

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	PATRICK PRYOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 14285
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) 5275
a(2) Total number of active participants at the end of the plan year		6a(2) 5274
b Retired or separated participants receiving benefits		6b 4536
c Other retired or separated participants entitled to future benefits.....		6c 3513
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 13323
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 998
f Total. Add lines 6d and 6e		6f 14321
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)		7 587
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA01102		01/01/2022	12/31/2022

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ULLICO INVESTMENT COMPANY 8403 COLESVILLE ROAD, 13TH FLOOR SILVER SPRING, MD 20910
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
		ASSET MANAGEMENT FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	23160125

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	802010		01/01/2022	12/31/2022

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	79182168

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 1060665943
(2) Actuarial value of assets for funding standard account	1b(2) 992310552
c (1) Accrued liability for plan using immediate gain methods	1c(1) 918190802
(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) 918190802
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) 1880714564
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 42618361
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 62620993
(3) Expected plan disbursements for the plan year	1d(3) 64755262

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

SIGN HERE	
Signature of actuary	Date
KATHY SWAN	23-07736
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC.	877-243-4766
Firm name	Telephone number (including area code)
8300 GREENSBORO DRIVE SUITE 800, MCLEAN, VA 22102	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1060665943
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	5634	882970425
(2) For terminated vested participants	3514	385134671
(3) For active participants:		
(a) Non-vested benefits		106106073
(b) Vested benefits		506503395
(c) Total active	4083	612609468
(4) Total	13231	1880714564
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.40 %

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
07/01/2022	38007035	0			
Totals ▶			3(b)	38007035	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	108.1 %
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	2.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.3 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1546778
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	22482463	2306966

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
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	15118532

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	319340204	40346191
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 3882531**e** Total charges. Add lines 9a through 9d.....**9e** 59347254**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 180576358**g** Employer contributions. Total from column (b) of line 3.....**9g** 38007035**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	138763846	23568924

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 15597918**j** Full funding limitation (FFL) and credits:

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

9j(1)	130085400	
9j(2)	717028836	
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** 257750235**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 198402981**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)	
9o(2)(a)	0
9o(2)(b)	0
9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MACKAY SHIELDS LLC	
06-1271230	

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

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

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

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

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

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

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

LAZARD ASSET MANAGEMENT

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	747733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON MCSHANE CORP

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 49 50	CONTRACT ADMINISTRATOR	582984	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	498553	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)

ULLICO

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	373944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARISTOTLE

95-4833644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	363879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	292665	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)

ARNOLD NEWBOLD SOLLARS & HOLLINS

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	284784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIGULER GUFF ADVISERS, LLC

13-3855629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	255481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GW&K

80-0250512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	253519	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)

STEPSTONE

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	247977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACOBS LEVY

22-2774695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	190079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	ACTUARY	189924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BAIRD

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 52	INVESTMENT MANAGER	185610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 50	INVESTMENT MANAGER	74294	Yes ☒ No ☐	Yes ☒ No ☐	98016	Yes ☐ No ☒

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

INTECH

01-0614895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	163497	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ENTRUST

90-0644478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		161154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	142398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US REAL ESTATE

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	138555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARQUETTE & ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	112000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE CARRIER

333 WEST 34TH STREET
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	INSURANCE	109104	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MFS

57-1187281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	83867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JP MORGAN INVESTMENT MANAGMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 27 52	INVESTMENT MANAGER	72667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABERDEEN

ONE BEACON STREET
BOSTON, MA 02108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	72000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC

100 PARK AVENUE FLOOR 32
NEW YORK, NY 10017

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	48158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THL

90-0789283

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	47660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	43654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENNEDY

10829 OLIVE BLVD 1
ST LOUIS, MO 63141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	35448	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)

INVESCO

27-0603835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	33477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN, LLP

43-0765316

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

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

COMMERCE TRUST COMPANY

48-0862626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	30993	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)

BMO HARRIS BANK N.A.

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	19322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RCP

353 N. CLARK STREET
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	17343	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BNY MELLON

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	5535	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 ☐

(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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND		
D Employer Identification Number (EIN) 43-6060737		

Part I	Information 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: MFS EMERGING MARKETS DEBT FUND			
b Name of sponsor of entity listed in (a): MFS TRUST COMPANY			
c EIN-PN 57-1187281-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13782308	
a Name of MTIA, CCT, PSA, or 103-12 IE: MACKAY SHIELDS CIT			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 47-1818241-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39025325	
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY			
c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76824148	
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF EMERGING MARKETS RESEARCH E			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 27-1593162-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38054518	
a Name of MTIA, CCT, PSA, or 103-12 IE: LSV INTL VALUE EQUITY TRUST			
b Name of sponsor of entity listed in (a): LSV ASSET MANAGEMENT			
c EIN-PN 20-0726879-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47317248	
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD			
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC			
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13172432	
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS LLC			
b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY LLC			
c EIN-PN 20-1575788-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37778421	

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL US PROPERTY SA-PGL1**

b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79182168
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a Name of MTIA, CCT, PSA, or 103-12 IE: **UNION LABOR LIFE SEPARATE ACCOUNT J**

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

c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23160125
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PARAMETRIC DEFENSIVE EQUITY FUND**

b Name of sponsor of entity listed in (a): **PARAMETRIC PORTFOLIO ASSOCIATES LLC**

c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14587985
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AFL-CIO HOUSING INVESTMENT TRUST**

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

c EIN-PN 52-6220193-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12790807
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DB SL LARGE CAP GROWTH STOCK INDEX**

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

c EIN-PN 25-6078093-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51958583
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	D Employer Identification Number (EIN) <u>43-6060737</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	5680725	5884912
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	400680	420835
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	39525189	18210762
(2) U.S. Government securities	1c(2)	267728	7590097
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	572765	2047110
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	370253047	231866473
(5) Partnership/joint venture interests	1c(5)	197065238	145710221
(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)	205362398	232435689
(10) Value of interest in pooled separate accounts	1c(10)	111959699	102342293
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	120931923	112856086
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	14795568	45837683
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	367214	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1067182174	905202161

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	4822115	3997071
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4822115	3997071

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1062360059	901205090
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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)	38007035	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	105827	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		38112862
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	116770	
(B) U.S. Government securities	2b(1)(B)	145789	
(C) Corporate debt instruments	2b(1)(C)	35976	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4359445	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4657980
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3757200	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	188626	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3945826
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	253678486	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	297489900	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-43811414
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-53416711	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-53416711

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-44810960
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2602918
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-4133360
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-96852859
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58110541	
(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)		58110541
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)	506508	
(2) Contract administrator fees	2i(2)	566400	
(3) Investment advisory and management fees	2i(3)	4550308	
(4) Other	2i(4)	568353	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6191569
j Total expenses. Add all expense amounts in column (b) and enter total	2j		64302110
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-161154969
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 490701.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND		D Employer Identification Number (EIN) 43-6060737
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 43-6060737		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 2
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **KISSICK CONSTRUCTION**

b EIN **43-1684835** **c** Dollar amount contributed by employer **1077575**

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 **03** Day **31** Year **2027**

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) **5.80**

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

a Name of contributing employer **SUPERIOR BOWEN ASPHALT CO.**

b EIN **43-1861896** **c** Dollar amount contributed by employer **1052400**

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 **03** Day **31** Year **2027**

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) **5.80**

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

a Name of contributing employer **CENTRAL MECHANICAL CONSTRUCTION CO.**

b EIN **48-0735970** **c** Dollar amount contributed by employer **880537**

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 **03** Day **31** Year **2027**

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) **4.55**

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

a Name of contributing employer **CONSTRUCTION SUPPORT SERVICES**

b EIN **48-0735970** **c** Dollar amount contributed by employer **681618**

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 **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **7.25**

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

a Name of contributing employer **FRONABARGER CONCRETTERS INC**

b EIN **43-1396603** **c** Dollar amount contributed by employer **642728**

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 **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **7.25**

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

a Name of contributing employer **CLARKSON CONSTRUCTION CO**

b EIN **44-0522076** **c** Dollar amount contributed by employer **630852**

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 **03** Day **31** Year **2027**

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) **5.80**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **IDEKER INC**

b EIN **43-0977060**

c Dollar amount contributed by employer **467653**

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 **03** Day **31** Year **2027**

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) **5.80**

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

a Name of contributing employer **BHI ENERGY**

b EIN **61-1717549**

c Dollar amount contributed by employer **446857**

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 **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **7.25**

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

a Name of contributing employer **REDFORD CONSTRUCTION INC**

b EIN **43-1766284**

c Dollar amount contributed by employer **431943**

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 **03** Day **31** Year **2027**

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) **5.80**

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

a Name of contributing employer **PACE CONSTRUCTION CO.**

b EIN **43-1194613**

c Dollar amount contributed by employer **389957**

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 **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **7.25**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a 78
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 81
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 11
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a 1
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b 1375888
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 54.0 % Investment-Grade Debt: 11.5 % High-Yield Debt: 6.5 % Real Estate: 10.5 % Other: 17.5 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

***CONSTRUCTION INDUSTRY LABORERS
PENSION FUND***

FINANCIAL STATEMENTS

DECEMBER 31, 2022

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Independent Auditors' Report

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

Opinion

We have audited the financial statements of Construction Industry Laborers Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Construction Industry Laborers Pension Fund as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

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

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2022 and reportable transactions for the year ended December 31, 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 auditing standards generally accepted in the United States of America.

