION LABOR LIFE INSURANCE COMP
8403 COLEVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	215965	ASSET MANAGEMENT FEE	0

(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**	32892836

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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
CENTRAL LABORERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN

D Employer Identification Number (EIN)
37-6052379

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

U.S. BANCORP ASSET MANAGEMENT, INC.

41-2003732

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

U.S. BANCORP FUND SERVICES, LLC

39-1939072

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

UNION LABOR LIFE INSURANCE COMPANY

13-1423090

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

PNC BANK, NATIONAL ASSOCIATION

22-1146430

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

VANGUARD TOTAL STOCK MARKET INDEX

PO BOX 1110
VALLEY FORGE, PA 19482-1110

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

INVESCO TRUST COMPANY

46-3793325

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

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

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

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

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

CENTRAL LABORERS PENSION FUND

37-6052379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	RELATED PARTY	692688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL ENHANCED PROPERTY FUND

20-0928198

(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	NONE	266661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT ADVISORS, INC

52-6435649

(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?
51 28	NONE	198139	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)

PARAMETRIC PORTFOLIO ASSOCIATES LLC

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 51 68	NONE	69583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCKWOOD CAPITAL ADVISORS, LLC

43-1775815

(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	NONE	33121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMOLO & ASSOCIATES, LLC

84-2885766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22575	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)

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?
16	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	12500	Yes [ ] No [ ]

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 72	NONE	11639	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

SEGAL SELECT INSURANCE

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	9804	Yes [ ] No [X]

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)

CAVANAGH & O'HARA LLP

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWN, HAY & STEPHENS, LLP

205 S FIFTH ST, SUITE 1000
SPRINGFIELD, IL 62705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (MIDWEST), INC

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 16	NONE	5723	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)

ENTRUST GLOBAL PARTNERS OFFSHORE LP

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?
52	NONE	5010	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

(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
MARQUETTE & ASSOCIATES	16	12500

(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.
CENTRAL LABORERS PENSION FUN 37-6052379	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	9550

(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.
ULLICO CASUALTY GROUP 13-2988846	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	254

(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.
TRAVELERS 06-0566090	INSURANCE COMMISSIONS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

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.

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
CENTRAL LABORERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN

D Employer Identification Number (EIN)
37-6052379

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

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)
84-1142974-001	C	76961517

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION

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)
52-6328901-001	C	21087742

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT J

b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY

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)
13-1423090-203	P	32892836

a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND, L

b Name of sponsor of entity listed in (a): PARAMETRIC CLIFTON

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)
45-2531297-001	E	20802644

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU

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

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)
90-0622302-001	E	25254193

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL ENHANCED PROPERTY FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS

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)
20-0928198-000	C	14965262

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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
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

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
CENTRAL LABORERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN

D Employer Identification Number (EIN)
37-6052379

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3118615	3828879
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	107994	122222
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20952273	11647515
(2) U.S. Government securities	1c(2)	13315713	8696953
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6471534	3852225
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		14965262
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	98206477	98049260
(10) Value of interest in pooled separate accounts	1c(10)	32856154	32892836
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	30696343	46056837
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22033735	21570657
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1001616	991530

			(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	228760454	242674176
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	161631	208396
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	18500	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	180131	208396
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	228580323	242465780

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	31505851	
	(B) Participants	2a(1)(B)	67047	
	(C) Others (including rollovers)	2a(1)(C)	25316	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		31598214
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47122	
	(B) U.S. Government securities	2b(1)(B)	178782	
	(C) Corporate debt instruments	2b(1)(C)	172676	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		398580
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	340478	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		340478
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	17029464	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18097465	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1068001
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-1629577	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1629577

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6396238
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		252646
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-1027486
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4803556
c Other income	2c		74293
d Total income. Add all **income** amounts in column (b) and enter total	2d		30531829
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15028560	
(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)		15028560
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)	46516	
(2) Contract administrator fees	2i(2)	692688	
(3) Investment advisory and management fees	2i(3)	809244	
(4) Other	2i(4)	69364	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1617812
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16646372
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		13885457
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ROMOLO & ASSOCIATES, LLC **(2)** EIN: 84-2885766

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

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.

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
CENTRAL LABORERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN

D Employer Identification Number (EIN)
37-6052379

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): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 _____

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 _____

ROMOLO
& ASSOCIATES, LLC
CERTIFIED PUBLIC ACCOUNTANTS

1700 W. LUTHY DRIVE, PEORIA IL 61615
PHONE 309.682.2001 • FAX 309.682.2045 • romolocpa.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Central Laborers' Annuity Fund
Jacksonville, Illinois

Opinion

We have audited the accompanying financial statements of Central Laborers' Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits as of September 30, 2022 and 2021, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Central Laborers' Annuity Fund as of September 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Central Laborers' Annuity 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 Central Laborers' Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Central Laborers' Annuity 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 Central Laborers' Annuity 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) and Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the

underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

June 20, 2023

CENTRAL LABORERS' ANNUITY FUND

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) **SCHEDULE 1**

37-6052379 PLAN #002

SEPTEMBER 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value: Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	FHLMC GD G08795	GOVERNMENT BOND	1/1/48	3.00%	46,172.45	$44,773	$40,782
	FHLMC GD G08824	GOVERNMENT BOND	7/1/48	4.00%	16,779.25	17,062	15,867
	FHLB DEB	GOVERNMENT BOND	1/20/34	1.50%	385,000	385,000	279,572
	FHLMC GD Q52541	GOVERNMENT BOND	11/1/47	3.50%	208,154.59	213,521	190,364
	FHLMC #QC1084	GOVERNMENT BOND	4/1/51	2.50%	337,681.92	351,084	284,838
	FNMA	GOVERNMENT BOND	8/28/30	1.00%	455,000	455,000	352,284
	FNMA	GOVERNMENT BOND	12/1/47	3.50%	87,213.7	86,962	79,715
	FNMA	GOVERNMENT BOND	8/1/49	3.50%	155,876.15	160,370	141,696
	FNMA #BR7795	GOVERNMENT BOND	4/1/51	2.50%	335,105.11	348,352	282,768
	FNMA #MA2771	GOVERNMENT BOND	9/1/46	3.00%	148,606.71	144,102	132,193
	FNMA #MA3088	GOVERNMENT BOND	7/1/47	4.00%	120,316.83	125,787	113,810
	US TREASURY BOND	GOVERNMENT BOND	8/15/52	3.00%	800,000	719,156	690,376
	US TREASURY NOTE	GOVERNMENT BOND	2/28/26	0.50%	205,000	203,006	180,888
	US TREASURY NOTE	GOVERNMENT BOND	5/15/24	0.25%	635,000	634,361	594,868
	US TREASURY NOTE	GOVERNMENT BOND	5/31/23	0.125%	1,000,000	998,998	974,060
	US TREASURY NOTE	GOVERNMENT BOND	10/31/23	0.375%	350,000	338,297	335,482
	US TREASURY NOTE	GOVERNMENT BOND	2/15/32	1.875%	400,000	366,047	338,936
	US TREASURY NOTE	GOVERNMENT BOND	5/15/32	2.875%	1,000,000	999,980	924,530
	US TREASURY NOTE	GOVERNMENT BOND	7/31/23	2.75%	180,000	181,060	177,919
	US TREASURY NOTE	GOVERNMENT BOND	7/31/25	2.875%	665,000	673,778	640,661
	US TREASURY NOTE	GOVERNMENT BOND	2/28/27	1.125%	975,000	1,002,183	858,497
	US TREASURY NOTE	GOVERNMENT BOND	4/30/27	0.50%	1,055,000	1,053,865	897,372
	US TREASURY NOTE	GOVERNMENT BOND	8/15/27	2.25%	85,000	81,986	78,134
	US TREASURY NOTE	GOVERNMENT BOND	3/31/25	2.625%	95,000	95,201	91,341
	TOTAL	**GOVERNMENT BOND**				**$9,679,931**	**$8,696,953**
	AFLAC	CORPORATE BOND	3/15/26	1.125%	125,000	$124,879	$110,173
	AIR PRODS CHEMS	CORPORATE BOND	5/15/50	2.80%	300,000	304,971	199,536
	APPLE INC SR	CORPORATE BOND	8/8/52	3.95%	285,000	275,652	237,995
	BANK OF AMERICA	CORPORATE BOND	7/23/24	3.864%	155,000	155,057	152,892
	CIGNA CORP NEW SR	CORPORATE BOND	3/15/26	1.25%	100,000	99,971	87,585
	CAPITAL ONE	CORPORATE BOND	1/29/24	3.90%	200,000	200,202	197,084
	CITIGROUP	CORPORATE BOND	1/12/26	3.70%	200,000	210,226	189,506
	CITIBANK NA	CORPORATE BOND	1/23/24	3.65%	150,000	149,763	147,943
	META PLATFORMS INC	CORPORATE BOND	8/15/52	4.45%	375,000	371,250	306,030
	FORD MOTOR CREDIT CO	CORPORATE BOND	11/1/24	4.063%	385,000	385,362	361,380
	GENERAL MOTORS CO	CORPORATE BOND	4/1/25	4.00%	220,000	227,636	212,364
	ILLUMINA	CORPORATE BOND	3/23/23	0.55%	100,000	99,998	97,925
	LAM RESEARCH CORP	CORPORATE BOND	6/15/50	2.875%	85,000	84,776	55,422
	MCDONALDS CORP	CORPORATE BOND	3/1/30	2.125%	300,000	302,190	244,467
	QUALCOMM	CORPORATE BOND	5/20/30	2.15%	300,000	298,710	247,278
	VISA INC	CORPORATE BOND	12/14/22	2.80%	370,000	377,396	369,119
	WELLS FARGO	CORPORATE BOND	1/24/24	3.75%	90,000	89,837	88,596
	WELLTOWER	CORPORATE BOND	3/15/24	3.625%	200,000	202,351	195,396
	TOTAL	**CORPORATE BOND**				**$3,960,227**	**$3,500,691**
	FLEXTRONICS INTL LTD	FOREIGN BOND	5/12/30	4.875%	390,000	$388,792	$351,534
	VANGUARD TTL STK MKT IND #855	REG'D INVESTMT CO			203,827.336	$14,925,274	$21,570,657

The accompanying notes are an integral part of these financial statements.

CENTRAL LABORERS' ANNUITY FUND

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) SCHEDULE 1

37-6052379 PLAN #002

SEPTEMBER 30, 2022

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	AFL-CIO BUILDING INVESTMENT TRUST	COLLECTIVE TRUST			2,378.976	$3,596,854	$21,087,743
	INVESCO STABLE VALUE TRUST	COLLECTIVE TRUST			76,961,517	75,200,000	76,961,517
	PRINCIPAL ENHANCED PROPERTY FD	COLLECTIVE TRUST			898,964.221	12,000,000	14,965,262
	TOTAL	**COLLECTIVE TRUST**				**$90,796,854**	**$113,014,522**
	ULLICO J FOR JOBS – SEPARATE ACCT J	POOLED SEPARATE			1,948,499.71	$26,500,000	$32,892,836
	ENTRUST CAPITAL DIVERSIFIED FUND QP LTD. CLASS X SHARES	HEDGE FUND OF FUNDS			11,604.45	$1,160,445	$991,530
	PARAMETRIC DEFENSIIVE EQUITY FUND LLC	HEDGE FUND OF FUNDS				17,500,000	20,802,644
	TOTAL	**HEDGE FUND OF FUNDS**				**$18,660,445**	**$21,794,174**
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, L.P.	LIMITED PARTNERSHIP			106,280.8985	$25,000,000	$25,254,193
	INB ADMINISTRATIVE CHECKING ACCT	INT-BEARING CASH			1,845,409.83	$1,845,410	$1,845,410
	FIRST AM GOVT OB FD CL Z	MONEY MARKET FD			9,802,105.39	$9,802,105	$9,802,105

The accompanying notes are an integral part of these financial statements.

