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 05/01/2021 and ending 04/30/2022

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
- [X] 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
LABORERS PENSION TRUST FUND - DETROIT AND VICINITY

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/09/1958

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,LABORERS PENSION TRUST FUND-DETROIT AND VICINITY

700 TOWER DRIVE SUITE 300
TROY, MI 48098-2808

2b Employer Identification Number (EIN) 51-6030973

2c Plan Sponsor's telephone number 248-813-9800

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.	10/09/2023	MICAHEL AARON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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**	11468
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)**	2942
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4205
b Retired or separated participants receiving benefits	**6b**	2661
c Other retired or separated participants entitled to future benefits	**6c**	4413
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11279
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	724
f Total. Add lines **6d** and **6e**	**6f**	12003
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	198

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

1A

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

4H 4L

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[X]	**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)	[ ]	**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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LABORERS PENSION TRUST FUND - DETROIT AND VICINITY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES,LABORERS PENSION TRUST FUND-DETROIT AND VICINITY

D Employer Identification Number (EIN)
51-6030973

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

1a	Enter the valuation date: Month 05 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	815399907
(2)	Actuarial value of assets for funding standard account	**1b(2)**	732927348
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	903223112
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	903223112
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	1957473674
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	39495641
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	64060670
(3)	Expected plan disbursements for the plan year	**1d(3)**	64704480

Statement by Enrolled Actuary

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

SIGN HERE

	02/07/2023
Signature of actuary	Date
ANGELA L. JEFFRIES, EA, MAAA	20-08511
Type or print name of actuary	Most recent enrollment number
UNITED ACTUARIAL SERVICES, INC.	317-580-8652
Firm name	Telephone number (including area code)
11590 N. MERIDIAN STREET, STE 610, CARMEL, IN 46032	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	815399907
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3545	990103005
(2) For terminated vested participants		5987	457186682
(3) For active participants:			
(a) Non-vested benefits			25895314
(b) Vested benefits			484288673
(c) Total active		2465	510183987
(4) Total		11997	1957473674
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	41.66 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)		**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	
04/30/2022	41755782						
			Totals ►	**3(b)**	41755782	**3(c)**	

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	171920

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	81.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.01 %		
			Pre-retirement	Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**		A	A	
(2) Females	**6c(2)**		AF	AF	
d Valuation liability interest rate	**6d**		7.50 %	7.50 %	
e Expense loading	**6e**	10.9 % ☐ N/A		% ☒ N/A	
f Salary scale	**6f**	% ☒ N/A			
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	10.4 %			
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	31.0 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-16672283	-1756983
3	332518	35042
4	-1852292	-195201

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	
b Employer's normal cost for plan year as of valuation date		**9b**	13247084
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	451726947	58610194
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	5389297
e Total charges. Add lines 9a through 9d		**9e**	77246575

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	82286498
g	Employer contributions. Total from column (b) of line 3		**9g**	41755782
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 199144685		33858934
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	10276750
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 285768580		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 1055368523		
	(3) FFL credit		**9j(3)**	
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	168177964
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	90931389
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	
	(3) Total as of valuation date	**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

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 05/01/2021 and ending 04/30/2022

A Name of plan
LABORERS PENSION TRUST FUND - DETROIT AND VICINITY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES,LABORERS PENSION TRUST FUND-DETROIT AND VICINITY

D Employer Identification Number (EIN)
51-6030973

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	
VANGUARD	P.O. BOX 1101 VALLEY FORGE, PA 19482-1101

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
WILLIAM BLAIR	WEST ADAMS STREET 12TH FLOOR CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEW TOWER TRUST COMPANY	3 BETHESDA METRO CENTER STE 16000 BETHESDA, MD 20814

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DFA INVESTMENT DIMENSIONS GROUP	1299 OCEAN AVE. STE 650, 11TH FLR SANTA MONICA, CA 90401

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

LOOMIS SAYLES TRUST COMPANY, LLC

P.O. BOX 219594
KANSAS CITY, MO 64121-9594

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

AQR CAPITAL MANAGEMENT, LLC

TWO GREENWICH PLAZA
GREENWICH, CT 06830

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

HGK TRINITY STREET INT'L EQUITY FUN

525 WASHINGTON BLVD 20TH FLOOR
JERSEY CITY, NJ 07310

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

SEI TRUST COMPANY

P.O. BOX 8530
BOSTON, MA 02266-8530

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

THE PINEBRIDGE GLOBAL DYNAMIC ASSET

399 PARK AVENUE
NEW YORK, NY 10022

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

PARAMETRIC DEFENSE EQUITY FUND

3600 MINNESOTA DRIVE, SUITE 325
MINNEAPOLIS, MN 55435

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

BAIRD FUNDS, INC.

P.O. BOX 701
MILWAUKEE, WI 53201-0701

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

AFL-CIO HOUSING INVESTMENT TRUST

1227 25TH STREE, NW SUITE 500
WASHINGTON, DC 20037

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

AMERICN STATEGIC VALUE REALTY

515 SOUTH LOWER STREET
LOS ANGELES, CA 90071

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

JP MORGAN ASSET MANAGEMENT

277 PARK AVENUE
NEW YORK, NY 10012

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

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

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

LOOMIS, SAYLES, & COMPANY, P.C.

04-1554520

(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	464290	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BENESYS, INC.

38-2383171

(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 13 49 50	NONE	430210	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEVY CHASE TRUST COMPANY

52-2037618

(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	390767	Yes [ ] No [X]	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)

LABORERS JOINT DELIQUENCY COMMITTEE

38-2286296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	283169	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES, INC.

180 N LASALLE ST STE 3500
CHICAGO, IL 60601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	267292	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WATKINS PAWLICK CALATI & PRIFTI PC

83-2893229

(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	103082	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)

UNITED ACTUARIAL SERVICES, INC.

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	74345	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MADDIN HAUSER

38-3024220

(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	69321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MGT, LLC

34-1922005

(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	46657	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)

FIFTH THIRD BANK

31-1051736

(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	NONE	46324	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BENDA, GRACE, STULZ & COMPANY, P.C.

38-2284921

(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	30200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNION SERVICE AGENCY

38-2600875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	21888	Yes [ ] No [X]	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)

BLACKROCK INSTITUTIONAL TRUST

409 HOWARD ST
SAN FRANCISCO, CA 94105-2618

(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	21835	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TIC INTERNATIONAL CORPORATION

13-2600875

(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?
15 50	NONE	20400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN GRAPHICS

34895 GROESBECK HIGHWAY
CLINTON TOWNSHIP, MI 48035

(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?
36 50	NONE	18688	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JP MORGAN CHASE BANK

PO BOX 180251
COLUMBUS, OH 43218-2051

(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?
18 50 65	NONE	15362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

N.C.C.M.P.

815 16TH STREET NW
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

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 05/01/2021 and ending 04/30/2022

A Name of plan
LABORERS PENSION TRUST FUND - DETROIT AND VICINITY

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES,LABORERS PENSION TRUST FUND-DETROIT AND VICINITY

D Employer Identification Number (EIN)
51-6030973

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: MULTI-EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): RIGGS & CO.

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)
52-6218800-001	C	54919861

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL 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)
94-6589508-001	C	240594184

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)

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 05/01/2021 and ending 04/30/2022

A Name of plan
LABORERS PENSION TRUST FUND - DETROIT AND VICINITY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES,LABORERS PENSION TRUST FUND-DETROIT AND VICINITY

D Employer Identification Number (EIN)
51-6030973

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	4995201	5371843
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3252683	3929734
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	834937	597589
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4995067	6571379
(2) U.S. Government securities	1c(2)	17114066	10987138
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3189989	2897966
(B) All other	1c(3)(B)	21128412	14914759
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	25573924	24048238
(5) Partnership/joint venture interests	1c(5)	102578353	107938452
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	43998308	295514045
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	589863457	334294600
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	31686	90831
f	Total assets (add all amounts in lines 1a through 1e)	1f	817556083	807156574
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1515514	1709193
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	154704	241709
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1670218	1950902
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	815885865	805205672

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)	41583862	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		41583862
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2200	
	(B) U.S. Government securities	2b(1)(B)	265421	
	(C) Corporate debt instruments	2b(1)(C)	793041	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	151720	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1212382
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	227910	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5279049	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5506959
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	43261909	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	44118353	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-856444
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-3709575	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-3709575

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14015736
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-8046011
c Other income	2c		91868
d Total income. Add all **income** amounts in column (b) and enter total	2d		49798777
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57692345	
(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)		57692345
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)	588112	
(2) Contract administrator fees	2i(2)	389780	
(3) Investment advisory and management fees	2i(3)	1237539	
(4) Other	2i(4)	571194	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2786625
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		60478970
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-10680193
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: BENDA, GRACE, STULZ & COMPANY, P.C. **(2)** EIN: 38-2284921

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		107938452
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			

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 453640.

