

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 07/01/2022 and ending 06/30/2023	
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 GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1961
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND 1600 WALT WHITMAN ROAD MELVILLE, NY 11747	2b	Employer Identification Number (EIN) 11-1974385
		2c	Plan Sponsor's telephone number 631-454-2330
		2d	Business code (see instructions) 238900

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.	01/02/2024	STEPHEN FLANAGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/02/2024	JOHN O'HARE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		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 2081
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) 634
a(2) Total number of active participants at the end of the plan year		6a(2) 739
b Retired or separated participants receiving benefits		6b 773
c Other retired or separated participants entitled to future benefits.....		6c 332
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1844
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 353
f Total. Add lines 6d and 6e		6f 2197
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)		7 226
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 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	(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 1 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 07/01/2022 and ending 06/30/2023	
A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND	D Employer Identification Number (EIN) 11-1974385

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 THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-00507		07/01/2022	06/30/2023

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 0	(b) Total amount of fees paid 42870
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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 UNION LABOR LIFE INSURANCE COMPANY 8403 COLESVILLE ROAD, 13TH FLOOR SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	42870	INVESTMENT MANAGEMENT FEES	7

(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	7771341

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)	
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)	
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 07/01/2022 and ending 06/30/2023

▶ **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 GENERAL BUILDING LABORERS' LOCAL 66 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 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND	D Employer Identification Number (EIN) 11-1974385

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

1a Enter the valuation date: Month 07 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	181811113
(2) Actuarial value of assets for funding standard account	1b(2)	192003830
c (1) Accrued liability for plan using immediate gain methods	1c(1)	208097805
(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)	191450615
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)	365398317
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	9704100
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	12042710
(3) Expected plan disbursements for the plan year	1d(3)	12992710

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		11/07/2023
Signature of actuary		Date
JOEL R. LEARY, ASA, FCA, MAAA		23-06166
Type or print name of actuary		Most recent enrollment number
SEGAL		212-251-5000
Firm name		Telephone number (including area code)
333 WEST 34TH STREET, NEW YORK, NY 10001-2402		
Address of the firm		

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

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

Schedule MB (Form 5500) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	181811113
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	1110	157005631
(2) For terminated vested participants	318	45087560
(3) For active participants:		
(a) Non-vested benefits		10390163
(b) Vested benefits		152914963
(c) Total active	535	163305126
(4) Total	1963	365398317
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.76 %

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
01/15/2023	6972710				
Totals ▶			3(b)	6972710	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	100.3 %
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	2.27 %
	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)	7P
(2) Females	6c(2)	7FP
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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-8.5 %
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)	915988
(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	147767	15163
3	9815590	1007195

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	2334675

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)	78281684	10530292
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 900548**e** Total charges. Add lines 9a through 9d.....**9e** 13765515**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 50224670**g** Employer contributions. Total from column (b) of line 3.....**9g** 6972710**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	11963039	1936735

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 3875006**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)	84365260
9j(2)	142319150

9j(3) 0**k** (1) Waived funding deficiency.....**9k(1)** 0

(2) Other credits.....

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 63009121**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 49243606**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) 0

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

(a) Reconciliation outstanding balance as of valuation date.....

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****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 07/01/2022 and ending 06/30/2023		
A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND	D Employer Identification Number (EIN) 11-1974385	

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
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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)

LSV ASSET MANAGEMENT

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 51	NONE	320663	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL MANAGEMENT LLC

26-0319356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	165992	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	126139	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)

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	112106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	110847	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	92721	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)

DAHAB ASSOCIATES INC

11-2783874

(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 51	NONE	52668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD ASSET MANAGEMENT LLC

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 51	NONE	45680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGH LEVEL TECHNOLOGIES INC

26-2309928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	COMPUTER CONSULTANT	40666	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	39130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAVELLE LAW & ASSOCIATES PC

81-3811964

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	21600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANCOCK WHITNEY

64-0169065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 63	NONE	19200	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52 99	NONE	8768	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE UNION LABOR LIFE INSURANCE COMP

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 52 72	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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.
	For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	

A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND		B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND		D Employer Identification Number (EIN) 11-1974385	