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

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

RubinBrown LLP

October 13, 2023

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2022	2021
Assets		
Investments - At Fair Value		
U.S. Government and municipal securities	\$ 7,590,097	\$ 267,728
Corporate obligations	2,047,110	572,765
Corporate stocks	231,866,473	370,253,047
Foreign currency	—	367,204
Pooled separate accounts	102,342,293	111,959,699
103-12 investment entities	112,856,086	120,931,923
Limited partnerships	145,710,221	150,755,516
Written options futures contracts	—	10
Limited liability companies	45,837,683	46,309,722
Money market funds	18,210,762	39,525,189
Common/collective trusts	232,435,689	220,157,966
Total Investments - At Fair Value	898,896,414	1,061,100,769
Receivables		
Interest and dividends	249,703	180,198
Employer contributions	4,215,441	3,986,609
Withdrawal liability contributions	1,669,471	1,694,116
Due from brokers for securities sold	82,264	131,614
Total Receivables	6,216,879	5,992,537
Other Assets		
Prepaid expenses and deposits	88,868	88,868
Total Assets	905,202,161	1,067,182,174
Liabilities		
Accounts payable	474,924	677,411
Other liabilities	1,368,221	1,378,779
Temporary cash overdraft	900,161	1,496,333
Reciprocal transfers	874,267	1,184,110
Due to brokers for securities purchased	379,498	85,482
Total Liabilities	3,997,071	4,822,115
Net Assets Available For Benefits	\$ 901,205,090	\$ 1,062,360,059

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2022	2021
Additions To Net Assets Available For		
Benefits Attributed To:		
Employer contributions	\$ 42,446,578	\$ 39,860,265
Less: reciprocal transfers	(4,439,543)	(5,059,636)
Withdrawal liability income	500	1,551,514
Other income	105,327	219,378
Total Additions	38,112,862	36,571,521
Deductions From Net Assets Available For		
Benefits Attributed To:		
Benefits paid	58,110,541	55,300,171
Expenses		
Investment management and consulting expenses	4,550,308	6,761,665
Insurance	528,080	490,927
Administrative fees	453,200	437,200
Legal fees	284,784	266,179
Actuarial expenses	189,924	143,619
Payroll audit fees	113,200	102,000
Audit fees	31,800	31,800
Printing and postage	21,731	17,470
Other expenses	9,853	10,020
Trustee and delegate expenses	8,689	5,874
Total Expenses	6,191,569	8,266,754
Total Deductions	64,302,110	63,566,925
Investment Income (Loss)		
Interest and dividends	8,603,806	5,962,935
Net change in fair value of investments	(143,569,527)	150,503,001
Net Investment Income (Loss)	(134,965,721)	156,465,936
Net Increase (Decrease)	(161,154,969)	129,470,532
Net Assets Available For Benefits - Beginning Of Year	1,062,360,059	932,889,527
Net Assets Available For Benefits - End Of Year	\$ 901,205,090	\$ 1,062,360,059

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 And 2021

1. General Information

Description Of The Plan

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

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

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

Pension Benefits

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

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

Death And Disability Benefits

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

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

Contributions

Employers of participants contribute to the Plan for each hour worked by the participants in covered employment and at various rates negotiated through collective bargaining agreements, which are up to \$7.50 for each hour worked.

Employer contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. The Plan's employer contributions for the Plan years ended December 31, 2022 and 2021 met the minimum funding requirements of ERISA.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

Investment Valuation And Revenue Recognition

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

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

Actuarial Present Value Of Accumulated Plan Benefits

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

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

The significant assumptions underlying the actuarial computations as of January 1, 2022 and 2021 are as follows:

	2022	2021
Investment Rate Of Return	7.00%	7.00%
Mortality	Healthy lives: 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020	Healthy lives: 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020
	Disabled lives: 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020	Disabled lives: 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020
Future Benefit Accrual	Assumed 1.0 pension credit per year per active participant	

The valuations reflect deductions of \$1,600,000 for anticipated administrative expenses associated with providing benefits for both 2022 and 2021. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

3. Actuarial Present Value Of Accumulated Plan Benefits

The latest available actuarial reports were prepared as of January 1, 2022. The actuarial present value of accumulated plan benefits as of that date is as follows:

Actuarial present value of accumulated plan benefits:	
Vested participants currently receiving payments	\$ 531,863,992
Other vested benefits	371,113,254
Total vested benefits	<u>902,977,246</u>
Non-vested benefits	<u>37,236,120</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 940,213,366</u>

The changes in the actuarial present value of the accumulated plan benefits during the valuation year ended January 1, 2022 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 900,420,786
Factors that affected change in the actuarial present value of accumulated plan benefits:	
Plan amendments	25,865,412
Benefits accumulated, actuarial experience, changes in data	8,858,710
Interest	61,873,218
Benefits paid	(55,300,171)
Administrative expenses	<u>(1,504,589)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 940,213,366</u>

4. Tax Status

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

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

5. Fair Value Measurements

The Plan utilizes an established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

- 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.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

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

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

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

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

Money Market Funds

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

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

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

There have been no changes in the methodologies used at December 31, 2022 or 2021.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
U.S. Government and municipal securities	\$ —	\$ 7,590,097	\$ —	\$ 7,590,097
Corporate obligations	—	2,047,110	—	2,047,110
Corporate stocks	231,866,473	—	—	231,866,473
Money market funds	18,210,762	—	—	18,210,762
Total Assets In The Fair Value Hierarchy	\$ 250,077,235	\$ 9,637,207	\$ —	259,714,442
Pooled separate accounts measured at net asset value (a)				102,342,293
103-12 investment entities measured at net asset value (a)				112,856,086
Limited partnerships measured at net asset value (a)				145,710,221
Limited liability companies measured at net asset value (a)				45,837,683
Common/collective trusts measured at net asset value (a)				232,435,689
				<u>\$ 898,896,414</u>

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements (Continued)

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

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

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

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

	Fair Value		Unfunded	Redemption	Redemption
	2022	2021	Commitments	Frequency	Notice Period
103-12 Investment Entities					
Equity	\$ 47,317,248	\$ 46,803,720	\$ —	Daily	3 days
Hedge strategy	14,587,985	15,786,867	—	Monthly	5 days
Real estate	13,172,432	12,672,049	—	Quarterly	45 days
Fixed income	37,778,421	45,669,287	—	Weekly	4 days
Pooled Separate Accounts					
Real estate	102,342,293	111,959,699	—	Daily to Monthly	3 days to 3 months
Common/Collective Trusts					
Equity	166,837,249	143,813,358	—	Daily to weekly	2 to 10 days
Fixed income	65,598,440	76,344,608	—	Daily to monthly	0 to 15 days
Limited Liability Companies			—		
Real estate	31,144,965	29,941,539	8,246,138	Not Permitted,	90 days, N/A
Hedge strategy/fixed income	14,692,718	16,368,183	—	Monthly	7 days
Limited Partnerships					
Private investments	116,917,858	115,986,580	38,537,143	Not Permitted	N/A
Infrastructure	16,996,179	16,144,657	—	3/31 and 9/30	4 months
Fixed income	11,796,184	18,624,279	—	Monthly	30 days
Total	\$ 639,181,972	\$ 650,114,826	\$ 46,783,281		

6. Plan Termination

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

- Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

- c. All other vested benefits not insured by PBGC.
- d. All nonvested benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and the level of benefits guaranteed by the PBGC. In no event would any of the assets of the Plan revert to contributing employers.

7. Administrative Agreements And Related Party Transactions

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

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

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

The Plan has an agreement with BMO Harris to act as a custodian of assets held for investment. During 2022 and 2021, BMO Harris was an investment manager for one of the Plan's investments.

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

These transactions qualified as exempt party in interest transactions.

8. Risks And Uncertainties

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

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

9. Concentration Of Credit Risk

The Plan maintains cash accounts at BMO Harris Bank. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (without regard to outstanding items). At various times during the years ended December 31, 2022 and 2021, the Plan's cash balances exceeded FDIC limits.