CENTRAL LABORERS'
ANNUITY FUND
FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021

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ROMOLO
& ASSOCIATES, LLC
CERTIFIED PUBLIC ACCOUNTANTS

1700 W. LUTHY DRIVE, PEORIA IL 61615
PHONE 309.682.2001 • FAX 309.682.2045 • romolocpa.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Central Laborers' Annuity Fund
Jacksonville, Illinois

Opinion

We have audited the accompanying financial statements of Central Laborers' Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits as of September 30, 2022 and 2021, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Central Laborers' Annuity Fund as of September 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Central Laborers' Annuity 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

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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 Central Laborers' Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Central Laborers' Annuity 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 Central Laborers' Annuity 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) and Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the

underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

June 20, 2023

CENTRAL LABORERS' ANNUITY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS **STATEMENT A**

SEPTEMBER 30, 2022 AND 2021

	2022	2021
ASSETS		
Investments, at Fair Value (See Note 3)		
Government Bonds	$ 8,696,953	$ 13,315,713
Corporate Bonds	3,500,691	6,019,149
Foreign Bonds	351,534	452,385
Registered Investment Companies	21,570,657	22,033,735
Collective Trust Funds	113,014,522	98,206,477
Pooled Separate Accounts	32,892,836	32,856,154
Hedge Fund of Funds	21,794,174	21,737,423
Limited Partnerships	25,254,193	9,960,536
Cash - Interest-Bearing	1,845,410	1,620,210
Money Market Funds	9,802,105	19,332,063
Total Investments, at Fair Value	$ 238,723,075	$ 225,533,845
Receivables		
Employer Contributions	$ 3,828,879	$ 3,118,615
Due from Central Laborers' Pension Fund	8,840	2,840
Tax Refund	-	747
Audit Recoveries	4,997	2,287
Interest Receivable	79,462	81,445
Total Receivables	$ 3,922,178	$ 3,205,934
Prepaid Expenses	$ 28,923	$ 20,675
TOTAL ASSETS	$ 242,674,176	$ 228,760,454
LIABILITIES		
Liabilities		
Unsettled Contributions	$ -	$ 18,500
Accounts Payable	208,396	161,631
TOTAL LIABILITIES	$ 208,396	$ 180,131
NET ASSETS AVAILABLE FOR BENEFITS	$ 242,465,780	$ 228,580,323

The accompanying notes are an integral part of these financial statements.

CENTRAL LABORERS' ANNUITY FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS **STATEMENT B**

FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
ADDITIONS		
Investment Income		
Net Appreciation in Fair Market Value of Investments	$ (1,879,736)	$ 17,849,341
Dividends	340,478	430,381
Interest	398,580	406,008
Other Investment Income	1,034	740
Total Investment Income	$ (1,139,644)	$ 18,686,470
Less Investment Expenses	(796,744)	(529,576)
Net Investment Income	$ (1,936,388)	$ 18,156,894
Contributions from Employers	$ 31,505,851	$ 23,834,802
Rollover Contributions	25,316	2,403
Contributions from Employees	67,047	96,342
Delinquency Expense Recoveries	73,259	67,179
TOTAL ADDITIONS	$ 29,735,085	$ 42,157,620
DEDUCTIONS		
Distributions to Participants	$ 15,028,560	$ 15,089,085
Administrative Expenses - Note 12	821,068	783,843
TOTAL DEDUCTIONS	$ 15,849,628	$ 15,872,928
Net Increase	$ 13,885,457	$ 26,284,692
Net Assets Available for Benefits		
Beginning of Year	228,580,323	202,295,631
End of Year	$ 242,465,780	$ 228,580,323

The accompanying notes are an integral part of these financial statements.

NOTE 1: DESCRIPTION OF PLAN

The following description of Central Laborers' Annuity Fund provides only general information. Readers should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Central Laborers' Annuity Fund (the "Plan") was formed in 1981 under collective bargaining agreements and participation agreements with local unions and contributing employers as a multiemployer defined contribution pension plan which provides supplemental retirement benefits to employees who are members of the Laborers' Union or other unions approved for participation in the Plan. The Plan was established to provide termination benefits or supplemental retirement benefits for participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Administration of the Plan is the responsibility of the joint board of trustees.

Contributions

The agreement provides, among other things, for the employers of members of the local unions to contribute at various rates for each hour worked to individual employee accounts. Various participation agreements allow for voluntarily elected salary reductions. The IRS established a maximum amount that can be contributed as Salary Deferral Contributions. The maximum amounts for 2022 and 2021 are $20,500 and $19,500, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants who have or will attain age 50 during the plan year may elect to contribute a "catch-up" contribution, not to exceed $6,500 for 2022 and 2021.

Vesting

Participants are vested in the contributions made on their behalf and in allocations of the Plan's investment income less administrative expenses, upon completion of one hour of work in a plan year.

Payment of Benefits

During the plan years ended September 30, 2022 and 2021, a number of participants met the plan requirements for a complete distribution of their account balances. The distributions were made in accordance with the plan trust document which calls for a distribution based on the participant's account balance at the last preceding valuation date plus any additional employer contributions, tax-deferred savings contributions and any rollovers received by the Plan since the last preceding valuation date. Readers should refer to the Summary Plan Description for more information regarding the qualifications for complete distributions. Total distributions during the plan years ended September 30, 2022 and 2021, were $15,028,560 and $15,089,085, respectively. Benefits are recorded when paid.

Individual Account Valuation

As soon as practicable after the valuation date, the trustees shall determine the amount in each participant's individual account. The amount in each individual account as of that valuation date shall be the total of the following:

NOTE 1: DESCRIPTION OF PLAN (continued)

(a) the amount in the individual account as of the last previous valuation date, minus
(b) any kind of distributions paid out since the previous valuation date (including monthly installments, non-monthly installments, lump sum payments, and hardship distributions), plus
(c) the investment yield for each individual account as determined in accordance with Section 3.3 of the Plan Document, plus
(d) the employer contributions made on behalf of the employee and received by the Plan since the last preceding valuation date, plus
(e) the tax-deferred savings contributions made by the employer and received by the Plan since the last preceding valuation date, plus
(f) any rollovers received by the Plan since the last valuation date, minus
(g) the share of total administrative expenses incurred by the Plan, as determined by the trustees in their sole discretion, during the current valuation period divided among and uniformly charged to all other existing Individual Accounts based on the preceding valuation date.