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: ASB ALLEGIANCE REAL ESTATE FUND			
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY			
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11058886	
a Name of MTIA, CCT, PSA, or 103-12 IE: LSV INT'L 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) 14554863	
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 (R) INDEX NL FUND			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13367583	
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 (R) FLAGSHIP SL FUND			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 04-0025081-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8726385	
a Name of MTIA, CCT, PSA, or 103-12 IE: THE ULLICO SEPERATE ACCOUNT J			
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSUARNCE 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) 7771341	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II **Information on Participating Plans (to be completed by DFEs)**

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

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

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 07/01/2022 and ending 06/30/2023		
A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND		D Employer Identification Number (EIN) 11-1974385

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	415992	1006709
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	753281	917083
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	277639	236011
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	665073	242223
(2) U.S. Government securities	1c(2)	15338858	11765416
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3270575	2192570
(B) All other	1c(3)(B)	5659054	3153152
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	74420217	86584680
(5) Partnership/joint venture interests	1c(5)	27661988	23708541
(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)	32028565	33152854
(10) Value of interest in pooled separate accounts	1c(10)	7591514	7771341
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	12392783	14554863
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1731310	1589989
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	24536	21986
f Total assets (add all amounts in lines 1a through 1e)	1f	182231385	186897418

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	386288	535734
i Acquisition indebtedness	1i		
j Other liabilities	1j	33984	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	420272	535734

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	181811113	186361684
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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)	6972710	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6972710
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4600	
(B) U.S. Government securities	2b(1)(B)	396728	
(C) Corporate debt instruments	2b(1)(C)	229946	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	496846	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1128120
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1416126	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	47846	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1463972
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	37982168	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	38074701	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-92533
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3844037	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3844037

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2952034
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		222698
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		2162080
(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		18653118
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12432921	
(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)		12432921
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)	336876	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	786480	
(4) Other	2i(4)	546270	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1669626
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14102547
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		4550571
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: SCHULTHEI & PANETTIERI, LLP

(2) EIN: 13-1577780

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		2500000
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?	X		11058886
4g	X		11058886
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?		X	
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.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 498348.

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 07/01/2022 and ending 06/30/2023		
A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND		D Employer Identification Number (EIN) 11-1974385
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 16
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 **BLACK STEEL INC.**

b EIN **56-2678246** **c** Dollar amount contributed by employer **531623**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **7.89**

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

a Name of contributing employer **GIAQUINTO MASONARY INC**

b EIN **11-2493746** **c** Dollar amount contributed by employer **476892**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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) **7.89**

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

a Name of contributing employer **E.W HOWELL CO INC**

b EIN **26-4799264** **c** Dollar amount contributed by employer **360565**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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) **7.89**

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

a Name of contributing employer **COMMODORE CONSTRUCTION CORP**

b EIN **13-3746768** **c** Dollar amount contributed by employer **327800**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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) **7.89**

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

a Name of contributing employer **SKANSKA USA BUILDING INC**

b EIN **22-3752540** **c** Dollar amount contributed by employer **306050**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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) **7.89**

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

a Name of contributing employer **ABC CONSTRUCTION CONTRACTING INC**

b EIN **11-2706405** **c** Dollar amount contributed by employer **265241**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **7.89**

(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 **UNITECH SERVICES GROUP INC**

b EIN **75-3166407**

c Dollar amount contributed by employer **184428**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **7.89**

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

a Name of contributing employer **GENERAL BUILDING LABORER LOCAL 66 WELFARE FUND**

b EIN **11-1627279**

c Dollar amount contributed by employer **162684**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **7.89**

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

a Name of contributing employer **WINCO CORPORATION**

b EIN **11-1529032**

c Dollar amount contributed by employer **145165**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **7.89**

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

a Name of contributing employer **POSILILCO CIVIL INC**

b EIN **11-1529032**

c Dollar amount contributed by employer **144915**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **7.89**

(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 0
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 0
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 0
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 0
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 59 % Investment-Grade Debt: 14 % High-Yield Debt: 0 % Real Estate: 22 % Other: 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 _____



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Independent Auditor's Report

Board of Trustees
General Building Laborers' Local 66 Pension Fund

Opinion

We have audited the accompanying financial statements of the General Building Laborers' Local 66 Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended June 30, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2023, and the changes therein for the year ended June 30, 2023 and its financial status as of June 30, 2022, and its changes therein for the year ended June 30, 2022 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan'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 the Plan'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 information on pages 16 through 29 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 30 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, appearing to read "Schullhas & Parutic LLP".