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 05/01/2021 and ending 04/30/2022

A Name of plan
LABORERS PENSION TRUST FUND - DETROIT AND VICINITY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES,LABORERS PENSION TRUST FUND-DETROIT AND VICINITY

D Employer Identification Number (EIN)
51-6030973

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 561

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 BARTON MALOW CO

b EIN 38-1250507 **c** Dollar amount contributed by employer 3821982

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 06 Day 01 Year 2023

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) 10.15
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	96
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**	96
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**	85

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**	1.00
b The corresponding number for the second preceding plan year	**15b**	1

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: 59.2 % Investment-Grade Debt: 14.6 % High-Yield Debt: 4.9 % Real Estate: 10.9 % Other: 10.4 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[X] 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)?
[X] 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 _____

LABORERS' PENSION TRUST FUND
DETROIT AND VICINITY

Troy, Michigan

FINANCIAL STATEMENTS

April 30, 2022

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BENDA, GRACE, STULZ & COMPANY, P.C.
Certified Public Accountants

John M. Grace, CPA
Bryan D. Stulz, CPA
George Benda, CPA
(1941-2007)

Member Of:
Employee Benefit Plan
Audit Quality Center
AICPA

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Laborers' Pension Trust Fund -
Detroit and Vicinity
700 Tower Drive, Suite 300
Troy, MI 48098-2808

Gentlemen:

Opinion

We have audited the accompanying financial statements of Laborers' Pension Trust Fund - Detroit and Vicinity, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of April 30, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of April 30, 2021 and 2020, the related statement of changes in accumulated plan 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 Laborers' Pension Trust Fund - Detroit and Vicinity as of April 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of April 30, 2021 and 2020, and changes in its accumulated plan 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Laborers' Pension Trust Fund - Detroit and Vicinity and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' Pension Trust Fund - Detroit and Vicinity'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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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 Laborers' Pension Trust Fund - Detroit and Vicinity's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Laborers' Pension Trust Fund - Detroit and Vicinity'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.



Sterling Heights, Michigan
January 13, 2023

LABORERS' PENSION TRUST FUND -
DETROIT AND VICINITY

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	April 30, 2022	April 30, 2021
ASSETS		
Investments at fair value (Notes B and E):		
U.S. government securities	$ 10,987,138	$ 17,114,066
Corporate bonds and notes	17,812,725	24,318,401
Common stock	24,048,238	25,573,924
Common collective trusts	295,514,045	43,998,308
Money market funds	6,571,379	4,995,067
Mutual funds	334,294,600	589,863,457
Limited partnerships/limited liability companies (Note H)	107,938,452	102,578,353
Total investments	797,166,577	808,441,576
Receivables:		
Employer contributions (Note B)	3,929,734	3,252,683
Unsettled investment transactions	-	57,766
Accrued interest and dividends	203,551	291,213
Employer withdrawal liability	394,038	485,958
Total receivables	4,527,323	4,087,620
Other assets:		
Unexpired insurance premiums	27,601	31,686
Prepaid expenses	63,230	-
Cash	5,371,843	4,995,201
Total other assets	5,462,674	5,026,887
Total assets	807,156,574	817,556,083
LIABILITIES		
Accounts payable	1,709,193	1,515,514
Unsettled investment transactions	241,709	154,704
Total liabilities	1,950,902	1,670,218
NET ASSETS AVAILABLE FOR BENEFITS	$805,205,672	$815,885,865

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

LABORERS' PENSION TRUST FUND -
DETROIT AND VICINITY

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years ended April 30, 2022	2021
ADDITIONS		
Net investment income (Note F)	$ 6,886,150	$ 194,943,721
Employer contributions	41,583,862	39,725,514
Liquidated damages collected	2,171	617
Litigation income	9,055	11,134
Employer withdrawal liability assessment	80,000	518,788
Other	-	1,000
Total additions	48,561,238	235,200,774
DEDUCTIONS		
Benefit payments	57,692,345	55,845,404
Administrative expenses:		
Administrative manager's fee	389,780	389,711
Premiums paid – Pension Benefit Guaranty Corporation	365,583	353,250
Collection program costs (Note G)	283,169	371,270
Legal fees	172,403	61,650
Trustee and fiduciary liability insurance and bonding	128,754	125,917
Actuarial fees	74,345	59,987
Printing and miscellaneous	31,719	38,781
Audit fee	27,450	27,200
Outside processing	19,692	16,908
Postage	19,132	21,906
Bank services charges	16,070	23,426
Website services	8,903	8,903
Dues	6,810	6.765
Monthly status report	2,905	4.360
Form 5500 preparation fee	2,150	2,150
Conference and meeting expenses	221	-
Total administrative expenses	1,549,086	1,512,184
Total deductions	59,241,431	57,357,588
NET INCREASE (DECREASE)	(10,680,193)	177,843,186
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	815,885,865	638,042,679
End of year	$805,205,672	$ 815,885,865

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

LABORERS' PENSION TRUST FUND
DETROIT AND VICINITY

STATEMENT OF ACCUMULATED PLAN BENEFITS

	April 30, 2021	April 30, 2020
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants currently receiving payments	$ 540,990,754	$ 534,125,416
Expenses on participants currently receiving payments	13,524,769	13,353,135
Other participants	353,832,722	339,767,853
Expenses on other participants	8,845,818	8,494,196
	917,194,063	895,740,600
Non-Vested benefits:		
Non-vested accumulated benefits	8,399,636	7,855,141
Expenses on non-vested benefits	209,991	196,379
	8,609,627	8,051,520
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 925,803,690	$ 903,792,120

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

LABORERS' PENSION TRUST FUND
DETROIT AND VICINITY

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Years ended April 30,	
	2021	2020
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 903,792,120	$ 879,879,599
Increase (decrease) during the year attributable to:		
Plan amendment	340,831	-
Change in actuarial assumptions	(1,898,599)	2,689,836
Benefits accumulated and experience gain or loss	13,142,517	12,104,664
Interest due to decrease in discount period	67,784,409	65,990,970
Benefits paid	(55,845,404)	(55,458,402)
Operational expenses paid	(1,512,184)	(1,414,547)
Net increase	22,011,570	23,912,521
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 925,803,690	$ 903,792,120

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

LABORERS' PENSION TRUST FUND
DETROIT AND VICINITY

NOTES TO FINANCIAL STATEMENTS

Note A: **Description of the Plan**

The following brief description of the Laborers' Pension Trust Fund – Detroit and Vicinity, as in effect on April 30, 2022 is provided for general purposes only. For more complete information refer to the Plan documents.

1. General – The Pension Fund was established effective July 9, 1958 as a result of collective bargaining. The Plan is a defined benefit pension plan covering all employees working under collective bargaining agreements which require contributions to the Fund. It is a multi-employer fund subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2. Retirement Benefits – Information about the Plan, the vesting and benefit provisions, is contained in the Summary Plan Description. Copies are available at the Local Union or the Fund Office.

Note B: **Summary of Significant Accounting Policies**

1. General – The accounting records of the Plan are maintained on the accrual basis of accounting. Contributions received subsequent to April 30, 2022 attributed to hours worked prior to May 1, 2022, have been reflected as contributions due from employers as of April 30, 2022, in accordance with the consistent policy of the Fund.

2. Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

3. Valuation of Investments – Quoted market prices, where available, are used to value investments at fair value. The change in the difference between cost and fair value from the beginning of the year to the end of the year, as well as the realized gains and losses during the year, is reflected as net appreciation (depreciation) in fair value of investments. Investments with no quoted market price represent estimated fair value.

Note B: **Summary of Significant Accounting Policies (Continued)**

4. Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the plan are based on participants' service credit. The accumulated plan benefits for active participants are based on their service credit on the date of which the benefit information is presented April 30, 2021 and 2020. Benefits payable under all circumstances – retirement, death, disability and deferred vested benefit – are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

   The actuarial present value of accumulated plan benefits is determined by an actuary from United Actuarial Services, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (Through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of April 30, 2021 and 2020 were (a) life expectancy of participants (120% of the PRI-2012 Blue Collar Mortality tables for employees and health annuitants projected forward using the MP-2020 projection scale. For female annuitants the contingent survivor table was used for 2021 and 2020 (b) retirement age (based on certain retirement probabilities) and (c) The 2021 and 2020 valuations included in the assumed average rate of return of 7.50% for each year. Administrative expenses associated with providing benefits for the 2021 and 2020 were assumed at $1,500,000 and $1,415,000, respectively. The foregoing actuarial assumptions are based on the presumption that the plan will continue. Were the plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note C: **Funding Policy**

The Plan is funded entirely by employer contribution as specified in the collective bargaining agreements. Contributions for the years ended April 30, 2022 and 2021 exceeded the minimum funding requirements of ERISA.