The above formula was used to arrive at the individual participant's account balance as of September 30, 2022 and 2021, the totals of which were equal to the net assets available for benefits less Accounts Receivable on September 30, 2022 and 2021.

	2022	2021
Net Assets Available for Benefits	$ 242,465,780	$ 228,580,323
Less: Accounts Receivable	(3,828,879)	(3,118,615)
Less: Adjustment Due to Rounding	4,709	(158)
Total Participant Account Balances	$ 238,641,610	$ 225,461,550

Plan Termination

Although it has not expressed any intent to do so, the joint board of trustees reserves the right to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, each participant shall have nonforfeitable rights, and the assets then remaining after providing for the expenses of the Plan and for the payment of any account balances theretofore approved, shall be distributed among the participants.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. The Plan shares certain administrative expenses with the pension plan and health & welfare fund. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans (see related party note). Certain investment-

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Use of Estimates
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, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Receivables
Employer contributions receivable are amounts due this Plan for participants' hours worked in September and payable by the employers in October and for time worked prior to September for which the employers were delinquent on September 30, but were considered collectible. These amounts were received during the months of October, November, and December therefore no allowance for uncollectible contributions is provided for herein. Delinquent contributions receivable may exist at September 30, 2022 and 2021. However, due to the uncertainty of the amount and collectability, none has been accrued as receivable. The Plan does maintain an on-going audit program to collect these amounts.

Reciprocity Agreements
The Plan has entered into Reciprocity Agreements with various annuity funds. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees' participating local unions.

For the years ended September 30, 2022 and 2021, the plan remitted $786,813 and $588,081, respectively, of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. No allowance for credit losses as of September 30, 2022 or 2021, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year end are included in the respective employer contributions receivable and accounts payable in the Statements of Net Assets Available for Benefits.

Payment of Benefits
Benefits are recorded when paid.

Investment Valuation and Income Recognition
Investments are reported at fair value (except for the fully benefit responsive investment contract, which is reported at contract 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. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by the investment consultant. See Note 3 for a discussion of fair value measurements.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

NOTE 3: FAIR VALUE MEASUREMENTS

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

Level 1 Fair Value Measurements
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 Fair Value Measurements
Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements
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 at fair value. There have been no changes in the methodologies used at September 30, 2022 and 2021.

Interest-Bearing Checking Accounts: Valued on original cost.

Money Market Funds: Valued using cost which approximates fair value.

Corporate Bonds and Foreign Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

Collective Trusts: Valued at the net asset value (NAV) of shares held by the Plan at year end. Collective investment trusts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The NAV, as provided by the trustee or custodian, is used as a practical expedient to estimate fair value. The NAV 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. The NAV is not a publicly-quoted price in an active market.

Pooled Separate Accounts: Valued at the net asset value of shares held by the Plan at year end. Pooled separate accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The NAV is based on the market value of the underlying investments. The NAV is not a publicly-quoted price in an active market. 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.

Hedge Fund of Funds: Valued at the net asset value of shares held by the Plan at year end. Hedge fund of funds are made up of a wide variety of underlying investments with a wide arrangement of strategies, including hedging, distressed securities, arbitrage, and special situations. The NAV is based on the market value of its underlying investments. The NAV is not a publicly quoted price in an active market.

Limited Partnerships: Valued based on audited financial statements received by the Plan from the limited partnerships. These financial statements are audited by independent accountants other than the Plan's independent auditor.

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

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2022:

	Assets at Fair Value as of September 30, 2022			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 9,802,105	$ -	$ -	$ 9,802,105
Registered Investment Co.	21,570,657	-	-	21,570,657
Government Bonds	-	8,696,953	-	8,696,953
Corporate Bonds	-	3,500,691	-	3,500,691
Foreign Bonds	-	351,534	-	351,534
Interest Bearing Cash	1,845,410	-	-	1,845,410
Total Assets in the Fair Value Hierarchy	33,218,172	12,549,178	-	45,767,350
Investments Measured at NAV	-	-	-	192,955,725
Total Investments at Fair Value	$ 33,218,172	$ 12,549,178	$ -	$ 238,723,075

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2021:

	Assets at Fair Value as of September 30, 2021			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 19,332,063	$ -	$ -	$ 19,332,063
Registered Investment Co.	22,033,735	-	-	22,033,735
Government Bonds	-	13,315,713	-	13,315,713
Corporate Bonds	-	6,019,149	-	6,019,149
Foreign Bonds	-	452,385	-	452,385
Interest Bearing Cash	1,620,210	-	-	1,620,210
Total Assets in the Fair Value Hierarchy	42,986,008	19,787,247	-	62,773,255
Investments Measured at NAV	-	-	-	162,760,590
Total Investments at Fair Value	$ 42,986,008	$ 19,787,247	$ -	$ 225,533,845

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on net asset value (NAV) per share as of September 30, 2022 and 2021, respectively.

September 30, 2022	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
POOLED SEPARATE ACCOUNT:				
Separate Account J (c)	$32,892,836	-	See (c)	See (c)
COLLECTIVE TRUST FUND:				
AFL-CIO Building Investment Trust (d)	$21,087,743	-	See (d)	See (d)
Principal Enhanced Property Fund (g)	$14,965,262	-	See (g)	See (g)
Invesco Stable Value Trust (a)	$76,961,517	-	See (a)	See (a)
HEDGE FUND OF FUNDS:				
Entrust Capital Diversified Fund QP Ltd (e)	$991,530	-	See (e)	See (e)
Parametric Defensive Equity Fund LLC (f)	$20,802,644	-	See (f)	See (f)
LIMITED PARTNERSHIPS – REAL ESTATE:				
Ullico Infrastructure Tax Exempt Fund, LP (b)	$25,254,193	-	See (b)	See (b)