Hauppauge, New York
November 15, 2023

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

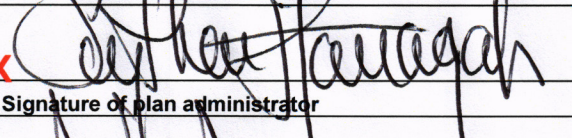
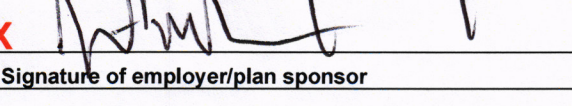
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND 1600 WALT WHITMAN ROAD MELVILLE NY 11747	2b Employer Identification Number (EIN) 11-1974385 2c Plan Sponsor's telephone number (631) 454-2330 2d Business code (see instructions) 238900

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 X 	X 01/03/24	X STEPHEN FLANAGAN
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE X 	X 01/03/24	X JOHN O'HARE
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

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Form 5500 (2022)
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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 2, 081
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 634 6a(2) 739 6b 773 6c 332 6d 1, 844 6e 353 6f 2, 197 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 226

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

1A 1B

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

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **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 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 07/01/2022 and ending 06/30/2023

▶ **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 GENERAL BUILDING LABORERS LOCAL 66 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 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND	D Employer Identification Number (EIN) 11-1974385

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

1a Enter the valuation date: Month 07 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	181,811,113
(2) Actuarial value of assets for funding standard account.....	1b(2)	192,003,830
c (1) Accrued liability for plan using immediate gain methods	1c(1)	208,097,805
(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)	191,450,615
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)	365,398,317
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	9,704,100
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	12,042,710
(3) Expected plan disbursements for the plan year	1d(3)	12,992,710

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 JOEL R. Leary <i>JRL</i> Signature of actuary JOEL R. LEARY, ASA, FCA, MAAA Type or print name of actuary SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm	11/07/2023 Date 2306166 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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Schedule MB (Form 5500) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	181,811,113
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,110	157,005,631
(2) For terminated vested participants	318	45,087,560
(3) For active participants:		
(a) Non-vested benefits		10,390,163
(b) Vested benefits		152,914,963
(c) Total active	535	163,305,126
(4) Total	1,963	365,398,317
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.75 %

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
01/15/2023	6,972,710				
Totals ▶			3(b)	6,972,710	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	100.3 %
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 2.27 %
- | | 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) 7P | 7P |
| (2) Females | 6c(2) 7FP | 7FP |
| d Valuation liability interest rate | 6d 7.00 % | 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) | % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 6.7 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | -8.5 % |
| 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) | 915,988 |
| (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	147,767	15,163
3	9,815,590	1,007,195

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

2,334,675

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

78,281,684

10,530,292

(2) Funding waivers

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

d Interest as applicable on lines 9a, 9b, and 9c

9d

900,548

e Total charges. Add lines 9a through 9d

9e

13,765,515

Credits to funding standard account:

f Prior year credit balance, if any

9f

50,224,670

g Employer contributions. Total from column (b) of line 3

9g

6,972,710

Outstanding balance

h Amortization credits as of valuation date

9h

11,963,039

1,936,735

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

3,875,006

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

84,365,260

(2) "RPA '94" override (90% current liability FFL)

9j(2)

142,319,150

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

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

9l

63,009,121

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

9m

49,243,606

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)

0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

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

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☒ Yes ☐ No

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Non Annuitant: RP-2006 Employee Mortality Table with generational projection using Scale MP-2018 from 2006.

Healthy Annuitant: RP-2006 Healthy Annuitant Mortality Table with generational projection using Scale MP-2018 from 2006.

Disabled: 90% of RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2018 from 2006.

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number, as well as the actual and projected liability change, based on the prior year's assumption over the most recent several years.