Note D: **Fair Value Measurements**

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement. These level 3 fair value measurements are based primarily on management's own estimates, using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the assets. Significant level 3 inputs include information provided by fund managers, third-party appraisals, year-end audited financial statements, projected discounted cash flows, and net asset value with adjustments related to certain restrictions. Management assesses the valuation of these investments through the engagement of a third-party investment advisor and periodic meetings to review these investments.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Fund's assessment of the significance of particular inputs to these fair value measurements requires judgement and considers factors specific to each asset.

Note D: **Fair Value Measurements** (Continued)

The following valuation methodologies have been used to value the Fund's investments:

U.S. government securities and corporate bonds and notes – These investments are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Common stocks – Common stocks, which are primarily compromised of U.S. common stocks, are valued at closing quoted prices reported in active markets.

Mutual funds – Mutual funds are valued at closing quoted prices reported in active markets.

Common collective trust funds – Common collective trust funds are valued at net asset value per shares (or its equivalent) of the funds, which is based on the fair value of the Fund's underlying net assets.

Limited partnerships/limited liability companies – Limited partnerships/limited liability companies are valued based on the Fund's percentage ownership of the net assets of each entity or at net asset value per share (or its equivalent) based on audited investee financial statements, with adjustments to account for partnership activity and other applicable valuation adjustments, where applicable.

Money market funds – Money market funds are valued at closing quoted prices reported in active markets.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to estimate fair value could result in a different fair value measurement at the reporting date.

Note D: **Fair Value Measurements** (Continued)

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

	Fair Value Measurement at April 30, 2022			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. government securities	$ 10,987,138	$ -	$ 10,987,138	$ -
Corporate bonds and notes	17,812,725	-	17,812,725	-
Common stock	24,048,238	24,048,238	-	-
Mutual funds	334,294,600	334,294,600	-	-
Money market funds	6,571,379	-	6,571,379	-
Total	393,714,080	$358,342,838	$ 35,371,242	$ -
Investment measured at NAV:				
Common collective trusts	295,514,045			
Limited partnerships	107,938,452			
	$797,166,577			

	Fair Value Measurement at April 30, 2021			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. government securities	$ 17,114,066	$ -	$ 17,114,066	$ -
Corporate bonds and notes	24,318,401	-	24,318,401	-
Common stock	25,573,924	25,573,924	-	-
Mutual funds	589,863,457	589,863,457	-	-
Money market funds	4,995,067	-	4,995,067	-
Total	661,864,915	$615,437,381	$ 46,427,534	$ -
Investment measured at NAV:				
Common collective trusts	43,998,308			
Limited partnerships	102,578,353			
	$808,441,576			

Note D: **Fair Value Measurements** (Continued)

At year end, the fair value, unfunded commitments, and redemption limitations of those investments are as follows:

	Fair Value April 30, 2022	Fair Value April 30, 2021	Unfunded Commitments	Redemption Frequency, If Eligible	Redemption Notice Period
Common collective trust:					
CF Multi-Emoloyer Property Trust	$ 54,919,861	$ 43,998,308	$ -	Monthly	30 Days
BlackRock Russell 1000 Index Fund	240,594,184	-	-	Monthly	N/A
Limited Partnerships:					
AQR Group II Offshore Funds, L.P	24,282,526	24,703,699	-	Quarterly	N/A
Parametric Defence Equity Fund, L.L.C.	33,734,631	51,114,533	-	Quarterly	N/A
IIF ERISA Hedged, L.P.	19,080,311	-	-	Quarterly	N/A
HGK Trinity Street International Equity Fund, L.P.	30,840,984	26,760,121	-	Quarterly	N/A
	$ 403,452,497	$ 146,576,661	$ -		

Note E: **Investments**

Except for the real estate common collective trust, the mutual funds and the limited partnerships, the Plan's investments are held by Fifth Third Bank as custodian and managed by several investment management companies.

The following is a comparison of cost to market value of investments, other than cash, held at April 30, 2022:

	Market Value	Cost	Market Value Over (Under)
U.S. government securities	$ 10,987,138	$ 12,418,521	$ (1,431,383)
Corporate bonds and notes	17,812,725	19,412,482	(1,599,757)
Common stocks	24,048,238	18,030,231	6,018,007
Common collective trusts	295,514,045	257,390,131	38,123,914
Money market funds	6,571,379	6,571,379	-
Mutual funds	334,294,600	232,797,988	101,496,612
Limited partnerships/ limited liability companies	107,938,452	74,829,385	33,109,067
	$ 797,166,577	$ 621,450,117	$ 175,716,460

During the Plan years ended April 30, 2022 and 2021 the Plan's investments (including investments bought, sold and held during the year) appreciated in value by $1,404,582 and $183,425,422, respectively as follows:

	Years ended April 30, 2022	2021
Net appreciation (depreciation) in fair value:		
U.S. government securities	$ (1,838,078)	$ (990,532)
Corporate bonds and notes	(2,484,870)	271,453
Common stocks	(1,602,588)	10,245,032
Common collective trusts	14,015,736	292,828
Mutual funds	(8,045,717)	150,099,521
Limited partnership	1,360,099	23,507,120
	$ 1,404,582	$ 183,425,422

Note F: **Investment Income**

Following is a summary of investment income for the years ended April 30,

	2022	2021
Investment income (loss):		
Interest and dividends	$ 6,719,107	$ 12,648,334
Net appreciation (depreciation) in fair value of investments	1,404,582	183,425,422
	8,123,689	196,073,756
Less – investment expenses	1,237,539	1,130,035
	$ 6,886,150	$ 194,943,721

Note G: **Collection Program Costs**

In September of 1979, the Laborers' Fringe Benefit Funds Joint Delinquency Committee was established to coordinate the payroll audit and collection functions of the Fund and two other related benefit funds. The activities of this committee are supported by payments from the three funds. For the years ended April 30, 2022 and 2021, the Fund's share of the costs to support the collection process was $283,169 and $371,270, respectively.

Note H: **Limited Partnerships/Limited Liability Company**

The Plan's investments include ownership interests in limited partnerships/limited liability company as follows:

AQR GRP EL Offshore Fund, Ltd.

The Plan has invested in this limited partnership and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributions by all members.

The limited partnership invests in equities, government bonds and commodities. These include exposures to global developed government bonds, global inflation protected bonds and commodities, among other exposures. No leverage is employed within the portfolio, and investments in derivative securities and non-dollar securities are prohibited.

The methodology by which gains and losses, net of expenses of the limited partnership are to be allocated in proportion to the members' capital accounts.

Note H: **Limited Partnerships/Limited Liability Company** (Continued)

HGK Trinity Street International Equity Fund, L.P.

The Plan has invested in this limited liability company and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributions by all members.

The limited partnership invests in all liquid large capital stock primarily European based.

The methodology by which gains and losses, net of expenses of the limited partnership are to be allocated in proportion to the members' capital accounts.

Parametric Defensive Equity Fund, LLC

The Plan has invested in this limited liability company and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributions by all members.

The limited liability company invests in an equal mix of U.S. equity securities and cash and cash equivalents.

The methodology by which gains and losses, net of expenses of the limited liability company are to be allocated in proportion to the members' capital accounts.

Infrastructure Investments ERISA Hedged, L.P.

The Plan has invested in this limited liability company and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributions by all members.

The Limited Partnership's primary investment objective is to seek capital appreciation and current income by acquiring, holding, financing, refinancing, and disposing of infrastructural investments and related assets.

The methodology by which gains and losses, net of expenses of the limited liability company are to be allocated in proportion to the members' capital accounts.

Note I: **Plan Termination**

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pension benefits. However, PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

Note I: **Plan Termination** (Continued)

Whether all participants receive their benefits should the Plan terminate at some time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the Pension Benefit Guaranty Corporation.

Note J: **Risks and Uncertainties**

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

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

In addition to investments and cash equivalents, financial instruments which potentially subject the Plan to concentrations of credit risk consist principally of cash. The Plan places its cash with tier I financial institutions. At times, the amount of cash on deposit in banks may be in excess of the respective financial institution's FDIC insurance limit.