September 30, 2021	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
POOLED SEPARATE ACCOUNT:				
Separate Account J (c)	$32,856,154	-	See (c)	See (c)
COLLECTIVE TRUST FUND:				
AFL-CIO Building Investment Trust (d)	$26,386,104	-	See (d)	See (d)
Invesco Stable Value Trust (a)	$71,820,373	-	See (a)	See (a)
HEDGE FUND OF FUNDS:				
Entrust Capital Diversified Fund QP Ltd (e)	$1,001,616	-	See (e)	See (e)
Parametric Defensive Equity Fund LLC (f)	$20,735,807	-	See (f)	See (f)
LIMITED PARTNERSHIPS – REAL ESTATE:				
Ullico Infrastructure Tax Exempt Fund, LP (b)	$9,960,536	-	See (b)	See (b)

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Invesco Stable Value Trust (a)

Issuances and redemptions of participant units are made on each business day ("Valuation Date"). As permitted under the Trust Agreement, participant units are issued and redeemed based upon the net asset value per unit of the Trust at contract value, determined in accordance with the terms of the Trust Agreement, as of the Trust Valuation Date last preceding the date on which such orders to issue or redeem units received.

A participating trust is required to give the Trustee 12 months' irrevocable written notice of intent to redeem all or a portion of its participation in the Trust. As of December 31, 2021, the Trust's management believes the occurrence of an event that would limit the ability of the Trust to transact at contract value with unitholders in the Trust is not probable. Examples of events that would permit a wrapper contract issuer to terminate a wrapper contract upon short notice include the plan's loss of its qualified status, material breaches of responsibilities that are not cured, or material and adverse changes to the provisions of the plan. If one of these events was to occur, the wrapper contract issuer could terminate the wrapper contract at the market value of the underlying investments.

Ullico Infrastructure Tax-Exempt Fund, LP (b)

Ullico Infrastructure Tax-Exempt Fund, L.P. (the "Partnership"), a Delaware limited partnership, was organized and commenced operations on April 17, 2012. The Partnership had its first closing on April 17, 2012.

The Partnership is designed to permit U.S. tax-exempt investors, including principally multiemployer plans subject to the Taft-Hartley Act, to commingle a portion of their assets for investment. Admission to participate in the Partnership is restricted to accredited investors as defined by Securities and Exchange Commission ("SEC") rules and regulations.

Substantially all of the Partnership's assets are invested in units issued by Ullico Infrastructure Master Fund, L.P. (the "Master Fund"), a Delaware limited partnership. The Master Fund was created by the General Partner to facilitate tax structuring for the acquisition and administration of investments for the Partnership and any parallel funds. The General Partner may establish additional master funds in the future. The Master Fund makes investments on behalf of the Partnership with both minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. The Master Fund seeks to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility.

Distributions are paid through a redemption of limited partner's capital. The General Partner intends to make distributions of available cash from operations on at least an annual basis. Cash from operations generally will consist of distributions from the Master Fund, as well as amounts earned on the Partnership's cash balances and short-term investments. Such cash from operations that is available for distribution will be reduced by all fees and expenses and by amounts the General Partner deems necessary to create appropriate reserves for expenses, liabilities and obligations to the Partnership. Additionally, a portion of such cash from operations may be required to be used to satisfy redemption requests as determined by the General Partner

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

in its sole discretion, and therefore, may not be available for distribution. Any distributions made will be made to all limited partners on a pro rata basis based upon the relative percentage of units owned at the time of distribution.

The General Partner will permit a limited partner to redeem all or a portion of its units after the expiration of a four-year lock-up period beginning on the limited partner's admission date to the Partnership. Upon 45 days' notice to the General Partner, the limited partner will be placed in a redemption queue. A limited partner who is next up in the redemption queue will be able to have all or a portion of its requested units redeemed.

Separate Account J of the Union Labor Life Insurance Company (c)
Contract holders may withdraw an amount equal to all or a portion of their investment in the Account by making a written request for redemption of their units to Union Labor Life. If a contract holder makes a redemption request in which it requests a redemption of less than 80% of its investment in the Account, Union Labor Life will make a payment to such contract holder equal to the full amount of the redemption request through the redemption of the contract holder's units on the first business day following the third valuation date from the date of receipt of the redemption request. The unit value of the contract holder's units will be calculated as of the third valuation date. Union Labor Life may, in its discretion, make payments in the amount of the redemption request on the first or second valuation date following receipt of the redemption request.

If a contract holder makes a redemption request to withdraw greater than 80% of the contract holder's units in the Account, Union Labor Life will make a partial payment to the contract holder in an amount equal to 80% of the value of the redeemed units calculated as of the second valuation date following receipt of the redemption request and such payment will be made on the first business day following the third valuation date. Union Labor Life will make a final payment equal to the value of the remainder of the redeemed units within three weeks after the third valuation date. Union Labor Life will credit the remaining amount of the contract holder's investment to be withdrawn (as finally determined as of the second valuation date) with short-term interest, accruing from the first business day after the third valuation date until payment is actually made.

AFL-CIO Building Investment Trust (d)
Unit values are determined by the Trustee at the end of each calendar quarter. Participants are admitted to and withdrawn from the Trust on the basis of the preceding quarter's unit value.

The Trust Agreement provides that to withdraw from the Trust, unit holders must provide written notice to the Trustee at least one year prior to a requested withdrawal date.

EnTrust Capital Diversified Fund QP Ltd. (e)
The Fund's objective is to seek above-average rates of return and long-term capital growth through an investment in EnTrust Capital Diversified Fund Ltd. (the "Master Fund"), a fund of funds with a diversified portfolio of private investment entities (the "Portfolios") and/or separately managed accounts managed by investment managers selected by the Advisor.

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Shareholders shall have the right to redeem shares having a value of up to a maximum of 50% of the net asset value of their shares, as of the close of business on the last business day of any calendar quarter, or any other date determined by the Board in its sole discretion ("Redemption Date") after the expiration of an initial 12-month lock-up period (the "Lock-Up Period"), provided, however, that the Board of Directors shall permit a shareholder to withdraw capital on a redemption date during the lock-up period subject to a withdrawal charge equal to 3% of the amount sought to be withdrawn. Withdrawal charges will be payable to the Fund and may be waived by the Board of Directors in its sole discretion.