Supplemental Schedules

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

Page 1 Of 9
December 31, 2022

Description Of Investment	No. Of Shares	Cost	Fair Value
Corporate Stocks			
Dalata Hotel Group Ord	193,862	\$ 901,768	\$ 675,758
Spin Master Corp Sub Vtg Com	38,053	920,794	935,794
Brp Inc/CA-Sub Voting	15,535	1,177,685	1,183,596
Autozone Inc Com	393	798,197	969,209
Cavco Inds Inc Del Com	351	83,736	79,414
Chipotle Mexican Grill Inc Cl A	318	240,209	441,222
Churchill Downs Inc Com	1,175	115,036	248,430
Chuys Hldgs Inc Com	6,700	132,104	189,610
D R Horton Inc Com	5,248	356,389	467,807
Dillards Inc Cl A	162	52,938	52,358
Dominos Pizza Inc Com	1,266	408,075	438,542
Dorman Products Inc Com	1,342	107,581	108,528
Expedia Inc Del Com New	5,319	869,827	465,944
Five Below Inc Com	4,381	674,026	774,867
Five Below Inc Com	3,093	371,438	547,059
Five Below Inc Com	1,800	255,031	318,366
Floor & Decor Hldgs Inc Cl A	6,445	547,889	448,765
Fox Factory Hldg Corp Com	3,150	239,237	287,375
Grand Canyon Ed Inc Com	2,950	347,681	311,697
Hilton Worldwide Hldgs Inc	5,832	726,016	736,932
Installed Bldg Prods Inc Com	741	69,563	63,430
Lennar Corp Cl A	22,700	1,892,240	2,054,350
Leslies Inc Com	82,813	1,743,711	1,011,147
Lithia Mtrs Inc Cl A Com	430	70,738	88,038
Lithia Mtrs Inc Cl A Com	850	97,332	174,029
Magnite Inc Com	11,303	209,576	119,699
Malibu Boats Inc Com Cl A	19,568	806,080	1,042,974
Marriott Vacations Wrldwde CP Com	1,001	97,805	134,725
Michelin Compagnie Generale Des Etablissements Michelin ADR	98,080	1,756,508	1,359,977
Monarch Casino & Resort Inc Com	1,781	117,535	136,941
Murphy USA Inc Com	816	118,102	228,105
O Reilly Automotive Inc New Com	945	677,827	797,608
O Reilly Automotive Inc New Com	783	489,714	660,875
Ollies Bargain Outlt Hldgs Inc Com	1,186	68,008	55,552
Oxford Inds Inc Com	1,500	115,130	139,770
Planet Fitness Inc Cl A	1,639	127,204	129,153
Pool Corporation Com	1,992	367,211	602,241
Revolve Group Inc Cl A	7,350	290,719	163,611
Seaworld Entmt Inc Com	4,026	212,137	215,431
Six Flags Entmt Corp New Com	5,447	118,817	126,643
Skyline Champion Corporation	579	37,824	29,824
Skyline Champion Corporation	2,749	71,449	141,601
Sony Corp Amern Sh New	21,960	2,156,255	1,675,109
Sonos Inc Com	10,190	157,373	172,211
Topbuild Corp Com	800	131,581	125,192
Topgolf Callaway Brands Corp	4,885	84,402	96,479
Tractor Supply Co Com	2,650	350,200	596,171
Travel Plus Leisure Co Com	7,686	427,767	279,770
Ulta Beauty, Inc.	1,523	615,932	714,394
Williams Sonoma Inc Com	3,417	580,510	392,682
Wingstop Inc Com	732	57,199	100,738
Wyndham Hotels & Resorts Inc Com	15,548	764,767	1,108,728
Royal Unibrew Dkk	12,734	1,012,000	905,170
Britvic Ord	112,904	1,086,467	1,055,381
Matsumotokiyoshi H Npv	30,200	1,116,069	1,510,755
Boston Beer Inc Cl A	1,327	459,177	437,273
Coca Cola Co Com	30,200	1,470,454	1,921,022

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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Description Of Investment	No. Of Shares	Cost	Fair Value
Constellation Brands Inc Cl A	6,265	\$ 1,409,753	\$ 1,451,914
E L F Beauty Inc Com	4,211	89,251	232,868
Arca Continental Com Npv	129,000	908,999	1,047,538
Hostess Brands Inc Cl A	21,031	482,359	471,936
Krispy Kreme Inc Com	10,020	172,464	103,406
Lamb Weston Hldgs Inc Com	5,535	426,598	494,608
Lamb Weston Hldgs Inc Com	5,215	359,714	466,012
Performance Food Group Co Com	2,745	133,469	160,281
Performance Food Group Co Com	4,200	152,019	245,238
Pricesmart Inc Com	1,200	69,009	72,936
Procter & Gamble Co Com	12,100	1,564,409	1,833,876
Sysco Corp Com	18,660	1,467,647	1,426,557
US Foods Hldg Corp Com	30,424	1,141,803	1,035,024
Galp Energia Eur	55,975	697,039	752,419
Antero Res Corp Com	32,001	913,597	991,711
Cvr Energy Inc Com	2,330	75,770	73,022
Coterra Energy Inc	74,400	1,398,883	1,828,008
Cactus Inc Cl A	20,314	558,943	1,020,982
Championx Corporation Com	7,850	140,106	227,572
Cheniere Energy Inc Com New	2,639	434,349	395,744
Diamondback Energy Inc Com	3,735	512,289	510,873
Earthstone Energy Inc Cl A	15,368	236,042	218,687
Liberty Energy Inc	77,007	1,111,424	1,232,882
Magnolia Oil & Gas Corp Cl A	9,745	152,462	228,520
Matador Res Co Com	4,650	231,916	266,166
Ovintiv Inc Com	2,217	112,956	112,424
Patterson-UTI Energy Inc Com	4,514	76,458	76,016
Phillips 66 Com	12,900	868,037	1,342,632
Trisura Group LTD	27,599	900,377	922,533
Ig Group Hldgs Ord	98,658	1,014,959	928,149
Zenkoku Hosho Co L Npv	25,200	811,668	964,573
Alignment Healthcare Inc Com	9,720	116,929	114,307
Ameriprise Finl Inc Com	7,080	1,377,347	2,204,500
Ameris Bancorp Com	4,300	157,439	202,702
Atlantic Un Bankshares Corp Com	3,150	115,193	110,691
Axos Finl Inc Com	2,623	78,898	100,251
Brp Group Inc Com Cl A	4,003	67,924	100,635
Blackstone Inc.	16,764	2,105,903	1,243,721
Capital One Finl Corp Com	16,240	1,680,028	1,509,670
Cincinnati Finl Corp Com	15,700	1,372,948	1,607,523
Commerce Bancshares Inc Com	43,605	2,530,669	2,968,192
Commerce Bancshares Inc Com	16,647	1,023,077	1,133,161
Cullen Frost Bankers Inc Com	10,500	1,074,691	1,403,850
East West Bancorp Inc Com	34,501	2,655,665	2,273,616
Flywire Corporation Com Vtg	11,636	257,750	284,733
Factset Resh Sys Inc Com	1,132	475,953	454,170
Houlihan Lokey Inc Cl A	2,489	142,559	216,941
Kinsale Cap Group Inc Com	1,377	358,753	360,113
LPL Finl Hldgs Inc Com	2,393	541,475	517,295
Lincoln Natl Corp Ind Com	10,173	325,773	312,515
Bankinter Sa	133,041	647,976	888,925
MCSI Inc Cl A	1,336	603,201	621,467
Mitsubishi Ufj Finl Group Inc	156,400	728,183	1,043,188
Morningstar Inc Com	4,164	693,741	901,881
National Bk Hldgs Corp Cl A	2,155	86,662	90,661
Israel Discount Bk	161,985	964,945	849,987
Jafco Co LTD Npv	66,233	830,856	1,128,532
Pjt Partners Inc Com Cl A	2,310	183,919	170,224

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Description Of Investment	No. Of Shares	Cost	Fair Value
PNC Finl Svcs Group Inc Com	10,900	\$ 1,584,381	\$ 1,721,546
Pinnacle Financial Partners Com	7,440	503,183	546,096
Pinnacle Financial Partners Com	2,950	170,129	216,530
Raymond James Finl Inc Com	3,649	360,773	389,896
Ryan Specialty Group Hldgs Inc Cl A	9,455	364,409	392,477
Svb Finl Group Com	1,819	598,642	418,625
Stifel Finl Corp Com	2,350	92,670	137,170
Triumph Bancorp Inc Com	1,108	43,119	54,148
Western Alliance Bancorp Com	6,045	567,819	360,040
Icon PLC Shs	10,374	2,070,835	2,015,150
Icon PLC Shs	3,100	445,609	602,175
Livanova PLC Shs	1,173	89,326	65,148
Medtronic PLC Shs	16,200	1,729,135	1,259,064
Alcon Inc Ord Shs	21,500	1,567,511	1,473,825
Stevanato Group S P A Ord Shs	33,054	672,589	593,980
Adma Biologics Inc Com	10,055	29,351	39,013
Abcellera Biologics Inc Com	101,404	954,009	1,027,223
Acadia Healthcare Company Inc Com	2,607	111,328	214,608
Acadia Pharmaceuticals Inc Com	12,106	207,014	192,728
Adapthealth Corp Com Cl A	4,567	114,495	87,778
Albireo Pharma Inc Com	8,600	246,866	185,846
Align Technology Inc Com	1,259	336,597	265,523
Align Technology Inc Com	1,966	751,125	414,629
Amgen Inc Com	8,200	1,985,805	2,153,648
Apollo Medical Hldgs Inc Com New	1,516	61,941	44,858
Arcutis Biotherapeutics Inc Com	10,108	196,195	149,598
Array Technologies Inc Com Shs	5,392	105,188	104,227
Atricure Inc Com	3,850	113,947	170,863
Avid Bioservices Inc Com	5,402	52,602	74,386
Axonics, Inc	1,731	44,345	108,239
Biocryst Pharmaceuticals Inc Com	7,403	94,676	84,986
Biocryst Pharmaceuticals Inc Com	10,360	146,056	118,933
Azenta Inc.	3,622	265,203	210,873
Bruker Corp Com	1,359	58,130	92,888
Cardiovascular Sys Inc Del Com	4,950	202,778	67,419
Castle Biosciences Inc Com	3,171	158,942	74,645
Catalent Inc Com	22,380	1,489,431	1,007,324
Catalent Inc Com	6,953	469,559	312,955
Cerus Corp Com	14,722	63,381	53,735
Quidelortho Corp Com	13,814	1,745,195	1,183,445
Artivion, Inc.	4,070	81,734	49,328
Artivion, Inc.	6,498	151,766	78,756
Cryoport Inc Com Par	5,451	223,110	94,575
Cullinan Management Inc Com	2,195	32,320	23,157
Danaher Corp Com	8,532	2,023,896	2,264,563
Davita Inc	4,971	330,928	371,185
Dexcom Inc Com	4,889	625,829	553,630
Dexcom Inc Com	5,576	360,421	631,426
Doximity Inc Cl A	13,054	417,093	438,092
Envista Hldgs Corp Com	48,875	1,504,033	1,645,621
Exelixis Inc Com	21,226	358,728	340,465
Globus Med Inc Cl A New	3,181	162,760	236,253
Halozyne Therapeutics Inc Com	17,716	764,611	1,008,040
Halozyne Therapeutics Inc Com	2,627	52,897	149,476
Halozyne Therapeutics Inc Com	4,163	135,474	236,875
Healthequity Inc Com	3,218	152,285	198,358
Humana Inc Com	838	401,959	429,215
ICU Medical Inc Com	757	174,511	119,212