Note K: **Tax Status**

The trust established under the Plan to hold the Plan's assets is qualified and exempt from income taxes pursuant to Sections 401(a) and 501(a) respectively, of the Internal Revenue Code. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes the Plan, as amended, continues to qualify and to operate as designed.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note L: **Employer Withdrawal Liability**

The Fund complies with provisions of the Multi-Employer Pension Plan Amendments Act of 1980 that require imposition of "withdrawal liability" on a contributing employer that partially or totally withdraws from the Fund. The Fund uses the presumptive method, as described in ERISA 4211(b), to allocate unfunded vested benefits to employers that withdraw. This is the method by statute for use by construction industry plans. The Fund entered into various settlement agreements with participating employers who withdrew from the Fund and were subject to withdrawal liability assessments. Quarterly assessments are being paid through December 2022. The Trustees, at times, approve settlements and payment plan arrangements for assessments amounts owed to the Fund.

During the years ended April 30, 2022 and 2021, the Fund recognized withdrawal liability income of $80,000 and $518,788 respectively.

Note M: **Party-in-Interest Transactions**

Plan investments are held at Fifth Third Institutional Services (the Custodian). The transactions of the custodian qualify as party-in-interest transactions.

Fees paid during the year for legal, auditing, investment manager, investment advisor, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note N: **Reportable Transactions**

The United States Department of Labor requires all transactions in excess of 5% of the current value of the Plan's net assets for non-participant-directed investments to be disclosed separately in the financial statements as a reportable transaction.

Note O: **Subsequent Events**

The date to which events occurring after April 30, 2022, the date of the most recent Statement of Net Assets Available for Benefits, have been evaluated for possible adjustment to the financial statements or disclosures is January 13, 2023, which is the date on which the financial statements were available to be issues.

LABORERS' PENSION TRUST FUND
DETROIT AND VICINITY

SUPPLEMENTAL SCHEDULES

BENDA, GRACE, STULZ & COMPANY, P.C.
Certified Public Accountants

John M. Grace, CPA
Bryan D. Stulz, CPA
George Benda, CPA
(1941-2007)

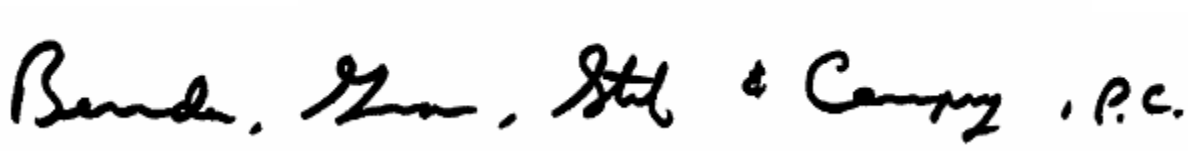
Member Of:
Employee Benefit Plan
Audit Quality Center
AICPA

INDEPENDENT AUDITOR'S
REPORT ON SUPPLEMENTAL INFORMATION

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investments and schedule of reportable transactions for the year ended April 30, 2022 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.



Sterling Heights, Michigan
January 13, 2023

LABORERS' PENSION TRUST FUND - DETROIT AND VICINITY
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
Employer I.D. No. 51-6030973 Plan No. 001
April 30, 2022

Party-In-Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	INTEREST BEARING CASH			
*	Fifth Third Institutional (GS)	Short Term Investment Fund	$ 6,571,379	$ 6,571,379
	U.S. GOVERNMENT SECURITIES			
	United States Government	U.S. Treasury bd 2.750% due 08/15/2047	405,627	359,736
	United States Government	U.S. Treasury bd 2.000% due 02/15/2050	1,634,703	1,323,529
	United States Government	U.S. Treasury bd 1.125% due 08/15/2040	1,336,848	1,111,397
	United States Government	U.S. Treasury bd 2.250% due 02/15/2052	687,075	652,528
	United States Government	U.S. Treasury nt 0.625% due 08/15/2030	1,050,509	919,780
	United States Government	U.S. Treasury nt 0.250% due 11/15/2023	241,709	241,358
	United States Government	U.S. Treasury nt 0.125% due 06/30/2023	1,464,893	1,447,875
	United States Government	U.S. Treasury nt 2.000% due 11/15/2026	567,029	512,910
	United States Government	FR SD8122 2.500% due 01/01/2051	713,830	608,297
	United States Government	FR SD8128 2.000% due 02/01/2051	870,111	742,522
	United States Government	FR SD8206 3.000% due 04/01/2052	1,179,497	1,107,108
	United States Government	FN BP5878 2.500% due 06/01/2050	792,895	682,881
	United States Government	FN BO4708 3.000% due 12/01/2049	343,923	310,164
	United States Government	FN MA3685 3.000% due 04/01/2049	327,858	291,776
	United States Government	FN MA4120 2.500% due 09/01/2050	801,689	675,277
	United States Government	FN MA4154 1.500% due 10/01/2035	325	-
	TOTAL U.S. GOVERNEMENT SECURITIES		12,418,521	10,987,138
	CORPORATE BONDS AND NOTES			
	Americredit Automobile	Zero coupin due 08/18/2027	299,951	277,716
	Americredit Automobile	2.990% due 06/18/2025	524,434	496,065
	Carmax Auto Owner Tr 2020-2	5.750% due 05/15/2027	325,854	297,920
	Drive Auto Receivables	4.140% due 08/15/2024	84,171	84,562
	Drive Auto Receivables	4.090% due 01/15/2026	261,894	253,004
	First Invs Auto Ownere Tr	5.360% due 01/15/2025	452,393	429,943
	Santander Drive Auto Tr	1.130% due 11/16/2026	352,587	339,447
	WFRBS Coml Mgt Tr	4.311% due 08/15/2045	377,303	349,601
	Wells Fargo Coml Mtg Tr	0.300% due 05/15/2022	396,540	369,708
	Acuity Brands Lighting Inc	2.150% due 12/15/2030	339,106	280,395
	Assurant Inc	2.650% due 01/15/2032	379,400	309,461
	Bank Amer Corp	5.875% due 02/07/2042	294,196	278,109
	Builders Firstsource Inc	4.250% due 02/01/2032	317,332	264,663

LABORERS' PENSION TRUST FUND - DETROIT AND VICINITY
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
Employer I.D. No. 51-6030973 Plan No. 001
April 30, 2022

Party-In-Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	CORPORATE BONDS AND NOTES-Continued			
	Burlington Northern Santa Fe	4.150% due 04/01/2045	227,560	216,471
	CVS Health Corp	5.050% due 03/25/2048	277,677	281,686
	Care Cap Pptys LP	5.125% due 08/15/2026	328,901	289,147
	Central Garden & Pet Co	5.125% due 02/01/2028	326,011	294,325
	Comcast Corp	4.700% due 10/15/2048	280,994	242,146
	Darling Ingredients Inc	5.250% due 04/15/2027	239,200	230,000
	Duke Energy	3.750% due 06/01/2045	326,551	284,768
	E Trade Finl Corp	3.800% due 08/24/2027	304,549	298,253
	First Horizon Natl Corp	4.000% due 05/26/2025	298,857	299,325
	Freeport-McMoran Inc	5.000% due 09/01/2027	312,750	303,630
	Fuller H B Co	4.000% due 02/15/2027	278,588	282,000
	Healthcare Rlty	3.625% due 01/15/2028	237,967	231,331
	JPMorgan Chase & Co	Var due 06/01/2025	485,291	477,439
	Joseph T Ryerson & Son Inc	8.500% due 08/01/2028	160,300	150,500
	KB Home	6.875% due 06/15/2027	316,575	280,276
	Kinder Morgan Energy	4.150% due 02/01/2024	275,353	272,878
	Lazard Group LLC	4.500% due 09/19/2028	168,009	153,768
	Louisiana-Pac Corp	3.625% due 03/15/2029	325,000	279,500
	Mastec Inc	4.500% due 08/15/2028	308,480	287,649
	McDonalds Corp	4.450% due 09/01/2048	275,696	237,718
	Meritage Homes Corp	6.000% due 06/01/2025	323,475	289,985
	Murphy Oil USA Inc	5.750% due 08/15/2025	252,044	245,000
	Murphy Oil USA Inc	5.625% due 05/01/2027	325,587	300,806
	Netflix Inc	5.875% due 02/15/2025	300,501	274,937
	Nextera Energy Cap Hldgs Inc	Var due 12/01/2077	320,450	270,028
	Oaktree Specialty Lending Corp	2.700% due 01/15/2027	246,543	217,256
	Oshkosh Corp	3.100% due 03/01/2030	338,722	299,271
	Plains All Amern Pipeline LP	3.550% due 12/15/2029	338,480	296,059
	Polyone Corp	5.250% due 03/15/2023	238,986	225,562
	Principal Financial Group	6.050% due 10/15/2036	291,282	261,135
	Quanta Svcs Inc	2.350% due 01/15/2032	354,824	289,226
	Roper Technologies Inc	4.375% due 06/30/2030	341,125	289,490
	SEG Hldg LLC/SEG Fin Corp	5.625% due 10/15/2028	247,337	229,334
	Schwab Charles Corp	Var due 06/01/2026	320,075	281,092
	Service Corp Int'l	5.125% due 06/01/2029	330,375	295,929
	Sirus XM Radio Inc	5.000% due 08/01/2027	234,562	217,125
	Southern Co Jr SB Glbl	Var due 02/14/2024	340,000	306,000
	Starbucks Cprp Sr Nt	Var due 02/14/2024	300,043	300,282
	Synaptics Inc	4.000% due 06/15/2029	300,000	264,486
	Sysco Corp	3.300% due 02/15/2050	317,040	238,232