The shareholder shall be required to provide not less than 90 days' prior written notice and the redemption date shall be the last business day of the first quarter following the expiration of the notice period. If the shares being redeemed represent more than half of the shares held by the shareholder, one half of the shares to be redeemed by the shareholder will be redeemed on the first redemption date following the expiration of the 90-day notice. The remaining shares for which the shareholder has made a redemption request shall be redeemed on the next quarterly redemption date. No redemption penalty shall be charged for redemption on a regular redemption date.

Effective December 31, 2016, Shareholders who submitted a redemption request to the Fund were given two options regarding their pro rata interest in Peruvian sovereign bonds ("Bonds") held through an investment by the Master Fund in Gramercy Special Opportunity Fund SPC ("Gramercy SPC"). The first choice transferred a shareholders' pro rata interest in the Bonds to a newly created Holding Share Class ("Class X") in the Fund. The Plan chose option 1. Class X is managed by the Advisor at a reduced management fee until monetization of the Bonds. Class X shares do not participate in any future income, gain or loss attributable to the Portfolios, other than the Bonds and are not allocated certain Fund level expenses. Effective December 31, 2018, the investment operations of the Feeders ceased and the Feeders completed liquidation in an orderly manner.

The Plan redeemed $7,000,000 of this investment in July 2017 and chose Option 1 for the remaining $555,540 that was held back from the initial redemption in July 2017 due to the abovementioned situation. The current value of the shares in Option 1 was $991,530 as of September 30, 2022.

Parametric Defensive Equity Fund LLC (f)
Generally, withdrawals from the Fund are as of the end of any month. A member withdrawing must give the Manager written notice of the intent to withdraw capital pursuant to the Memorandum. A member intending to transfer existing capital into a different fund will be subject to the same withdrawal and subscription stipulations.

Principal Enhanced Property Fund, L.P. (g)
Principal Enhanced Property Fund, L.P. (PEPF) is an open-end, commingled fund organized as a Delaware limited partnership. PEPF invests in a diversified portfolio of stabilized income producing properties, plus value-added and development projects in the United States of America.

Investors may redeem shares in PEPF at any time after their initial capital contribution to PEPF. Shares are generally redeemed as of the beginning of the first day of each quarter at a share price based on PEPF's net

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

assets as of the most recent quarter-end. The general partner has the right to determine the extent to which liquid assets (defined by the private placement memorandum as cash and short-term investments) are available to satisfy redemption requests and which liquid assets are necessary for ongoing expenses (including debt payments), investments, capital expenditures, or reserves.

If liquid assets are insufficient to satisfy redemption requests, shares subject to outstanding redemption requests will be redeemed on a pro rata basis as liquid assets become available. Neither PEPF nor the general partner will have any obligation to take any action to satisfy redemption requests, except if the shares subject to outstanding redemption requests represent more than 25% of PEPF's net asset value for more than 12 consecutive months. If that occurs, the general partner will not make any new investments and will use the proceeds from such transactions to satisfy redemption requests until the condition no longer exists.

NOTE 4: RELATED PARTIES

The Plan is related to the following entities through common participation and management: Central Laborers' Pension Fund (Pension Fund) and Central Laborers' Welfare Fund (Welfare Fund). The financial activities of these organizations are not included in the accompanying financial statements.

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA. The Plan shares common administrative expenses with the Pension and Welfare Funds, based principally on the percentage of employer contributions to each fund. The Pension Fund pays most common administrative expenses and delinquency department costs and receives reimbursement from the other funds. In addition, the Pension Fund receives delinquent employer contributions and collection fees on behalf of each fund and transfers receipts to the funds on a monthly basis.

During the years ended September 30, 2022 and 2021, the Plan's reimbursement of administrative expenses to the Pension Fund totaled $692,688 and $659,302 respectively. These expenses are recorded as administrative expenses on the Statements of Changes in Net Assets Available for Benefits. The Pension Fund owes the Plan $13,837 and $5,126 as of September 30, 2022 and 2021 for delinquency expense recoveries and audit recoveries.

NOTE 5: TAX STATUS

The IRS has determined and informed the Plan by a letter dated January 19, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the board of trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available

NOTE 5: TAX STATUS (continued)

for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are $0. 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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2022 and 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all tax years are open for examination by federal and state taxing authorities related to UBIT.

NOTE 6: AMENDMENTS

Effective July 15, 2021, employees covered by the Participation Agreement for Ne-Co Asphalt, Inc., and Southern Illinois Builders Association, approved by the Trustees on July 15, 2021, shall be treated as participants for all purposes under the Plan effective October 1, 2019, shall be immediately 100% vested, and shall be credited with contributions from the Employers as of that date and thereafter as specified in the Participation Agreements.

Effective July 15, 2022, employees covered by the Participation Agreement for Ne-Co Asphalt, Inc., and Southern Illinois Builders Association, approved by the Trustees on July 15, 2022, shall be treated as participants for all purposes under the Plan effective October 1, 2020, shall be immediately 100% vested, and shall be credited with contributions from the Employers as of that date and thereafter as specified in the Participation Agreements.

Effective January 1, 2022, the Plan was amended regarding participant death benefit beneficiary designations.

Readers should refer to the most recent Summary Plan Description and applicable Summary of Material Modifications for further information regarding changes to the Plan.

NOTE 7: PRIOR YEAR RECLASSIFICATIONS

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets available for benefits.

NOTE 8: RISKS AND UNCERTAINTIES

Investment Risk

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.

Concentration of Revenue

Revenues consist predominantly of employer contributions pursuant to a collective bargaining agreement and are directly tied to the amount of work available in the region. A significant decline in work available to participants would severely impact the revenues of the Plan.

Significant Uncertainties

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The extent of the impact of the pandemic on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Plan's employers and vendors, all of which, at present, cannot be determined. Accordingly, the extent to which the pandemic may impact the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain, and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

NOTE 9: SUBSEQUENT EVENTS

Management has evaluated subsequent events through June 20, 2023, the date on which the financial statements were available to be issued.