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Idexx Laboratories Inc Com	1,501	\$ 424,676	\$ 612,348
Incyte Corp Com	7,264	583,188	583,445
Insmmed Inc Com Par	6,425	220,345	128,372
Insulet Corp Com	2,473	281,045	728,026
Integra Lifesciences Hldgs Corp Com New	3,219	193,061	180,489
Intra Cellular Therapies Inc Com	1,575	62,300	83,349
Intra Cellular Therapies Inc Com	3,453	186,083	182,733
Ionis Pharmaceuticals Inc Com	10,467	444,472	395,339
Ionis Pharmaceuticals Inc Com	924	37,592	34,899
Iovance Biotherapeutics Inc Com	3,244	40,566	20,729
Iqvia Hldgs Inc Com	4,187	866,233	857,874
Keros Therapeutics Inc Com	792	49,633	38,032
Kezar Life Sciences Inc Com	2,826	15,370	19,895
Ligand Pharmaceuticals Inc Com New	388	24,338	25,918
Medpace Hldgs Inc Com	1,200	135,800	254,892
Merck & Co Inc New Com	18,073	1,608,234	2,005,199
Molina Healthcare Inc Com	1,599	221,889	528,022
Neurocrine Biosciences Inc Com	2,382	285,160	284,506
Nextgen Healthcare Inc Com	42,188	747,618	792,291
Nuvasive Inc Com	1,933	96,391	79,717
Omniceil Inc Com	1,392	112,473	70,185
Omnib Inc Com	0.23	2	1
Oyster Point Pharma Inc Com	8,968	220,266	100,173
PTC Therapeutics Inc Com	1,969	83,527	75,157
Phathom Pharmaceuticals Inc Com	9,348	301,736	104,885
Protagonist Therapeutics Inc Com	1,677	36,743	18,296
Reata Pharmaceuticals Inc Cl A	895	51,328	34,001
Repligen Corp Com	2,818	403,953	477,116
Resmed Inc Com	2,580	454,580	536,975
Sarepta Therapeutics Inc Com	3,119	277,808	404,160
Seagen Inc Com	3,656	637,782	469,833
Shockwave Med Inc Com	89	26,249	18,299
Supernus Pharmaceuticals Inc Com	5,189	124,972	185,092
Surgery Partners Inc Com	2,223	29,793	61,933
Tandem Diabetes Care Inc Com New	1,685	124,372	75,741
Traverse Therapeutics Inc Com	1,287	31,502	27,066
Traverse Therapeutics Inc Com	6,423	112,166	135,076
U S Physical Therapy Inc Com	1,346	165,493	109,066
Ultragenyx Pharmaceutical Inc Com	7,187	332,305	332,974
United Therapeutics Corp Del Com	4,564	632,825	1,269,203
Veracyte Inc Com	5,514	154,679	130,847
Vericel Corp Com	7,396	159,213	194,811
Zentalis Pharmaceuticals Inc Com	1,037	31,167	20,885
Aalberts Inds	28,163	956,548	1,087,672
Personal Holdings Co Npv	49,300	1,012,402	1,056,743
Als Limited Npv	142,968	1,306,906	1,186,066
Gates Industrial Corpratin PLC Ord	81,944	1,272,251	934,981
Trane Technologies PLC Shs	4,127	599,398	693,707
Agco Corp Del Com	1,073	136,042	148,814
Asgn Inc Com	1,535	84,259	125,072
Advanced Drain Sys Inc Del Com	3,428	300,572	280,993
Advanced Drain Sys Inc Del Com	5,025	548,316	411,899
Alamo Group Inc Com	1,335	148,840	189,036
Allison Transmission Hldgs Inc Com	11,074	477,067	460,678
Armstrong World Inds Inc New Com	17,603	1,370,283	1,207,390
Armstrong World Inds Inc New Com	1,896	161,555	130,047
Atkore Inc.	10,611	433,154	1,203,500
Atkore Inc.	3,361	222,122	381,205

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Axon Enterprise Inc Com	1,133	\$ 71,556	\$ 187,999
Carlisle Cos Inc Com	4,277	663,252	1,007,875
Carlisle Cos Inc Com	164	48,465	38,647
Casella Waste Sys Inc Cl A	1,848	70,496	146,565
Chart Industries Inc	681	108,652	78,472
Columbus McKinnon Corp	35,250	1,397,114	1,144,568
Copart Inc Com	10,734	522,563	653,593
Costar Group Inc Com	6,934	506,291	535,860
Curtiss Wright Corp Com	7,066	800,786	1,179,951
Delta Air Lines Inc Del Com New	11,809	509,775	388,044
Exponent Inc Com	2,702	149,840	267,741
Fastenal Co Com	9,832	366,166	465,250
Forrester Research Inc Com	3,050	152,676	109,068
Generac Hlds Inc Com	2,707	441,963	272,487
General Dynamics Corp Com	7,100	1,051,688	1,761,581
Gibraltar Inds Inc Com	3,925	225,704	180,079
Graco Inc Com	7,080	363,289	476,201
Grainger W W Inc Com	506	283,640	281,463
Heico Corp New Com	4,363	514,568	670,331
Helios Technologies Inc Com	2,600	148,619	141,544
Hexcel Corp Com	4,250	259,527	250,113
Honeywell International Inc Com	8,780	1,977,625	1,881,554
Hunt J B Trans Svcs Inc Com	1,859	206,646	324,135
Ilex Corp Com	2,876	534,036	656,677
Ingersoll Rand Inc Com	11,020	529,410	575,795
Insperity Inc Com	831	51,979	94,402
John Bean Technologies Corp Com	790	85,482	72,151
Rada Electr Inds LTD Com	5,926	66,065	75,734
Lyft Inc Cl A Com	19,796	655,477	218,152
Mastec Inc Com	703	54,447	59,987
Arcadis NV	23,264	598,417	910,126
Mercury Systems Inc	1,492	110,815	66,752
Middleby Corp Com	10,651	1,568,218	1,426,169
NV5 Global, Inc	862	78,215	114,060
Misumi Group Inc Npv	38,800	868,127	846,675
Oshkosh Truck Corp Com	11,905	1,348,451	1,049,902
Pgt Innovations, Inc.	31,838	546,446	571,810
Parker Hannifin Corp Com	7,200	1,936,785	2,095,200
RBC Bearings Inc Com	2,372	440,778	496,578
RBC Bearings Inc Com	1,332	185,800	278,854
Shyft Group Inc Com	11,400	137,884	283,404
Siteone Landscape Supply Inc Com	2,235	143,123	262,210
Tetra Tech Inc New Com	881	59,251	127,912
Trex Co Inc Com	8,002	406,892	338,725
Trex Co Inc Com	7,294	323,087	308,755
Trex Co Inc Com	1,714	64,446	72,554
Ufp Industries Inc Com	1,228	46,245	97,319
Vertiv Holdings LLC Com Cl A	19,924	232,883	272,162
Watsco Inc Cl A	1,598	435,554	398,541
Willscot Mobil Mini Hldng Corp Com	4,063	90,785	183,526
Xylem Inc Com	17,800	1,728,204	1,968,146
Crayon Group Hld Nok	100,103	1,756,519	1,017,006
Auto Trader Group Ord WI	130,289	776,801	808,164
Sesa Npv	9,706	1,459,435	1,200,188
Amdocs LTD Com	9,364	807,538	851,188
Ci&t Inc Com Cl A	2,859	42,440	18,584
Globant S A Com	3,142	706,732	528,359
Cyberark Software LTS Shs	3,249	410,854	421,233