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement	Rate (%)						
	Mortality ¹			Withdrawal ²			
	Age	Male	Female	Disability	Within first two years	Between second and fifth year	After the fifth year
	20	0.05	0.02	0.10	36.0	28.4	0.0
	25	0.05	0.02	0.10	43.5	34.3	13.0
	30	0.05	0.02	0.10	37.2	27.2	8.4
	35	0.06	0.03	0.12	33.6	22.0	7.2
	40	0.08	0.05	0.18	31.8	20.7	6.0
	45	0.12	0.08	0.36	31.0	18.9	5.8
	50	0.20	0.12	0.80	31.2	17.8	5.3
55	0.30	0.17	1.70	27.0	15.6	2.6	
60	0.50	0.28	3.48	27.3	15.7	2.1	
¹ Mortality rates shown for base table.							
² Withdrawal rates do not apply at or beyond early retirement age.							
The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number, as well as the actual and projected liability change, based on the prior year's assumption over the most recent several years.							
Retirement Rates	Retirement Rates ¹						
	Age						
	Under 55	10%					
	55 – 61	10%					
	62 – 64	20%					
	65	100%					
¹ If completed service requirement, otherwise zero.							
The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number, as well as the actual and projected liability change, based on the prior year's assumption over the most recent several years.							
Description of Weighted Average Retirement Age	Age 61, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2022 actuarial valuation.						

Section 3: Certificate of Actuarial Valuation

Retirement Age for Inactive Vested Participants	65 if year last worked prior to 1996. 62 if year last worked on or after 1996.
Future Benefit Accruals	Employees are assumed to work prior year's hours, but not less than 1,200 hours.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 250 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.
Percent Married	75%
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older.
Benefit Election	Married participants are assumed to elect the 50% Joint and Survivor annuity with five years of payment guaranteed form of payment and non-married participants are assumed to elect the 10-year certain and life annuity form of payment.
Inactive Vested Load	\$1.8 million in liability for participants eligible for benefits under a reciprocal agreement and missing participant records.
Eligibility for Delayed Retirement Factors	Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 80.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$950,000 for the year beginning July 1, 2022 (equivalent to \$915,988 payable at the beginning of the year) or 64.6% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus years of credited service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Section 3: Certificate of Actuarial Valuation

Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	<i>Interest:</i> 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 6.7%, for the Plan Year ending June 30, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -8.5%, for the Plan Year ending June 30, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$5,857,992	\$0	\$5,857,992
2023	\$5,857,992	\$0	\$5,857,992
2024	\$5,857,992	\$0	\$5,857,992
2025	\$5,857,992	\$0	\$5,857,992
2026	\$5,857,992	\$0	\$5,857,992
2027	\$5,857,992	\$0	\$5,857,992
2028	\$5,857,992	\$0	\$5,857,992
2029	\$5,857,992	\$0	\$5,857,992
2030	\$5,857,992	\$0	\$5,857,992
2031	\$5,857,992	\$0	\$5,857,992

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	July 1 through June 30
Pension Credit Year	July 1 through June 30
Plan Status	Ongoing plan
Normal Pension	• <i>Age Requirement:</i> Later of age 62 or fifth anniversary of participation • <i>Amount:</i> \$10 per year of credited service prior to January 1, 1961 plus 0.003 times accumulated wages from January 1, 1961 to December 31, 1967 plus \$0.05 times accumulated hours from January 1, 1968 to June 30, 2000 plus \$0.085 times accumulated hours after July 1, 2000
Service Pension	• <i>Service Requirement:</i> 30 years of credited service • <i>Amount:</i> Normal pension accrued
Early Retirement	• <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> Five years of vesting service • <i>Amount:</i> Normal Pension accrued, reduced by 6% for each year of age less than 62. Normal pension accrued is unreduced if years of credited service are at least 25.
Disability	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 years of credited service • <i>Amount:</i> Normal pension accrued
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service • <i>Amount:</i> Normal or early pension accrued based on plan in effect when last active • <i>Normal Retirement Age:</i> Later of 62 or the fifth anniversary of participation