LABORERS' PENSION TRUST FUND - DETROIT AND VICINITY
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
Employer I.D. No. 51-6030973 Plan No. 001
April 30, 2022

Party-In-Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	CORPORATE BONDS AND NOTES-Continued			
	Terraform Pwr Oper LLC	4.250% due 01/31/2023	154,500	150,187
	Truist Finl Corp	Var due 06/09/2025	610,000	599,758
	Verisign Inc	5.250% due 04/01/2025	266,325	273,888
	Verizon Communications Inc	5.250% due 03/16/2037	303,699	261,824
	Verizon Communications Inc	Var due 03/15/2029	310,309	308,965
	Verisk Analytics Inc St Glbl Nt	4.125% due 03/15/2029	323,500	266,871
	Wells Fargo & Co	Var due 06/02/2028	315,000	286,565
	Athene Holding Ltd	3.500% due 01/15/2031	299,631	264,819
	Enbridge Inc	Var due 02/16/2024	380,222	380,467
	Seagate HDD	4.875% due 06/01/2027	228,375	204,742
	TOTAL CORPORATE BONDS AND NOTES		19,412,482	17,812,725
	COMMON STOCK			
	Ashland Global Hldgs Inc	Common Stock	177,715	243,215
	Scotts Miracle-Gro Company	Common Stock	416,486	298,383
	Valvoline Inc	Common Stock	208,551	296,526
	Eagle Materials Inc	Common Stock	270,486	320,509
	Packaging Corp Amer	Common Stock	188,210	256,905
	Reliance Stl & Alum Co	Common Stock	112,464	356,453
	Transunion	Common Stock	218,353	293,980
	UFP Industries Inc	Common Stock	284,006	376,096
	Ferguson Plc	Common Stock	328,574	425,511
	Aecom	Common Stock	329,655	567,585
	Avantor Inc	Common Stock	251,439	407,395
	Vontier Corp	Common Stock	505,247	418,861
	J B Hunt Trans Svcs Inc	Common Stock	154,678	329,740
	Arosa Inc	Common Stock	152,758	282,745
	Championx Corp	Common Stock	345,007	337,895
	Chart Industries Inc	Common Stock	135,037	363,301
	ESAB Corp	Common Stock	160,789	160,552
	Kadant Inc	Common Stock	98,677	464,350
	Teledyne Technologies Inc	Common Stock	122,917	400,047
	Korn Ferry	Common Stock	244,099	338,043
	LCI Inds	Common Stock	323,566	274,442
	IAA Inc	Common Stock	128,048	148,286
	Churchill Downs Inc	Common Stock	215,660	419,680
	Travel Plus Leisure Co	Common Stock	272,169	424,921

LABORERS' PENSION TRUST FUND - DETROIT AND VICINITY
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
Employer I.D. No. 51-6030973 Plan No. 001
April 30, 2022

Party-In-Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	COMMON STOCK-Continued			
	Pulte Group Inc	Common Stock	353,878	333,287
	Skyline Champion Corp	Common Stock	146,138	238,765
	Liberty Broadband Corp	Common Stock	183,080	282,569
	Liberty Media Corp	Common Stock	402,546	493,179
	Nexstar Media Group Inc	Common Stock	169,679	248,086
	Expedia Group Inc	Common Stock	333,338	398,080
	Bath & Body Wks Inc	Common Stock	526,181	483,891
	Rent A Ctr Inc	Common Stock	357,287	159,144
	Tractor Supply Co	Common Stock	45,369	136,785
	Skechers USA Inc	Common Stock	258,565	288,859
	Post Hldgs Inc	Common Stock	209,390	207,994
	EQT Corp	Common Stock	277,796	469,606
	AMN Healthcare Svcs Inc	Common Stock	88,046	156,107
	Encompass Health Corp	Common Stock	255,329	276,352
	Icon Plc	Common Stock	156,229	467,350
	Jazz Pharmaceuticals Plc	Common Stock	465,583	563,013
	Catalent Inc	Common Stock	100,307	328,099
	Allscripts Healthcare Solutions	Common Stock	196,470	257,795
	Hologic Inc	Common Stock	180,794	317,404
	Utah Med Prods Inc	Common Stock	147,790	139,066
	Home Bancshares Inc	Common Stock	391,999	400,446
	Popular Inc	Common Stock	236,786	449,534
	Prosperity Bancshares Inc	Common Stock	214,984	240,206
	Signature Bk New York	Common Stock	157,009	384,208
	First Amern Finl Corp	Common Stock	309,067	325,020
	Reinsurance Group Amer Inc	Common Stock	175,633	219,040
	Raymond James Finl Inc	Common Stock	34,210	239,167
	Telephone & Data Sys Inc	Common Stock	318,775	279,673
	ON Semiconductor Corp	Common Stock	194,415	336,631
	Lumentum Hldgs Inc	Common Stock	289,784	283,504
	Littlefuse Inc	Common Stock	198,682	235,669
	National Instrs Corp	Common Stock	385,680	331,115
	TD Synnex Corp	Common Stock	335,891	454,208
	Channeladvisor Corp	Common Stock	153,573	100,482
	Genpact Ltd	Common Stock	265,395	271,823
	Euronet Worldwide Inc	Common Stock	248,023	340,498
	Vistra Corp	Common Stock	232,304	291,608
	American Wtr Wks Co Inc	Common Stock	35,304	185,204
	Nomad Hldgs Ltd	Common Stock	236,150	222,258
	International Seaways Inc	Common Stock	188,784	240,924

LABORERS' PENSION TRUST FUND - DETROIT AND VICINITY
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
Employer I.D. No. 51-6030973 Plan No. 001
April 30, 2022

Party-In-Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	COMMON STOCK-Continued			
	API Group Corp	Common Stock	281,989	243,507
	Agree Realty Corp	Common Stock	262,501	263,801
	Alight Inc	Common Stock	406,612	340,258
	CDK Global Inc	Common Stock	233,146	250,068
	Concentric Corp	Common Stock	210,883	479,370
	Frontier Communications Corp	Common Stock	362,850	321,298
	Herc Hldgs Inc	Common Stock	322,265	505,912
	Ingersoll Rand Inc	Common Stock	269,132	379,287
	Science Applications Int'l Corp	Common Stock	203,798	186,020
	Sun Cmntys Inc	Common Stock	216,283	407,147
	Wex Inc	Common Stock	159,938	389,500
	TOTAL COMMON STOCK		18,030,231	24,048,238
	MUTUAL FUNDS			
	William Blair	WB Emerg Small Cap Growth Inst	4,799,904	11,870,519
	Pinebridge	Dynamic Asset Allocation Fd Instl Shs	18,475,053	19,689,641
	Baird	Core Plus Bond Fund	48,964,072	63,789,322
	Dimensional Fund Advisors	International Small Company Fund	11,960,840	13,920,175
	Vanguard	Total International Stock Index Fund	35,595,812	36,545,616
	Vanguard	Russell 2000 Index Inst	17,655,363	27,808,698
	AFL-CIO	Housing Investment Trust	10,018,613	9,685,581
	Winslow	Winslow Large Cap Cl R	6,478,182	37,297,275
	Loomis Sayles	MultiSector Full Discretion Funds	48,850,149	58,800,381
	ASB Real Estate	Allegiance Real Estate Fund	30,000,000	54,887,392
	TOTAL MUTUAL FUNDS		232,797,988	334,294,600
	LIMITED PARTNERSHIPS/ LIMITED LIABILITY COMPANY			
	AQR Capital Mangement	AQR Group II Offshore Funds, L.P.	18,000,000	24,282,526
	JP Morgan Asset Management	IIF ERISA Hedged, L.P.	19,000,000	19,080,311
	Parametric Defense Equity Fund	Parametric Defense Equity Fund LLC	17,000,000	33,734,631
	HGK Asset Management	HGK Trinity Street International Equity Fund, L.P.	20,829,385	30,840,984
	TOTAL LIMITED PARTNERSHIPS/ LIMITED LIABILITY COMPANY		74,829,385	107,938,452