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Cyberark Software LTS Shs	1,550	\$ 227,034	\$ 200,958
Wix Com LTD Shs	3,448	275,011	264,910
Elastic N V Ord Shs	827	67,801	42,591
Adobe Inc.	5,540	2,608,978	1,864,376
Allegro Microsystems Inc Com	5,477	168,772	164,420
Allegro Microsystems Inc Com	5,000	150,490	150,100
Ansys Inc Com	1,836	609,800	443,559
Ansys Inc Com	7,000	2,574,671	1,691,130
Arista Networks Inc Com	6,488	586,010	787,319
Arista Networks Inc Com	4,920	612,797	597,042
Autodesk Inc Com	8,491	1,623,228	1,586,713
Booz Allen Hamilton Hldg Corp Cl A	4,514	486,983	471,803
Broadridge Finl Solutions Inc Com	4,431	620,035	594,330
Cdw Corp Com	3,585	380,147	640,209
Caci Intl Inc Cl A	650	120,439	195,384
Cadence Design Sys Inc Com	4,146	586,466	666,013
Ciena Corp Com New	13,575	585,661	692,054
CommScope Hldg Co Inc Com	24,826	288,178	182,471
Commvault Sys Inc Com	2,176	106,573	136,740
Consensus Cloud Solutions Inc Com	2	78	108
Descartes Sys Group Inc Com	9,312	343,215	648,717
CrowdStrike Hldgs Inc Cl A	4,789	886,370	504,234
Dell Technologies Inc Cl C	8,575	298,927	344,887
Descartes Sys Group Inc Com	3,295	120,834	229,497
Docusign Inc Com	8,095	548,357	448,625
Dropbox Inc Cl A	18,861	399,509	422,109
Enphase Energy Inc Com	2,012	583,902	533,100
Epam Sys Inc Com	1,571	556,467	514,880
Epam Sys Inc Com	1,826	385,488	598,453
Euronet Worldwide Inc Com	4,859	690,169	458,592
Euronet Worldwide Inc Com	1,108	152,450	104,573
Extreme Networks Inc Com	4,311	86,078	78,934
F5 Inc	4,898	707,799	702,912
FIVE9 Inc Com	1,425	125,449	96,701
Fortinet Inc Com	16,519	329,785	807,614
Henry Jack & Assoc Inc Com	3,090	590,455	542,480
Impinj Inc Com	291	26,411	31,771
Infinera Corp Com	15,255	116,916	102,819
Jabil, Inc	6,331	391,006	431,774
Keysight Technologies Inc Com	4,096	373,979	700,703
Lattice Semiconductor Corp Com	6,256	349,752	405,889
Leidos Hldgs Inc Com	8,784	821,524	923,989
Littlefuse Inc Com	4,018	1,017,278	884,764
Mks Instruments Inc Com	7,827	801,184	663,182
Macom Technology Solutions Holdings, Inc	2,348	90,377	147,877
Macom Technology Solutions Holdings, Inc	2,800	87,906	176,344
Maxlinear Inc Com	2,500	83,659	84,875
Microsoft Corp Com	11,770	2,651,805	2,822,681
Microchip Technology Inc Com	28,200	2,001,832	1,981,050
Monolithic Pwr Sys Inc Com	1,308	177,985	462,522
NCR Corp New Com	10,136	366,022	237,284
Netapp Inc Com	7,419	495,062	445,585
New Relic Inc Com	5,354	311,772	302,233
Novanta Inc Com	2,441	329,525	331,659
on Semiconductor Corp Com	8,773	570,566	547,172
Taiyo Yuden Co LTD Npv	26,300	871,502	763,480
PTC Inc Com	8,571	916,063	1,028,863
PTC Inc Com	3,224	282,678	387,009

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Pagerduty Inc Com	3,174	\$ 115,814	\$ 84,301
Palo Alto Networks Inc Com	2,540	438,051	354,432
Paycom Software Inc Com	1,515	412,418	470,120
Paycor Hcm Inc Com	9,477	249,248	231,902
Paylocity Hldg Corp Com	560	66,021	108,786
Paypal Hldgs Inc Com	7,230	1,756,679	514,921
Pegasystems Inc Com	9,684	469,322	331,580
Perficient Inc Com	518	35,426	36,172
Power Integrations Inc Com	3,338	310,759	239,401
Pure Storage Inc Cl A	13,266	298,805	354,998
Qualcomm Inc Com	14,250	2,307,966	1,566,645
RAPID7 Inc Com	2,350	138,497	79,853
Ringcentral Inc Cl A	6,290	279,720	222,666
Semtech Corp Com	4,315	154,367	123,797
SHIFT4 Pmts Inc Cl A	1,601	88,645	89,544
Silicon Laboratories Inc Oc Com	1,682	186,525	228,197
Smartsheet Inc Com Cl A	9,524	350,213	374,865
Solaredge Technologies Inc Com	1,382	404,355	391,479
Solarwinds Corp Com New	107	2,172	1,002
Splunk Inc Com	5,861	618,471	504,573
Sterling Check Corp Com	46,419	1,122,275	718,102
Synaptics Inc Com	337	70,885	32,069
Synopsys Inc Com	2,120	253,466	676,895
Teradyne Inc Com	5,618	639,261	490,732
Thoughtworks Holding Inc Com	21,793	344,978	222,071
Tyler Technologies Inc Com	1,558	395,575	502,315
Varonis Sys Inc Com	7,612	157,700	182,231
Verisign Inc Com	1,959	409,047	402,457
Viavi Solutions Inc Com	17,500	247,486	183,925
Wns Hldgs LTD Sponsored ADR	1,634	90,598	130,704
Wex Inc Com	1,562	267,239	255,621
Zscaler Inc Com	2,814	672,209	314,887
Akzo Nobel NV Rev Split	12,793	885,474	853,139
Stelco Hldgs Inc Npv	25,418	338,232	830,871
Albermarle Corp Com	2,347	634,475	508,970
Ashland Inc	5,414	571,827	582,167
Avient Corporation Com	6,566	191,386	221,668
Balchem Corp Com	1,600	160,328	195,376
Boise Cascade Co Del Com	1,454	84,555	99,846
Cf Inds Hldgs Inc Com	5,796	532,023	493,819
Corteva Inc Com	48,600	1,986,890	2,856,708
Eagle Matls Inc Com	7,796	770,357	1,035,699
Eagle Matls Inc Com	3,047	336,032	404,794
Ecolab Inc Com	9,213	2,004,593	1,341,044
Ingevity Corp Com	20,763	1,431,474	1,462,546
Martin Marietta Materials Com	5,500	1,622,578	1,858,835
Quaker Chemical Corp Com	675	126,291	112,658
Rpm Intl Inc Com	17,600	1,472,992	1,715,120
Sealed Air Corp New Com	7,380	433,122	368,114
Open House Co LTD Npv	21,000	596,427	767,202
Dream Indl Trust Unit	129,389	1,595,151	1,116,344
Sirius Real Estate Ord Npv	776,004	1,302,310	690,835
Storagevault Canada Inc Com	127,877	264,600	568,166
Crown Castle Intl Corp New Com	10,160	1,608,372	1,378,102
Equity Lifestyle Pptys Inc Com	15,166	1,005,548	979,724
Independence Rlty Tr Inc Com	6,769	91,532	114,125
Innovative Indl Pptys Inc Com	1,036	94,363	104,999
MP Materials Corp Com Cl A	3,012	92,720	73,131