Section 3: Certificate of Actuarial Valuation

Pre-Retirement Lump-sum Death Benefit (for active participants only)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service • <i>Amount:</i> \$200 per year of vesting service to a maximum of \$5,000
Spouse's Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of Vesting Service or 6 years of Pension Credit. • <i>Amount:</i> 50% of the benefit participant would have received had he or she retired the day before death and elected the joint and survivor option. • <i>Charge for Coverage:</i> None
Spouse's Pre-Retirement Death Benefit (for active participants only)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 30 years of credited service • <i>Amount:</i> 60-month guarantee of the monthly benefit to which the participant would have been entitled if he or she retired the day before death. After the 60-month guarantee, the surviving spouse would receive 50% of the benefit the participant would have received if he or she elected the joint-and-survivor option.
120 Month Pre-Retirement Death Benefit (if not eligible for spouse's benefit)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service • <i>Amount:</i> Monthly benefit to which the participant would have been entitled if he or she had retired the day before death. This benefit is payable the month following the participants death.
Post-Retirement Death Benefit	<i>Lump-Sum Benefit:</i> \$6,000, if eligible for retiree health benefits coverage from the General Building Laborers' Local 66 Welfare Fund. <i>Husband and Wife:</i> If married, pension benefits are paid in the form of an unreduced 50% joint and survivor annuity with five years of payment guaranteed to spouse unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant with ten years of payment guaranteed without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Form of Benefits	75% Joint and Survivor benefit for married participants
Credited Service	One-quarter of credited service for each 250 hours in covered employment to a maximum of one year credited service per plan year
Vesting Credit	Same as credited service
Contribution Rate	\$7.89 per hour effective July 1, 2022

Section 3: Certificate of Actuarial Valuation

Changes in Plan Provisions

Adopted February 8, 2022 and effective July 1, 2022, the accrual rate increased from \$0.075 to \$0.085 for active participants only for hours worked on and after July 1, 2000.

Adopted November 17, 2022, the Trustees approved a 13th pension benefit payment to all pensioners and beneficiaries in pay status as of December 31, 2022.

Section 3: Certificate of Actuarial Valuation

Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	<i>Interest:</i> 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 6.7%, for the Plan Year ending June 30, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -8.5%, for the Plan Year ending June 30, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND
FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2023 AND 2022

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

YEARS ENDED JUNE 30, 2023 AND 2022

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Independent Auditor's Report

Board of Trustees
General Building Laborers' Local 66 Pension Fund

Opinion

We have audited the accompanying financial statements of the General Building Laborers' Local 66 Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended June 30, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2023, and the changes therein for the year ended June 30, 2023 and its financial status as of June 30, 2022, and its changes therein for the year ended June 30, 2022 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan'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 the Plan'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 information on pages 16 through 29 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 30 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, appearing to read "Schullhas & Parulic LLP".

Hauppauge, New York
November 15, 2023

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 242,223	\$ 665,073
U.S. government securities	11,765,416	15,338,858
Corporate debt instruments	5,345,722	8,929,629
Corporate stock	86,584,680	74,420,217
Partnership/joint venture interests	23,708,541	27,661,988
Common/collective trust funds	33,152,854	32,028,565
Pooled separate accounts	7,771,341	7,591,514
103-12 investment entities	14,554,863	12,392,783
Registered investment companies	<u>1,589,989</u>	<u>1,731,310</u>
Total investments	184,715,629	180,759,937
Receivables		
Employers' contributions	917,083	753,281
Accrued interest/dividends	220,169	244,961
Net trades pending settlement	15,842	32,678
Cash	1,006,709	415,992
Other assets	<u>21,986</u>	<u>24,536</u>
Total assets	<u>186,897,418</u>	<u>182,231,385</u>
Liabilities		
Accounts payable	497,386	386,288
Related organizations	<u>38,348</u>	<u>33,984</u>
Total liabilities	<u>535,734</u>	<u>420,272</u>
Net assets available for benefits	<u>\$ 186,361,684</u>	<u>\$ 181,811,113</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
<i>Additions to net assets attributed to:</i>		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 8,676,422	\$ (19,300,594)
Interest/dividends	<u>3,003,986</u>	<u>2,969,221</u>
Total investment income (loss)	11,680,408	(16,331,373)
Less investment expenses	<u>(786,480)</u>	<u>(875,438)</u>
Net investment income (loss)	10,893,928	(17,206,811)
Contributions		
Employers'	<u>6,972,710</u>	<u>6,858,324</u>
Total additions	<u>17,866,638</u>	<u>(10,348,487)</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid directly to participants or beneficiaries	12,432,921	10,902,898
Administrative expenses	<u>883,146</u>	<u>809,917</u>
Total deductions	<u>13,316,067</u>	<u>11,712,815</u>
Net increase (decrease)	4,550,571	(22,061,302)
Net assets available for benefits		
Beginning of year	<u>181,811,113</u>	<u>203,872,415</u>
End of year	\$ <u><u>186,361,684</u></u>	\$ <u><u>181,811,113</u></u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the General Building Laborers' Local 66 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.