LABORERS' PENSION TRUST FUND - DETROIT AND VICINITY
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
Employer I.D. No. 51-6030973 Plan No. 001
April 30, 2022

Party-In-Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	COMMON COLLECTIVE TRUSTS			
	CF Multi-Employer Property Trust	Property Trust	19,481,696	54,919,861
	BlackRock Institutional Trust Company	Russell 1000 Index Fund	237,908,435	240,594,184
	TOTAL COMMON COLLECTIVE TRUSTS		257,390,131	295,514,045
	TOTAL ASSETS HELD FOR INVESTMENT		621,450,117	797,166,577

LABORERS' PENSION TRUST FUND - DETROIT AND VICINITY
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Employer I.D. No. 51-6030973 Plan No. 001
Year Ended April 30, 2022

Identity of Party Involved	Description of Asset (Include Rate of Return and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
i) SINGLE TRANSACTION IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS								
Fifth Third	Vanguard Institutional Index Fund		221,524,303			129,987,340	221,524,303	91,536,963
iii) SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS								
Fifth Third	BlackRock Russell 1000 Index Fund							
	1 purchases	242,000,000				242,000,000	242,000,000	
	2 sale		4,500,000			4,091,565	4,500,000	408,435

There were no reportable transactions under categories (i), (ii), or (iv).

DETROIT AND VICINITY LABORERS PENSION PLAN
EIN: 51-6030973/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 – Withdrawal Liability Amounts

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year with the exception of the below amounts which were owed for withdrawal liability.

Date	*Withdrawal Liability Total Amounts*
05/2021	$22,980
08/2021	$22,980
10/2021	$22,980
12/2021	$80,000
01/2022	$22,980

DETROIT AND VICINITY LABORERS PENSION PLAN
EIN: 51-6030973/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions differ from those valued the preceding year in the following respects:

- Effective May 1, 2020, inactive vested participants with a vested benefit lump sum value of not more than $1,000 will have a mandatory distribution of the lump sum paid.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The Laborers' Pension Trust Fund – Detroit and Vicinity was established effective July 9, 1958 as a result of collective bargaining agreements negotiated by Local Unions 334, 1076 and 1191 of the Laborers' International Union of North America.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal and Early Retirement Benefits, Disability Benefits, Vested Benefits and Death Benefits. Benefits first became payable on October 1, 1959.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreements. A recent history of employer contribution rates appears below.

Construction Laborers (Sections A and A1):	
Date	Hourly Contribution Rate
06-01-09	$ 6.85
06-01-10	$ 7.65
06-01-11	$ 8.45
06-01-12	$ 9.25
06-01-13	$ 9.85
06-01-15	$10.00
06-01-19	$10.05
06-01-20	$10.10
06-01-21	$10.15

Underground Laborers (Section D):	
Date	Hourly Contribution Rate
09-01-09	$ 6.85
10-01-10	$ 7.65
09-01-11	$ 8.45
09-01-12	$ 9.25
09-01-13	$ 9.85
09-01-15	$10.00
09-01-19	$10.05
09-01-20	$10.10
09-01-21	$10.15

Reciprocity

Effective January 1, 1970, the Trustees adopted a "money follows the man' reciprocity agreement operative among pension funds covering most of the laborers working within the jurisdiction of the State of Michigan Laborers' District Council of the Laborers' International Union of North America. Also, the Trustees agreed to become a party to the Laborers' International Union of North America National Reciprocal Agreement effective as of May 2, 1988 with respect to pension applications made on and after January 1, 1980.

Effective May 1, 1997, the Trustees approved a transfer and merger of the Plasterers' Tenders Pension Fund into the Laborers' Pension Trust Fund – Detroit and Vicinity.

In 2002, the Trustees adopted a pro-rata reciprocity agreement.

SUMMARY OF PLAN PROVISIONS

Plan year	The twelve month period beginning May 1 and ending April 30.
Participation	First day of plan year or November 1, if earlier, following 12 consecutive calendar months during which employee has 1,000 hours of service (870 hours of work) and has earned at least one year of service.
Year of service	
< 15 Credit Years	Plan years on and after May 1, 2009 with at least 870 hours of work. Plan years before May 1, 2009 with at least 435 hours of work.
15 or more Credit Years	Plan year with at least 435 hours of work.
Break in service	Plan year with less than 435 hours of work.
Normal retirement benefit	
Eligibility	Age 65 or 5th anniversary of plan participation, if later.
Monthly amount	• 4.65% of the first $6,000 of employer contributions made prior to May 1, 1980 plus 2.65% of the excess; plus • 10¢ for each hour of work between May 1, 1980 and April 30, 2009; plus • 8¢ for each hour of work between May 1, 2009 and April 30, 2014; plus • 7¢ for each hour of work between May 1, 2014 and September 30, 2017; plus • 11¢ for each hour of work beginning October 1, 2017. Payable for life. An additional 1% is granted for all benefits earned through May 1, 2001. Minimum monthly benefit is $146.00. Hours worked after November 1, 2012 in a classification or under a collective bargaining agreement that required a lower contribution than the contribution rate for a construction laborer under the MITA Agreement (including reciprocity) will be prorated.

SUMMARY OF PLAN PROVISIONS (CONT.)

Unreduced early retirement benefit	

Eligibility	Must be active on effective date of retirement and satisfy one of the following:
	• 30 Credit Years
	• Age plus Credit Years total 80 for benefits accrued prior to May 1, 2014.
	  ○ (Eliminated October 1, 2017 unless age plus Credit Years are at least 74 on that date.)
	• Age plus Credit Years total 85 for benefits accrued on and after May 1, 2014.
	  ○ (Eliminated October 1, 2017 unless age plus Credit Years are at least 74 on that date.)

Monthly amount	Normal unreduced. Payable for life.
Early retirement benefit	
Eligibility	Age 55 and 10 Credit Years.
Monthly amount	Normal actuarially reduced from age 65. Payable for life. Active participants with 20 Credit Years at retirement are reduced by 5/12ths of 1% for each month under age 65.
Vested benefit	
Eligibility	5 years of service. Termination of employment.
Monthly amount	Normal unreduced or early actuarially reduced from age 65. Payable for life. If the lump sum present value of the vested benefit is not more than $1,000, a mandatory distribution of the lump sum will be made.
Total and permanent disability benefit	
Eligibility	Not eligible for normal or unreduced early, 10 years of service, disabled while active, eligible for Social Security disability benefit.
Monthly amount	Lesser of $550 or accrued benefit. Payable until the earlier of normal, unreduced early, recovery or death. Note: credits earned under Michigan Laborers plan will not be counted toward the disability benefit.

SUMMARY OF PLAN PROVISIONS (CONT.)

Optional forms of payment	• Joint and 50% survivor annuity* • Joint and 75% survivor annuity* • Joint and 100% survivor annuity* • Life annuity with ten years guaranteed * If spouse pre-deceases participant, amount in pay status pops-up to benefit amount that would have been payable if the participant had not elected the joint and survivor annuity. The pop-up feature is optional for an additional actuarial reduction for those retiring after September 1, 2017.
Pre-retirement surviving spouse benefit	
Eligibility	Death of vested participant with surviving spouse.
Monthly amount (or single sum)	50% of participant's joint and 50% survivor. Payable to spouse for life beginning at participant's earliest retirement date, or immediately following participant's death, if later. Surviving spouse may elect single sum payment equal to greater of pre-retirement lump sum death benefit or actuarial equivalent or deferred surviving spouse annuity provided participant had not attained earliest retirement age.
Pre-retirement lump sum death benefit	
Eligibility	Death of vested participant with no surviving spouse.
Single sum amount	75% of contributions.
Post-retirement lump sum death benefit	
Eligibility	Death after retirement, retired prior to January 1, 2018.
Single sum amount	$ 4,000. Payable to qualified beneficiary.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	May 1, 2021
Interest rates	
ERISA rate of return used to value liabilities	7.50% per year after investment expenses.
Unfunded vested benefits	7.50% per year net of investment expenses
Current liability	2.01% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
Funding	$1,500,000 per year excluding investment expenses.
ASC 960	A 2.50% load was applied to the accrued liabilities for 2021 and 2020.
Loading for pop-up feature	Liabilities for retired participants receiving a joint and survivor form of benefit increased by 2.3%.
Loading for vested disability benefit	Liabilities for inactive vested participants were increased 0.2% to reflect the delay associated with qualifying for the disability benefit.
Mortality	
Assumed plan mortality	120% of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale. For female annuitants the contingent survivor table was used.
Current liability	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal

T-6 Turnover Table from The Actuary's Pension Handbook (less GAM 51 mortality) – specimen rates shown below. Assumed rate during second, third, and fourth year of employment are 15%*, fifth year is 10%.