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National Storage Affiliates Tr Com Shs Ben In	22,469	\$ 726,888	\$ 811,580
Hulic Co LTD Npv	138,200	1,290,570	1,089,393
Plymouth Indl REIT Inc Com	44,010	1,046,924	844,112
Ryman Hospitality Pptys Inc Com	2,178	179,183	178,117
Stag Indl Inc Com	6,000	175,563	193,860
Zillow Group Inc CI A	778	30,511	24,281
Spotify Technology S A Shs	5,933	756,568	468,410
Live Nation Entertainment, Inc	2,527	178,362	176,233
Madison Square Garden Sports Corp	11	1,873	2,017
Playtika Hldg Corp Com	6,975	90,854	59,357
World Wrestling Entmt Inc CI A	4,077	304,370	279,356
Italgas Spa Npv	261,868	1,584,650	1,448,774
Atmos Energy Corp Com	16,300	1,736,277	1,826,741
Nippon Gas Co LTD Npv	75,700	1,026,255	1,194,593
Vistra Corp	16,188	393,631	375,562
Xcel Energy Inc Com	27,309	1,848,056	1,914,634
Shurgard Self Stor Npv	14,251	437,458	650,949
JD Sports Fashion Ord	555,030	1,049,449	842,331
Nexus Industrial REIT Tr Unit	127,845	1,279,018	909,590
Contra Ligand Pharmace	147	1,203	1,203
Contra Ligand Pharmace	147	1,203	1,203
Total Corporate Stocks		228,525,996	231,866,473
U.S. Government And Municipal Securities			
US Treasury Note 0.875% Dtd 1/31/2022 Due 1/31/2024	300,000	297,270	287,988
US Treasury Note 1.75% Dtd 3/15/2022 Due 3/15/2025	1,000,000	974,102	945,080
US Treasury Note 2.25% Dtd 3/31/2022 Due 3/31/2024	1,500,000	1,475,039	1,455,585
US Treasury Note 2.50% Dtd 5/31/2022 Due 5/31/2024	1,000,000	998,984	970,360
US Treasury Note 3.125% Dtd 8/15/2022 Due 8/15/2025	2,000,000	1,931,094	1,942,040
US Treasury Note 2.75% Dtd 4/30/2018 Due 4/30/2023	400,000	407,203	397,772
US Treasury Note 2.875% Dtd 5/31/2018 Due 5/31/2025	1,500,000	1,485,059	1,450,500
Federal Home Ln Mtg Corp Partn CTF Group #SD8106 2.000% Dtd 10/01/2020 Due 11/01/2050 IPD24	3	3	3
Bexar Cnty Tex Rev Taxable Ref Bds Taxable 0.76% Dtd 08/15/2021 Due 08/15/2024 Non-Callable	150,000	150,000	140,769
Total U.S. Government And Municipal Securities		7,718,754	7,590,097
Corporate Obligations			
Bank New York Mellon Corp Fr 0.85% Dtd 10/25/2021 Due 10/25/2024 Callable	75,000	74,951	69,850
Chevron Corp New Sr NT 1.141% Dtd 05/11/2020 Due 05/11/2023 Callable	100,000	100,000	98,704
Conocophillips Company Sr NT 2.4% Dtd 3/8/2022 Due 3/7/2025 Callable	170,000	169,799	161,573
Consolidated Edison Inc Sr Gbl 2020 A 0.65% Dtd 12/03/2020 Due 12/01/2023 Callable	100,000	100,016	96,027
Drive Auto Recv Tr Ser 2019 3 CI D 3.18% Dtd 6/19/2019 Due 10/15/2026	145,143	146,969	143,422
Exeter ATM Rec Tr Ser 2022 1 CI A 3 1.54% Dtd 2/23/2022 Due 7/15/2025	150,000	149,638	148,869
Ford Credit Auto Onr Tr Ser 2022 B CI A 3 3.74% Dtd 6/27/2022 Due 9/15/2026	135,000	134,993	131,976
Gls Auto Recv Issuer Tr Ser 2022 3 CI A 2 4.59% Dtd 9/20/2022 Due 5/15/2026	150,000	149,989	149,083
Hormel Foods Corp Sr NT 0.65% Dtd 06/03/2021 Due 06/03/2024 Callable	140,000	139,975	131,837
Hyundai Auto Lease Tr Ser 2022 C CI A 2 A 4.34% Dtd 9/21/2022 Due 1/15/2025	140,000	139,998	138,915
Lehman Brth Hld Escrow 6.75% Dtd 12/21/2007 Due 12/28/2017 (In Default)	240,000	239,822	36
Metropolitan Life Global Fdg I Fr 1.95% Dtd 01/13/2020 Due 01/13/2023 Non-Callable	100,000	99,957	99,925
National Rural Utils Coop Fin Fr 3.45% Dtd 5/4/2022 Due 6/15/2025 Callable	150,000	146,393	144,690
Octane Receivables Tr Ser 2021 1 CI A 0.93% Dtd 5/5/2021 Due 3/22/2027	99,814	97,361	96,433
Enterprise Fleet Fing 2022-1 LLC Asset Backed NT CI A-2 144a 3.03% Dtd 3/30/2022 Due 1/20/2028 IPD19	142,972	142,949	139,154
Synchrony Card Isnce Tr Ser 2022 2 CI A 3.896% Dtd 7/15/2022 Due 7/15/2028	300,000	299,960	292,559
Lehman Broth Hld In Escrow 5.857% Dtd 05/17/2007 Due 11/30/2056 (In Default)	150,000	145,106	15
Gcb Lehman Brothers Hl Escrow 0.01% Dtd 06/14/2006 Due 08/19/2065 (In Default)	80,000	48,800	—
Sofi Professional Ln Program 2017-A LLC Post Graduate Ln Asset Backed 144a NT CI A-1 Fltg Rate Dtd 2/9/21	4,049	4,049	4,042
Total Corporate Obligations		2,530,725	2,047,110

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

Page 9 Of 9
December 31, 2022

Description Of Investment	No. of Units	Cost	Fair Value
103-12 Investment Entities			
LSV International Value Equity Trust	173,539	\$ 27,346,156	\$ 47,317,248
Parametric Defensive Equity Fund LLC	—	10,851,288	14,587,985
Ullico Infrastructure Tax-Exempt Fund, LP	54,836	12,500,000	13,172,432
Western Asset US Core Plus LLC	1,809,831	45,854,810	37,778,421
Total 103-12 Investment Entities		96,552,254	112,856,086
Pooled Separate Accounts			
Principal US Property Sep Acct	1,060,023	26,000,000	79,182,168
Ullico Separate Account J	1,358,870	18,099,248	23,160,125
Total Pooled Separate Accounts		44,099,248	102,342,293
Common/Collective Trusts			
MFS Emerging Markets Debt Fund	687,397	14,947,241	13,782,308
MacKay Shields Core Plus Bond CIT	3,600,122	36,932,107	39,025,325
Chevy Chase Trust Company - ASB Labor Equity Index Fund	2,120,252	43,242,538	76,824,148
AFL-CIO Housing Investment Trust	13,344	14,069,055	12,790,807
Wellington Trust Company CTF Emerging Markets Research Equity	3,083,835	45,201,287	38,054,518
BNYM Mellon DB SL Large Cap Growth Stock Index Fund	34,543	53,266,639	51,958,583
Total Common/Collective Trusts		207,658,867	232,435,689
Limited Liability Companies			
Invesco Strategic Opportunities III Onshore Feeder, LLC	—	503,439	2,091,636
Neuberger Berman US Equity Index PutWrite Fund LLC	—	11,399,936	14,692,718
US Real Estate Investment Fund, LLC	—	14,923,693	29,053,329
Total Limited Liability Companies		26,827,068	45,837,683
Limited Partnerships			
Entrustpermal Special Opportunities Fund IV LTD	8,996	10,325,463	9,303,851
Entrust Special Opportunities Fund III LTD	—	4,196,988	3,570,785
Hamilton Lane Capital Opportunities Fund LP	—	—	318,527
Hamilton Lane Secondary Feeder Fund IV-A LP	—	1,250,676	8,061,269
StepStone VC Secondaries Fund IV, LP	—	7,997,337	13,122,557
Yucaipa American Allegiance Fund II, LP	—	2,214,585	5,988,181
Yucaipa American Allegiance Fund III, LP	—	5,231,693	9,229,552
First Eagle Bank Loan Select Fund (Offshore)	—	9,672,967	11,796,184
JP Morgan IIF ERISA LP	21,281,470	13,920,918	16,996,179
Siguler Guff Distressed Opportunity Fund V, LP	—	7,280,901	9,791,366
Siguler Guff Emerging Markets Opportunities Fund IV, LP	—	7,965,945	11,211,050
Siguler Guff Small Buyout III, LP	—	3,058,333	10,096,661
Siguler Guff Small Buyout IV, LP	—	8,828,124	13,354,710
Invesco Mortgage Recovery Feeder Loan Fund, LP	—	885,564	387,084
ElmTree U.S. Net Lease Fund IV, LP	—	6,059,930	7,141,371
Aberdeen Standard U.S. Private Equity IX, LP	—	7,453,317	10,781,526
RCP Multi-Strategy Cayman Feeder, LP	—	4,200,000	4,559,368
Total Limited Partnerships	—	100,542,741	145,710,221
Money Market Funds			
GS Financial Sq Trsy Obligations Cap 1858	10,354,242	\$ 10,354,242	\$ 10,354,242
GS Financial Sq Gov #466	7,856,520	7,856,520	7,856,520
Total Money Market Funds		18,210,762	18,210,762
Total Investments		\$ 732,666,963	\$ 898,896,414

* Represents party in interest

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2022

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
BMO Harris Bank N.A. *								
GS Financial Sq Gov #466	780	—	\$ 125,448,453	\$ —	\$ —	\$ —	\$ 125,448,453	\$ —
GS Financial Sq Gov #466	—	380	—	117,591,933	—	117,591,933	117,591,933	—

* Represents party in interest

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

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment D to 2022 Form 5500 Schedule MB

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

Schedule of Active Participant Data as of January 1, 2022																						
	Completed Years of Credited Service																					
	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		Total	
Attained Age	Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit			
	Number		Number		Number		Number		Number		Number		Number		Number		Number		Number			
Under 25	50	\$ 36	395	\$ 128	27	\$ 445	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	472	\$ 137
25 to 29	20	\$ 37	356	\$ 178	158	\$ 533	6	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	540	\$ 283
30 to 34	22	\$ 39	266	\$ 182	201	\$ 588	56	\$ 961	13	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	558	\$ 430
35 to 39	19	N/A	170	\$ 170	146	\$ 572	86	\$ 1,009	79	\$ 1,528	20	\$ 2,312	0	N/A	0	N/A	0	N/A	0	N/A	520	\$ 705
40 to 44	32	\$ 35	167	\$ 164	107	\$ 546	79	\$ 1,104	97	\$ 1,620	94	\$ 2,405	9	N/A	0	N/A	0	N/A	0	N/A	585	\$ 999
45 to 49	11	N/A	80	\$ 175	72	\$ 621	61	\$ 1,097	76	\$ 1,538	96	\$ 2,284	54	\$ 3,058	4	N/A	0	N/A	0	N/A	454	\$ 1,415
50 to 54	5	N/A	73	\$ 183	70	\$ 584	65	\$ 1,062	58	\$ 1,624	91	\$ 2,241	61	\$ 3,082	21	\$ 3,393	1	N/A	0	N/A	445	\$ 1,540
55 to 59	5	N/A	40	\$ 171	42	\$ 556	41	\$ 993	62	\$ 1,522	66	\$ 2,265	60	\$ 2,940	18	N/A	7	N/A	1	N/A	342	\$ 1,722
60 to 64	2	N/A	12	N/A	23	\$ 515	21	\$ 1,028	27	\$ 1,520	31	\$ 2,342	15	N/A	8	N/A	8	N/A	1	N/A	148	\$ 1,751
65 to 69	1	N/A	4	N/A	3	N/A	2	N/A	3	N/A	1	N/A	1	N/A	1	N/A	0	N/A	0	N/A	16	N/A
70 & Up	0	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	3	N/A
Total	167	\$ 36	1,565	\$ 164	849	\$ 565	417	\$ 1,037	415	\$ 1,564	399	\$ 2,310	201	\$ 3,024	52	\$ 3,353	16	N/A	2	N/A	4,083	\$ 883