NOTE 10: REPORTABLE TRANSACTIONS

The Plan had several transactions during the year ended September 30, 2022 which exceeded 5% of the Plan's beginning assets. These transactions are detailed in Schedule 4 of this report.

NOTE 11: SECURITIES LENDING

The Plan has an agreement with the custodial bank for the Plan authorizing the bank to lend securities held in the plan account to third parties. The bank must obtain collateral from the borrower in the form of cash. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the plan account with cash equal to the fair value of the loaned securities.

The Plan and the bank each receive a percentage of the net income derived from securities lending activities. Income earned net of fees as of September 30, 2022 and 2021, was $0 and $0, respectively.

NOTE 11: SECURITIES LENDING (continued)

Although the Plan's securities lending activities are collateralized as previously described, they involve both market and credit risk. In this context, market risk refers to the possibility that the borrowers of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or collateral. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

The Plan did not have any securities loaned as of September 30, 2022 and 2021.

NOTE 12: ADMINISTRATIVE EXPENSES

A summary of expenses incurred by the Plan during the years ended September 30, 2022 and 2021, follows:

	2022	2021
Audit Fees	$ 22,575	$ 21,500
Accounting Fees	4,974	4,943
Legal Fees	13,244	21,085
Reimbursed General Expenses	692,688	659,302
Investment Consulting Fees	12,500	5,000
Consulting Fees	5,723	27,212
Office Expenses	14,302	4,538
Insurance	48,812	40,263
Computer Software Maintenance	6,250	-
TOTAL ADMINISTRATIVE EXPENSES	$ 821,068	$ 783,843

CENTRAL LABORERS' ANNUITY FUND
SUPPLEMENTAL INFORMATION

CENTRAL LABORERS' ANNUITY FUND

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) **SCHEDULE 1**

37-6052379 PLAN #002

SEPTEMBER 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value: Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	FHLMC GD G08795	GOVERNMENT BOND	1/1/48	3.00%	46,172.45	$44,773	$40,782
	FHLMC GD G08824	GOVERNMENT BOND	7/1/48	4.00%	16,779.25	17,062	15,867
	FHLB DEB	GOVERNMENT BOND	1/20/34	1.50%	385,000	385,000	279,572
	FHLMC GD Q52541	GOVERNMENT BOND	11/1/47	3.50%	208,154.59	213,521	190,364
	FHLMC #QC1084	GOVERNMENT BOND	4/1/51	2.50%	337,681.92	351,084	284,838
	FNMA	GOVERNMENT BOND	8/28/30	1.00%	455,000	455,000	352,284
	FNMA	GOVERNMENT BOND	12/1/47	3.50%	87,213.7	86,962	79,715
	FNMA	GOVERNMENT BOND	8/1/49	3.50%	155,876.15	160,370	141,696
	FNMA #BR7795	GOVERNMENT BOND	4/1/51	2.50%	335,105.11	348,352	282,768
	FNMA #MA2771	GOVERNMENT BOND	9/1/46	3.00%	148,606.71	144,102	132,193
	FNMA #MA3088	GOVERNMENT BOND	7/1/47	4.00%	120,316.83	125,787	113,810
	US TREASURY BOND	GOVERNMENT BOND	8/15/52	3.00%	800,000	719,156	690,376
	US TREASURY NOTE	GOVERNMENT BOND	2/28/26	0.50%	205,000	203,006	180,888
	US TREASURY NOTE	GOVERNMENT BOND	5/15/24	0.25%	635,000	634,361	594,868
	US TREASURY NOTE	GOVERNMENT BOND	5/31/23	0.125%	1,000,000	998,998	974,060
	US TREASURY NOTE	GOVERNMENT BOND	10/31/23	0.375%	350,000	338,297	335,482
	US TREASURY NOTE	GOVERNMENT BOND	2/15/32	1.875%	400,000	366,047	338,936
	US TREASURY NOTE	GOVERNMENT BOND	5/15/32	2.875%	1,000,000	999,980	924,530
	US TREASURY NOTE	GOVERNMENT BOND	7/31/23	2.75%	180,000	181,060	177,919
	US TREASURY NOTE	GOVERNMENT BOND	7/31/25	2.875%	665,000	673,778	640,661
	US TREASURY NOTE	GOVERNMENT BOND	2/28/27	1.125%	975,000	1,002,183	858,497
	US TREASURY NOTE	GOVERNMENT BOND	4/30/27	0.50%	1,055,000	1,053,865	897,372
	US TREASURY NOTE	GOVERNMENT BOND	8/15/27	2.25%	85,000	81,986	78,134
	US TREASURY NOTE	GOVERNMENT BOND	3/31/25	2.625%	95,000	95,201	91,341
	TOTAL	**GOVERNMENT BOND**				**$9,679,931**	**$8,696,953**
	AFLAC	CORPORATE BOND	3/15/26	1.125%	125,000	$124,879	$110,173
	AIR PRODS CHEMS	CORPORATE BOND	5/15/50	2.80%	300,000	304,971	199,536
	APPLE INC SR	CORPORATE BOND	8/8/52	3.95%	285,000	275,652	237,995
	BANK OF AMERICA	CORPORATE BOND	7/23/24	3.864%	155,000	155,057	152,892
	CIGNA CORP NEW SR	CORPORATE BOND	3/15/26	1.25%	100,000	99,971	87,585
	CAPITAL ONE	CORPORATE BOND	1/29/24	3.90%	200,000	200,202	197,084
	CITIGROUP	CORPORATE BOND	1/12/26	3.70%	200,000	210,226	189,506
	CITIBANK NA	CORPORATE BOND	1/23/24	3.65%	150,000	149,763	147,943
	META PLATFORMS INC	CORPORATE BOND	8/15/52	4.45%	375,000	371,250	306,030
	FORD MOTOR CREDIT CO	CORPORATE BOND	11/1/24	4.063%	385,000	385,362	361,380
	GENERAL MOTORS CO	CORPORATE BOND	4/1/25	4.00%	220,000	227,636	212,364
	ILLUMINA	CORPORATE BOND	3/23/23	0.55%	100,000	99,998	97,925
	LAM RESEARCH CORP	CORPORATE BOND	6/15/50	2.875%	85,000	84,776	55,422
	MCDONALDS CORP	CORPORATE BOND	3/1/30	2.125%	300,000	302,190	244,467
	QUALCOMM	CORPORATE BOND	5/20/30	2.15%	300,000	298,710	247,278
	VISA INC	CORPORATE BOND	12/14/22	2.80%	370,000	377,396	369,119
	WELLS FARGO	CORPORATE BOND	1/24/24	3.75%	90,000	89,837	88,596
	WELLTOWER	CORPORATE BOND	3/15/24	3.625%	200,000	202,351	195,396
	TOTAL	**CORPORATE BOND**				**$3,960,227**	**$3,500,691**
	FLEXTRONICS INTL LTD	FOREIGN BOND	5/12/30	4.875%	390,000	$388,792	$351,534
	VANGUARD TTL STK MKT IND #855	REG'D INVESTMT CO			203,827.336	$14,925,274	$21,570,657