Age	Withdrawal Rate
25	.0772
30	.0740
35	.0686
40	.0611
45	.0516
50	.0362

* All newly reported participants are considered to have already worked their first year of employment.

Disability

Specimen rates shown below:

Age	Disability Rate
25	.0003
30	.0004
35	.0005
40	.0008
45	.0013
50	.0021
55	.0035
60	.0057
62	.0068

ACTUARIAL ASSUMPTIONS (CONT.)

Retirement

Active lives

According to the following schedule:

Age	Eligible for Reduced Benefits	Eligible for Unreduced Benefits*
45-53	-	.30
54	-	.40
55	.05	.40
56-59	.05	.30
60	.15	.30
61-63	.15	.30
64	.25	.30
65	1.00	1.00

* 0.40 in first year eligible for Unreduced Benefits.

Resulting in an average expected retirement age of 60.8

Inactive vested lives

55 if at least 10 years of service, else age 65 or current age, if older.

Disabled lives

Disability benefit payable to age 63.

Future hours worked

Vested lives 1,600 hours per year, 0 after assumed retirement age.
Non-vested lives 1,200 hours per year, 0 after assumed retirement age.
Less than 1 year service 250 hours per year, 0 after assumed retirement age.

Future vesting service annual accrual

Less than 15 years of service: 0.7 years
15 or more years of service: 1.0 years

Future hourly contrib. rate

$10.15

Age of participants with unrecorded birth dates

Based on average age of participants with recorded birth dates and same vesting status.

Marriage assumptions

100% assumed married with the male spouse 3 years older than his wife.

Optional form assumption

All non-retired participants assumed to elect the life only form of benefit.

ACTUARIAL ASSUMPTIONS (CONT.)

Inactive vested lives age 74 and over	Continuing inactive vested participants age nearest 74 and over are assumed deceased and are not valued.
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Section 415 limit assumptions	
Dollar limit	$230,000 per year
Assumed form of payment for those limited by Section 415	Qualified joint and 100% survivor annuity
Benefits not valued	None

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

ERISA rate of return used to value liabilities	Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2020 and 2021 surveys of investment consultants. Based on this analysis, we selected a final assumed rate of 7.50%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities. Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.
Mortality	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale was chosen as the base table for this population. The blue collar table was chosen based on the industry of plan participants. Since most female annuitants are surviving spouses, the contingent survivor table was chosen for female annuitants. Finally, a 120% multiplier was applied in order to more closely match projected deaths to actual post-retirement death experience. The period of actual data studied to develop this multiplier was from May 1, 2015 to April 30, 2020.
Retirement	Actual rates of retirement by age were studied for the period May 1, 2016 to April 30, 2021. The assumed future rates of retirement were selected based on the results of this study.
Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period May 1, 2015 to April 30, 2020. The assumed future rates of withdrawal were selected based on the results of this study. No adjustments were deemed necessary at this time.
Future hours worked	Based on review of recent plan experience adjusted for anticipated future changes in workforce.

ACTUARIAL METHODS

Funding method	
ERISA Funding	Traditional unit credit cost method, effective May 1, 2018.
Funding period	Individual entry age normal with costs spread as a level dollar amount over service.
Population valued	
Actives	Eligible employees who have earned at least one year of service (regardless of any prior break in service) and have worked at least one hour during the previous plan year; eligible employees with at least one hour during the previous plan year and less than one year of service are counted, but towards expected contributions and hours only.
Inactive vested	Vested participants with no hours during the preceding plan year.
Retirees	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method	
Actuarial value	Smoothed market value without phase-in effective May 1, 1998. Gains and losses smoothed over a five-year period. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
Unfunded vested benefits	For the presumptive method, actuarial value, as described above, is used.
Pension Relief Act of 2010	• 10-year smoothing was elected with respect to the loss incurred during the plan year ended in 2009. • 30-year amortization of net investment loss was elected with respect to the loss incurred during the plan year ended in 2009. The loss was allocated to future years using the "prospective method" of the IRS. The amount of each allocation is shown in Appendix C.

DETROIT AND VICINITY LABORERS PENSION PLAN
EIN: 51-6030973/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 8
STATEMENT BY ENROLLED ACTUARY

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

Below is the projected expected benefit payout from the most recent actuarial valuation. The projections exclude any future accruals.

Plan Year Beginning	Expected Annual Benefit Payments
2021	$ 64,704,480
2022	66,155,570
2023	66,490,170
2024	67,791,775
2025	69,012,845
2026	70,566,221
2027	71,982,494
2028	73,641,088
2029	75,171,841
2030	76,468,785

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Detroit and Vicinity Laborers Pension Plan EIN: 51-6030973/PN: 001
May 1, 2021

	Years of Service									
Attained age	**Under 1***	**1 to 4**	**5 to 9**	**10 to 14**	**15 to 19**	**20 to 24**	**25 to 29**	**30 to 34**	**35 to 39**	**40 & up**
Under 25	0	226	21	0	0	0	0	0	0	0
25 to 29	1	199	69	1	0	0	0	0	0	0
30 to 34	1	178	100	23	4	0	0	0	0	0
35 to 39	1	125	77	40	45	6	0	0	0	0
40 to 44	0	109	69	47	65	86	4	0	0	0
45 to 49	1	64	38	47	61	96	32	1	0	0
50 to 54	0	55	40	44	50	103	48	6	0	0
55 to 59	0	33	30	17	33	51	31	7	2	0
60 to 64	1	14	7	9	9	15	7	2	3	0
65 to 69	0	3	1	2	0	0	0	1	0	0
70 & up	0	3	0	0	0	1	0	0	0	0

*The five active participants with less than one year of service suffered a permanent break in service. These participants continue to be valued as active due to having earned service in the past and continued hours.

May contain values based on estimated data

DETROIT AND VICINITY LABORERS PENSION PLAN
EIN: 51-6030973/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 9
STATEMENT BY ENROLLED ACTUARY

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

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2021 Outstanding Balance	5/1/2021 Amortization Payment
				Years	Months		
Charges							
5/1/1992	Assumptions		30	1	0	24,128	24,128
5/1/1992	Plan Amendment		30	1	0	610,970	610,970
5/1/1993	Plan Amendment		30	2	0	1,327,943	687,972
5/1/1994	Plan Amendment	4,987,303	30	3	0	1,126,413	402,928
5/1/1995	Assumptions	13,450,372	30	4	0	3,909,049	1,085,688
5/1/1996	Assumptions	1,661,128	30	5	0	582,659	133,965
5/1/1996	Plan Amendment	10,446,518	30	5	0	3,664,249	842,487
5/1/1997	Plan Amendment	12,844,408	30	6	0	5,218,146	1,034,138
5/1/1998	Plan Amendment	41,808,459	30	7	0	19,135,133	3,360,668
5/1/1999	Assumptions	4,041,839	30	8	0	2,042,509	324,383
5/1/1999	Plan Amendment	10,238,825	30	8	0	5,174,123	821,732
5/1/2000	Plan Amendment	19,653,841	30	9	0	10,799,991	1,574,962
5/1/2001	Plan Amendment	3,706,622	30	10	0	2,188,542	296,596
5/1/2002	Plan Amendment	25,290,029	30	11	0	15,891,686	2,020,794
5/1/2003	Assumptions	6,108,775	30	12	0	4,053,390	487,455
5/1/2003	Plan Amendment	4,739,692	30	12	0	3,144,956	378,208
5/1/2005	Assumptions	5,212,397	30	14	0	3,785,880	414,853
5/1/2006	Assumptions	2,290,916	30	15	0	1,728,076	182,111
5/1/2008	Assumptions	6,157,294	15	2	0	1,267,405	656,610
5/1/2009	Relief 09 Asset Loss	123,061,318	29	17	0	99,861,027	9,846,764
5/1/2010	Relief 09 Asset Loss	12,647,974	28	17	0	10,363,183	1,021,858
5/1/2011	Assumptions	5,380,567	15	5	0	2,482,257	570,722
5/1/2011	Relief 09 Asset Loss	7,492,175	27	17	0	6,203,820	611,725
5/1/2012	Assumptions	3,322,670	15	6	0	1,775,398	351,850
5/1/2012	Experience Loss	25,307,623	15	6	0	13,522,559	2,679,919
5/1/2012	Relief 09 Asset Loss	5,704,833	26	17	0	4,778,532	471,186
5/1/2013	Assumptions	1,055,035	15	7	0	635,092	111,540
5/1/2013	Experience Loss	2,110,655	15	7	0	1,270,547	223,144
5/1/2013	Relief 09 Asset Loss	16,408,047	25	17	0	13,917,937	1,372,373
5/1/2014	Assumptions	4,579,678	15	8	0	3,046,089	483,767
5/1/2014	Relief 09 Asset Loss	26,802,409	24	17	0	23,061,992	2,274,021
5/1/2015	Experience Loss	27,373,403	15	9	0	19,812,049	2,889,189
5/1/2016	Experience Loss	39,022,501	15	10	0	30,367,585	4,115,470
5/1/2017	Assumptions	25,329,020	15	11	0	20,991,277	2,669,260
5/1/2017	Experience Loss	32,709,166	15	11	0	27,107,530	3,447,006