Average Age = 39.87

Average Service = 9.16

CONSTRUCTION INDUSTRY LABORERS WELFARE FUND

EIN: 44-0568755 PLAN NUMBER: 501
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2022

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain
Series Of Transactions In Excess Of 5%								
Financial Square Tr Government Institutional Class 465	125	—	\$ 6,128,784	\$ —	\$ —	\$ —	\$ 6,128,784	\$ —
Financial Square Tr Government Institutional Class 465	—	26	—	6,335,778	—	6,335,778	6,335,778	—

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan Construction Industry Laborers' Pension Fund	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Construction Industry Laborers' Pension Fund	D Employer Identification Number (EIN) 43-6060737	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2022</u>		
b Assets		
(1) Current value of assets	1b(1)	1,060,665,943
(2) Actuarial value of assets for funding standard account	1b(2)	992,310,552
c (1) Accrued liability for plan using immediate gain methods	1c(1)	918,190,802
(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)	918,190,802
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)	1,880,714,564
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	42,618,361
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	62,620,993
(3) Expected plan disbursements for the plan year	1d(3)	64,755,262
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 <i>Kathy Swan</i> Signature of actuary	<u>10/9/2023</u> Date 23-07736 Most recent enrollment number (877) 243-4766	
Type or print name of actuary Kathy Swan		
Firm name Cheiron, Inc.		
Address of the firm 8300 Greensboro Drive Suite 800 McLean VA 22102		
Telephone number (including area code) (877) 243-4766		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1,060,665,943
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5,634	882,970,425
(2) For terminated vested participants	3,514	385,134,671
(3) For active participants:		
(a) Non-vested benefits.....		106,106,073
(b) Vested benefits.....		506,503,395
(c) Total active	4,083	612,609,468
(4) Total	13,231	1,880,714,564
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.40%

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
07/01/2022	38,007,035				
Totals ▶			3(b)	38,007,035	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	108.1%
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	2.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.3%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,546,778
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	22,482,463	2,306,966

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	☐ Yes ☐ No	
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	15,118,532

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	319,340,204	40,346,191
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 3,882,531**e** Total charges. Add lines 9a through 9d.....**9e** 59,347,254**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 180,576,358**g** Employer contributions. Total from column (b) of line 3.....**9g** 38,007,035**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	138,763,846	23,568,924

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 15,597,918**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**9j(1)** 130,085,400**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 717,028,836**(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** 257,750,235**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 198,402,981**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2022 plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

Schedule MB, Line 6 – Summary of Plan Provisions

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

1. Participation

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

2. Plan Year (Pension Credit Year)

January 1 through December 31

3. Year of Credited Service

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

4. Year of Vested Service

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

5. Eligibility Service for Special Regular Pension

For service on or before December 31, 2008:

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

For service on or after January 1, 2009:

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

6. Regular Pension

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

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

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

Schedule MB, Line 6 – Summary of Plan Provisions

7. Special Regular Pension

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

Amount: Regular pension accrued.

8. Early Retirement

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

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

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

9. Regular Deferred Pension

Eligibility: Age 55 and five years of Vesting Service.

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

10. Disability Retirement

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

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

11. Pre-Retirement Death Benefits

Only one of the following is payable:

Spouse's Benefit:

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

When Paid: Immediately.

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

Lump Sum Death Benefit:

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

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

Schedule MB, Line 6 – Summary of Plan Provisions

12. Post-Retirement Death Benefits

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

13. Forms of Payment

The normal forms of payment are the following:

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

The optional forms of payment are the following:

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

14. Contribution Rate

Varies from \$1.30 to \$7.60 an hour.

Average as of January 1, 2022: \$5.66

15. Changes in Plan Provisions Since Last Valuation

As of January 1, 2022, benefit amounts are based on 1.00% of 100% of the contributions paid on employee's behalf for contributions on or after January 1, 2010, rather than 1.00% of 85% of contributions. This change was only for benefit payments payable on or after January 1, 2022.

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

Actuarial Assumptions

1. Valuation Date

January 1, 2022

2. Rates of Investment Return

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

The RPA '94 current liability rate is 2.22%.

6.50% for Withdrawal Liability.

3. Rates of Mortality

Funding

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

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

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

RPA '94 Current Liability

IRS 2022 Static Mortality Table

4. Annual Administrative Expenses

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

For determining the present value of accumulated benefits FASB ASC 960, the expense assumption is assumed to be \$120.93 per participant for the current plan year and increasing at the rate of 2.0% per year.

5. Future Benefits Accrual

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

6. Percentage Married

80%

7. Spouse's Age

Females are assumed to be three years younger than males.

8. Unknown Data for Participants:

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

9. Current Inactive Vesteds

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

Plan Name: Construction Industry Laborers' Pension Fund
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Attachment B to 2022 Form 5500 Schedule MB

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

10. Form of Benefit

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

11. Rates of Turnover

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

12. Rates of Retirement

Rates vary by age and eligibility for Special Regular Pension:

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

13. Retirement Age for Inactive Vested Participants

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

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

14. Rates of Disability

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

15. Rationale of Economic and Demographic Assumptions

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

16. Summary of Changes Since Last Valuation

The RPA '94 current liability interest rate was changed from 2.43% to 2.22% to comply with appropriate guidance.

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

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

Actuarial Methods

1. Funding Method: Unit Credit Cost Method

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

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

2. Asset Valuation Method: Smoothed Market Value Method

The Actuarial Value of Assets was reset to the Market Value of Assets as of January 1, 2021. Going forward the Actuarial Value of Assets is based on the market value with an adjustment to smooth gains or losses in the market value over five years.

The asset valuation method calculates the expected investment earnings on the Market Value of Assets using the Fund's actual cash flows for the previous year. The asset valuation method

calculates the expected market value asset return at the current valuation date using the Fund's actual cash flows and the expected long-term rate of return on assets. The investment gain or loss for the current year is then determined by subtracting the expected investment earnings from the actual investment return on the market value. One-fifth (1/5th) of the actuarial gain (actual returns greater than expected) or loss (actual returns less than expected) will then be added to the Market Value of Assets along with a similar one-fifth recognition of actuarial gains/losses for each of the preceding four years to arrive at the preliminary smoothed Actuarial Value of Assets. If the preliminary smoothed actuarial asset value is outside a corridor of 80% to 120% of market value, the final smoothed value is increased/(or reduced) to the bottom/(top) of the 80% to 120% market value corridor.

3. PRA 2010 Funding Relief

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

4. Changes in Methods Since Last Valuation

None

Plan Name: Construction Industry Laborers' Pension Fund
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Attachment C to 2022 Form 5500 Schedule MB

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

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	\$2,458,775	\$4,938,087	\$55,758,400	\$63,155,263
2023	4,696,229	5,799,981	54,448,500	64,944,710
2024	6,884,876	6,938,500	53,075,132	66,898,509
2025	9,036,703	8,028,550	51,633,519	68,698,772
2026	11,010,427	8,957,124	50,086,175	70,053,726
2027	12,731,349	9,382,120	48,505,758	70,619,227
2028	14,394,264	10,155,244	46,916,887	71,466,395
2029	15,997,067	10,897,824	45,274,381	72,169,272
2030	17,459,413	11,639,627	43,586,095	72,685,135
2031	18,777,024	12,497,001	41,858,010	73,132,036
2032	20,085,870	13,244,437	40,094,678	73,424,985
2033	21,301,728	14,084,938	38,324,853	73,711,520
2034	22,400,851	14,760,108	36,527,647	73,688,606
2035	23,337,720	15,306,888	34,707,406	73,352,013
2036	24,268,167	15,841,712	32,868,954	72,978,834
2037	25,073,341	16,311,339	31,017,468	72,402,149
2038	25,717,025	16,639,023	29,158,565	71,514,613
2039	26,177,572	17,000,818	27,298,651	70,477,041
2040	26,599,998	17,194,198	25,444,826	69,239,022
2041	26,810,332	17,294,531	23,604,786	67,709,649
2042	26,889,912	17,391,124	21,786,944	66,067,980
2043	26,887,284	17,290,201	20,000,335	64,177,819
2044	26,748,725	17,026,235	18,254,361	62,029,320
2045	26,494,685	16,765,378	16,558,676	59,818,738
2046	26,152,532	16,377,014	14,923,003	57,452,549

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment C to 2022 Form 5500 Schedule MB

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

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2047	25,779,094	15,982,249	13,356,922	55,118,265
2048	25,321,232	15,531,471	11,869,568	52,722,271
2049	24,778,529	14,995,213	10,469,190	50,242,931
2050	24,156,422	14,417,458	9,162,871	47,736,751
2051	23,490,894	13,796,612	7,956,151	45,243,657
2052	22,748,549	13,158,067	6,852,637	42,759,253
2053	21,964,500	12,502,661	5,853,933	40,321,094
2054	21,088,131	11,843,474	4,959,623	37,891,228
2055	20,216,579	11,166,002	4,167,441	35,550,022
2056	19,293,093	10,485,208	3,473,496	33,251,798
2057	18,336,087	9,810,270	2,872,455	31,018,812
2058	17,349,783	9,145,586	2,357,765	28,853,134
2059	16,348,744	8,493,562	1,921,965	26,764,271
2060	15,346,875	7,857,489	1,556,977	24,761,341
2061	14,353,188	7,239,190	1,254,459	22,846,836
2062	13,374,735	6,640,415	1,006,160	21,021,311
2063	12,420,816	6,063,048	804,164	19,288,028
2064	11,498,432	5,508,864	641,133	17,648,430
2065	10,610,220	4,979,551	510,470	16,100,242
2066	9,758,641	4,476,704	406,359	14,641,705
2067	8,945,540	4,001,694	323,781	13,271,015
2068	8,172,253	3,555,687	258,473	11,986,413
2069	7,439,781	3,139,584	206,894	10,786,259
2070	6,748,862	2,753,942	166,151	9,668,955
2071	6,099,878	2,399,059	133,932	8,632,869