The accompanying notes are an integral part of these financial statements.

CENTRAL LABORERS' ANNUITY FUND

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) SCHEDULE 1

37-6052379 PLAN #002

SEPTEMBER 30, 2022

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	AFL-CIO BUILDING INVESTMENT TRUST	COLLECTIVE TRUST			2,378.976	$3,596,854	$21,087,743
	INVESCO STABLE VALUE TRUST	COLLECTIVE TRUST			76,961,517	75,200,000	76,961,517
	PRINCIPAL ENHANCED PROPERTY FD	COLLECTIVE TRUST			898,964.221	12,000,000	14,965,262
	TOTAL	**COLLECTIVE TRUST**				**$90,796,854**	**$113,014,522**
	ULLICO J FOR JOBS – SEPARATE ACCT J	POOLED SEPARATE			1,948,499.71	$26,500,000	$32,892,836
	ENTRUST CAPITAL DIVERSIFIED FUND QP LTD. CLASS X SHARES	HEDGE FUND OF FUNDS			11,604.45	$1,160,445	$991,530
	PARAMETRIC DEFENSIIVE EQUITY FUND LLC	HEDGE FUND OF FUNDS				17,500,000	20,802,644
	TOTAL	**HEDGE FUND OF FUNDS**				**$18,660,445**	**$21,794,174**
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, L.P.	LIMITED PARTNERSHIP			106,280.8985	$25,000,000	$25,254,193
	INB ADMINISTRATIVE CHECKING ACCT	INT-BEARING CASH			1,845,409.83	$1,845,410	$1,845,410
	FIRST AM GOVT OB FD CL Z	MONEY MARKET FD			9,802,105.39	$9,802,105	$9,802,105

The accompanying notes are an integral part of these financial statements.

CENTRAL LABORERS' ANNUITY FUND

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS **SCHEDULE 2**

37-6052379 PLAN #002

FOR THE YEAR ENDED SEPTEMBER 30, 2022

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
FIRST AMERICAN PRIME OBLIGATIONS FUND	MONEY MARKET	$59,005,993	-	N/A	-	$59,005,993	$59,005,993	N/A
FIRST AMERICAN PRIME OBLIGATIONS FUND	MONEY MARKET	-	$68,535,940	N/A	-	$68,535,940	$68,535,940	$0
INVESCO STABLE VALUE TRUST	COLLECTIVE TRUST	$14,000,000	-	N/A	-	$14,000,000	$14,000,000	N/A
INVESCO STABLE VALUE TRUST	COLLECTIVE TRUST	-	$10,000,000	N/A	-	$10,000,000	$10,000,000	$0
PRINCIPAL ENHANCED PROPERTY FUND	COLLECTIVE TRUST	$12,000,000	-	N/A	-	$12,000,000	$12,000,000	N/A
ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, LP	LIMITED PARTNERSHIP	$15,000,000	-	N/A	-	$15,000,000	$15,000,000	N/A

The accompanying notes are an integral part of these financial statements.

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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

[ ] a single-employer plan [ ] a DFE (specify) _____

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

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

C If the plan is a collectively-bargained plan, check here ▶ [X]

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

[ ] special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
CENTRAL LABORERS ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/1981

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)
BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN

P.O. BOX 1267

JACKSONVILLE IL 62651-1267

2b Employer Identification Number (EIN) 37-6052379

2c Plan Sponsor's telephone number 217-243-8521

2d Business code (see instructions) 237310

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	Kenth W. Day Signature of plan administrator	5/30/23 Date	KEN DAY Enter name of individual signing as plan administrator
SIGN HERE	James P. Bruner Signature of employer/plan sponsor	5-30-23 Date	JAMES P. BRUNER 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

118401 12-30-21

CENTRAL LABORERS' ANNUITY FUND

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS **SCHEDULE 2**

37-6052379 PLAN #002

FOR THE YEAR ENDED SEPTEMBER 30, 2022

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
FIRST AMERICAN PRIME OBLIGATIONS FUND	MONEY MARKET	$59,005,993	-	N/A	-	$59,005,993	$59,005,993	N/A
FIRST AMERICAN PRIME OBLIGATIONS FUND	MONEY MARKET	-	$68,535,940	N/A	-	$68,535,940	$68,535,940	$0
INVESCO STABLE VALUE TRUST	COLLECTIVE TRUST	$14,000,000	-	N/A	-	$14,000,000	$14,000,000	N/A
INVESCO STABLE VALUE TRUST	COLLECTIVE TRUST	-	$10,000,000	N/A	-	$10,000,000	$10,000,000	$0
PRINCIPAL ENHANCED PROPERTY FUND	COLLECTIVE TRUST	$12,000,000	-	N/A	-	$12,000,000	$12,000,000	N/A
ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, LP	LIMITED PARTNERSHIP	$15,000,000	-	N/A	-	$15,000,000	$15,000,000	N/A

The accompanying notes are an integral part of these financial statements.