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2021 Outstanding Balance	5/1/2021 Amortization Payment
				Years	Months		
5/1/2018	Assumption	22,046,238	15	12	0	19,319,302	2,323,309
5/1/2018	Experience Loss	37,237,390	15	12	0	32,631,433	3,924,206
5/1/2019	Assumption	2,870,511	15	13	0	2,642,461	302,504
5/1/2019	Experience Loss	10,184,284	15	13	0	9,375,184	1,073,255
5/1/2020	Assumption	2,624,231	15	14	0	2,523,756	276,551
5/1/2020	Experience Loss	20,827,602	15	14	0	20,030,171	2,194,885
5/1/2021	Amendment	332,518	15	15	0	332,518	35,042
				Total Charges:		**451,726,947**	**58,610,194**
Credits							
5/1/2010	Assumptions	3,540,938	15	4	0	1,354,663	376,240
5/1/2010	Experience Gain	102,325,639	15	4	0	39,146,824	10,872,530
5/1/2011	Experience Gain	1,763,735	15	5	0	813,677	187,081
5/1/2011	Plan Amendment	1,235,360	15	5	0	569,914	131,035
5/1/2012	Plan Amendment	857,585	15	6	0	458,231	90,813
5/1/2014	Experience Gain	15,352,243	15	8	0	10,211,265	1,621,710
5/1/2014	Plan Amendment	19,130,937	15	8	0	12,724,591	2,020,866
5/1/2015	Assumptions	1,037,791	15	9	0	751,124	109,536
5/1/2016	Assumptions	3,171,189	15	10	0	2,467,846	334,446
5/1/2017	Plan Amendment	45,583,573	15	11	0	37,777,122	4,803,755
5/1/2018	Method Change	56,597,097	10	7	0	43,672,598	7,670,140
5/1/2018	Plan Amendment	35,001,672	15	12	0	30,672,255	3,688,598
5/1/2021	Assumption	1,852,292	15	15	0	1,852,292	195,201
5/1/2021	Experience Gain	16,672,283	15	15	0	16,672,283	1,756,983
				Total Credits:		**199,144,685**	**33,858,934**
				Net Charges:		**252,582,262**	**24,751,260**
				Less Credit Balance:		82,286,498	
				Less Reconciliation Balance:		0	
				Unfunded Actuarial Liability:		**170,295,764**	

DETROIT AND VICINITY LABORERS PENSION PLAN
EIN: 51-6030973/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

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

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed hourly contribution rate was increased from $10.10 to $10.15 to reflect the negotiated increases effective June 1, 2021 for Construction Laborers and September 1, 2021 for Underground Laborers.

- The assumed future hours worked for vested active lives was increased from 1,500 hours to 1,600 hours per future year. The assumed future hours worked for non-vested active lives remains at 1,200 hours per future year. The assumed future hours worked for employees with at least one hour during the previous plan year but less than one year of service was increased from 150 hours to 250 hours per future year (counted towards expected hours and contributions only). This represents our best estimate of future hours based on recent plan experience.

- The assumed operational expenses were increased from $1,415,000 to $1,500,000 to reflect our best estimate of future expenses based on recent plan experience.

- The assumed retirement rates were changed according to the schedule in Appendix B to represent our best estimate of future retirement patterns based on recent plan experience.

- The current liability interest rate was changed from 2.78% to 2.01%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Pension Plan of Laborers Pension Trust Fund - Detroit and Vicinity

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Trustees of Laborers Pension Trust Fund - Detroit and Vicinity

D Employer Identification Number (EIN)

51-6030973

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

1a Enter the valuation date: Month 5 Day 1 Year 2021

b	Assets		
(1)	Current value of assets	**1b(1)**	815,399,907
(2)	Actuarial value of assets for funding standard account	**1b(2)**	732,927,348
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	903,223,112
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	903,223,112
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	1,957,473,674
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	39,495,641
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	64,060,670
(3)	Expected plan disbursements for the plan year	**1d(3)**	64,704,480

Statement by Enrolled Actuary

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

SIGN HERE

Angela Jeffries

Signature of actuary — 02/07/2023 Date

Angela L. Jeffries, FCA, EA, MAAA — 20-08511

Type or print name of actuary — Most recent enrollment number

United Actuarial Services, Inc. — (317) 580-8668

Firm name — Telephone number (including area code)

11590 N. Meridian Street, Suite 610
Carmel IN 46032-4529

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	815,399,907
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3,545	990,103,005
(2) For terminated vested participants		5,987	457,186,682
(3) For active participants:			
(a) Non-vested benefits			25,895,314
(b) Vested benefits			484,288,673
(c) Total active		2,465	510,183,987
(4) Total		11,997	1,957,473,674
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	41.66 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
04/30/2022	41,755,782				
			Totals ► 3(b)	41,755,782	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	171,920

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	81.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.01 %		
			Pre-retirement	Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males		**6c(1)**	A	A	
(2) Females		**6c(2)**	A	A	
d Valuation liability interest rate		**6d**	7.50 %	7.50 %	
e Expense loading		**6e**	10.9 % ☐ N/A	% ☒ N/A	
f Salary scale		**6f**	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date		**6g**	10.4 %		
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	31.0 %		

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-16,672,283	-1,756,983
3	332,518	35,042
4	-1,852,292	-195,201

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	13,247,084
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	451,726,947	58,610,194
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	5,389,297
e Total charges. Add lines 9a through 9d		**9e**	77,246,575

Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	82,286,498
g Employer contributions. Total from column (b) of line 3			**9g**	41,755,782
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	199,144,685		33,858,934
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	10,276,750
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	285,768,580		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	1,055,368,523		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	168,177,964
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	90,931,389
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
9 o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2020 plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)			**10**	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				☒ Yes ☐ No

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 05/01/2021 and ending 04/30/2022

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
[X] 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
Laborers Pension Trust Fund - Detroit and Vicinity

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/09/1958

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,Laborers Pension
Trust Fund-Detroit and Vicinity

700 Tower Drive; Suite 300

Troy MI 48098-2808

2b Employer Identification Number (EIN)
51-6030973

2c Plan Sponsor's telephone number
248-813-9800

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	Michael Aaron Signature of plan administrator	10/9/23 Date	Michael Aaron Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/9/23 Date	Glenn Bukoski 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)

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**	11468
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)**	2942
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4205
b Retired or separated participants receiving benefits	**6b**	2661
c Other retired or separated participants entitled to future benefits	**6c**	4089
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	10955
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	876
f Total. Add lines **6d** and **6e**	**6f**	11831
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	198

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

1A

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

4H 4L

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(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) [X] **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) [ ] ____ A (Insurance Information)

(4) [X] C (Service Provider Information)

(5) [X] D (DFE/Participating Plan Information)

(6) [ ] G (Financial Transaction Schedules)

Federal Statements

Laborers Pension Trust Fund - Detroit and Vicinity
Plan: 001

Plan transactions in excess of 5% of plan assets

Name Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
SEE ATTACHED FINANCIAL STATEMENTS	$	$	$	$	$	$	$

Federal Statements

Laborers Pension Trust Fund - Detroit and Vicinity
Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
	SEE ATTACHED FINANCIAL STATEMENT		$	$