Notes on the Expected Annual Benefit Payments:

- Based on the 2022 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment D to 2022 Form 5500 Schedule MB

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

Schedule of Active Participant Data as of January 1, 2022																						
	Completed Years of Credited Service																					
	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		Total	
Attained Age	Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit			
	Number		Number		Number		Number		Number		Number		Number		Number		Number		Number			
Under 25	50	\$ 36	395	\$ 128	27	\$ 445	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	472	\$ 137
25 to 29	20	\$ 37	356	\$ 178	158	\$ 533	6	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	540	\$ 283
30 to 34	22	\$ 39	266	\$ 182	201	\$ 588	56	\$ 961	13	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	558	\$ 430
35 to 39	19	N/A	170	\$ 170	146	\$ 572	86	\$ 1,009	79	\$ 1,528	20	\$ 2,312	0	N/A	0	N/A	0	N/A	0	N/A	520	\$ 705
40 to 44	32	\$ 35	167	\$ 164	107	\$ 546	79	\$ 1,104	97	\$ 1,620	94	\$ 2,405	9	N/A	0	N/A	0	N/A	0	N/A	585	\$ 999
45 to 49	11	N/A	80	\$ 175	72	\$ 621	61	\$ 1,097	76	\$ 1,538	96	\$ 2,284	54	\$ 3,058	4	N/A	0	N/A	0	N/A	454	\$ 1,415
50 to 54	5	N/A	73	\$ 183	70	\$ 584	65	\$ 1,062	58	\$ 1,624	91	\$ 2,241	61	\$ 3,082	21	\$ 3,393	1	N/A	0	N/A	445	\$ 1,540
55 to 59	5	N/A	40	\$ 171	42	\$ 556	41	\$ 993	62	\$ 1,522	66	\$ 2,265	60	\$ 2,940	18	N/A	7	N/A	1	N/A	342	\$ 1,722
60 to 64	2	N/A	12	N/A	23	\$ 515	21	\$ 1,028	27	\$ 1,520	31	\$ 2,342	15	N/A	8	N/A	8	N/A	1	N/A	148	\$ 1,751
65 to 69	1	N/A	4	N/A	3	N/A	2	N/A	3	N/A	1	N/A	1	N/A	1	N/A	0	N/A	0	N/A	16	N/A
70 & Up	0	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	3	N/A
Total	167	\$ 36	1,565	\$ 164	849	\$ 565	417	\$ 1,037	415	\$ 1,564	399	\$ 2,310	201	\$ 3,024	52	\$ 3,353	16	N/A	2	N/A	4,083	\$ 883

Average Age = 39.87

Average Service = 9.16

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment E to 2022 Form 5500 Schedule MB

Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$ 35,873,271	\$ 33,148	\$ 35,906,419
2023	35,873,271	33,148	35,906,419
2024	35,873,271	33,148	35,906,419
2025	35,873,271	28,221	35,901,492
2026	35,873,271	-	35,873,271
2027	35,873,271	-	35,873,271
2028	35,873,271	-	35,873,271
2029	35,873,271	-	35,873,271
2030	35,873,271	-	35,873,271
2031	35,873,271	-	35,873,271

Notes on the Projected Employer Contributions:

- Based on the 2022 PPA Zone Status Certification assumptions
- Employer contributions are assumed payable mid-year

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2022 Form 5500 Schedule MB

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

Table V-5
Schedule of Amortization Charges Required for Minimum Required Contribution
as of January 1, 2022

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/1996	\$ 674,128	30.00	\$ 190,776	4.00	\$ 52,638
2. Plan Amendment	1/1/1997	2,779,279	30.00	950,157	5.00	216,574
3. Assumption Change	1/1/1997	5,035,794	30.00	1,721,606	5.00	392,415
4. Plan Amendment	1/1/1998	5,796,142	30.00	2,299,029	6.00	450,772
5. Assumption Change	1/1/1998	26,607,722	30.00	10,553,886	6.00	2,069,309
6. Plan Amendment	1/1/1999	3,922,137	30.00	1,755,571	7.00	304,441
7. Plan Amendment	1/1/2000	3,878,272	30.00	1,919,807	8.00	300,473
8. Plan Amendment	1/1/2001	6,195,894	30.00	3,340,354	9.00	479,158
9. Plan Amendment	1/1/2002	1,027,996	30.00	596,401	10.00	79,359
10. Plan Amendment	1/1/2002	4,273,783	30.00	2,479,479	10.00	329,927
11. Assumption Change	1/1/2003	7,935,129	30.00	4,906,625	11.00	611,525
12. Plan Amendment	1/1/2004	1,324,286	30.00	865,910	12.00	101,888
13. Experience Loss	1/1/2005	16,376,263	30.00	11,249,065	13.00	1,257,907
14. Plan Amendment	1/1/2006	1,070,363	30.00	768,160	14.00	82,089
15. Plan Amendment	1/1/2007	2,860,586	30.00	2,134,764	15.00	219,052

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2022 Form 5500 Schedule MB

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

Table V-5
Schedule of Amortization Charges Required for Minimum Required Contribution
as of January 1, 2022 (Continued)

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
16 Experience Loss	1/1/2007	10,768,510	15.00	0	0.00	0
17. Assumption Change	1/1/2007	16,804,492	30.00	12,540,647	15.00	1,286,818
18. Experience Loss	1/1/2008	6,141,409	15.00	645,748	1.00	645,748
19. Experience Loss	1/1/2009	997,747	15.00	202,516	2.00	104,682
20. Change in Assumptions	1/1/2009	10,850,686	15.00	2,202,346	2.00	1,138,410
21. Recognized 2008 ENIL	1/1/2009	102,574,470	29.00	80,052,397	16.00	7,919,774
22. Experience Loss	1/1/2010	35,520,692	15.00	10,442,239	3.00	3,718,722
23. Recognized 2008 ENIL	1/1/2011	43,405,090	27.00	34,629,066	16.00	3,425,936
24. Recognized 2008 ENIL	1/1/2012	19,501,891	26.00	15,754,205	16.00	1,558,601
25. Recognized 2008 ENIL	1/1/2013	22,312,441	25.00	18,271,315	16.00	1,807,625
26. Assumption change	1/1/2013	8,616,575	15.00	4,572,823	6.00	896,597
27. Recognized 2008 ENIL	1/1/2014	23,478,069	24.00	19,512,872	16.00	1,930,455
28. Experience Loss	1/1/2015	5,743,197	15.00	3,803,807	8.00	595,341
29. Experience Loss	1/1/2016	16,609,729	15.00	11,981,114	9.00	1,718,634
30. Experience Loss	1/1/2017	12,141,118	15.00	9,424,392	10.00	1,254,039
31. Experience Loss	1/1/2018	1,285,081	15.00	1,063,176	11.00	132,506
32. Experience Loss	1/1/2019	17,645,580	15.00	15,437,194	12.00	1,816,424
33. Experience Loss	1/1/2020	2,119,658	15.00	1,948,105	13.00	217,843
34. Experience Loss	1/1/2021	9,000,355	15.00	8,642,189	14.00	923,543
35. Experience Loss	1/1/2022	22,482,463	15.00	22,482,463	15.00	2,306,966
Total Charges		\$ 584,126,142		\$ 319,340,204		\$ 40,346,191

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment F to 2022 Form 5500 Schedule MB

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

Table V-6
Schedule of Amortization Credits Required for Minimum Required Contribution
as of January 1, 2022

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/2009	4,207,491	15.00	853,987	2.00	441,433
2. Change in Asset Method	1/1/2009	43,186,095	30.00	34,447,292	17.00	3,297,449
3. Recognized 2008 ENIL	1/1/2010	26,595,865	28.00	20,976,487	16.00	2,075,254
4. Bifurcated Gain Base	1/1/2011	45,217,706	15.00	17,121,454	4.00	4,724,051
5. Bifurcated Gain Base	1/1/2012	8,454,650	15.00	3,867,298	5.00	881,493
6. Plan Amendment	1/1/2012	50,315,780	15.00	23,015,245	5.00	5,245,985
7. Bifurcated Gain Base	1/1/2013	30,935,220	15.00	16,417,355	6.00	3,218,965
8. Bifurcated Gain Base	1/1/2014	28,928,933	15.00	17,325,021	7.00	3,004,405
9. Assumption Change	1/1/2016	6,570,782	15.00	4,739,707	9.00	679,889
Total Credits		\$ 244,412,522		\$ 138,763,846		\$ 23,568,924
Net Charge				\$ 180,576,358		\$ 16,777,267

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment G to 2022 Form 5500 Schedule MB

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

Changes:

The RPA '94 current liability interest rate was changed from 2.43% to 2.22% to comply with appropriate guidance.

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