General

The Plan first became effective January 1, 1961 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the General Building Laborers' Local Union No. 66 (the "Union") and various employers and employer associations in the construction industry in the Nassau and Suffolk Counties of New York. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement and death benefits to eligible participants.

Participation

A participant is a pensioner, beneficiary or individual covered by a collective bargaining agreement or a participation agreement requiring contributions on his/her behalf negotiated by the Union. Full-time employees of the Union and its related fringe benefit funds are also participants of the Plan.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Benefits

In general, participants are entitled to normal pension benefits on the later of their 62nd birthday or the fifth anniversary of the date they became a participant. Other benefit options include, but are not limited to, early, disability, service retirement and deferred vested pensions and termination benefits.

The amount of monthly benefit for participants retiring on or after July 1, 2022, and who earned at least one hour of credited service on or after July 1, 2022, is the sum of: \$10 for each year of service prior to January 1, 1961 plus 0.003 of wages earned from January 1, 1961 to December 31, 1967 plus \$0.05 per hours credited from January 1, 1968 to June 30, 2000 plus \$0.085 per hours credited from July 1, 2000.

The amount of monthly benefit for participants retiring on or after July 1, 2017, but prior to July 1, 2022, and who earned at least one hour of credited service on or after July 1, 2017, is the sum of: \$10 for each year of service prior to January 1, 1961 plus 0.003 of wages earned from January 1, 1961 to December 31, 1967 plus \$0.05 per hours credited from January 1, 1968 to June 30, 2000 plus \$0.075 per hours credited from July 1, 2000.

The Plan has additional formulas for calculating monthly benefits for participants that retired prior to July 1, 2017 depending on retirement date.

The Plan also provides for various pre-retirement death benefits based on years of service. Participants with less than five years of service are not eligible for a death benefit.

Beneficiaries of pensioners who are covered for Welfare benefits through the General Building Laborers' Local 66 Welfare Fund are entitled to a death benefit in the amount of \$2,400 or \$6,000, based on eligibility criteria.

Effective December 1, 2022, the Board of Trustees approved issuing all pensioners in pay status as of December 01, 2022, a one-time additional monthly benefit check in January 2023, for an amount equal to their monthly benefit.

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions, in accordance with applicable law. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In addition, the PBGC guarantees apply only when the Plan becomes insolvent; that is, when available resources are insufficient to pay benefits under the Plan.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Administrative expense allocation

The administrative office is occupied by the Plan and its related Annuity, Training and Welfare Funds (the "Benefit Funds"). Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements paid to related organizations for the years ended June 30, 2023 and 2022 were \$574,664 and \$560,508, respectively.

Note 2 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 3 - Fair value measurements

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

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 3 - Fair value measurements (cont'd)

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

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

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

Interest bearing cash: Valued at cost.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

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

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: Partnership/joint venture interest, common/collective trust fund, pooled separate account and 103-12 investment entity values are estimated by the management of the investment entities.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 3 - Fair value measurements (cont'd)

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

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 242,223	\$ 242,223	\$ -	\$ -
U.S. government securities	11,765,416	11,433,175	332,241	-
Corporate debt instruments	5,345,722	-	5,345,722	-
Corporate stock	86,584,680	86,584,680	-	-
Registered investment companies	<u>1,589,989</u>	<u>1,589,989</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	105,528,030	<u>\$ 99,850,067</u>	<u>\$ 5,677,963</u>	<u>\$ -</u>
Investments measured at net asset value	<u>79,187,599</u>			
Investments at fair value	<u>\$ 184,715,629</u>			

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 3 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2022, with fair value measurements on a recurring basis:

	2022	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	\$ 665,073	\$ 665,073	\$ -	\$ -
U.S. government securities	15,338,858	14,844,858	494,000	-
Corporate debt instruments	8,929,629	-	8,929,629	-
Corporate stock	74,420,217	74,420,217	-	-
Registered investment companies	<u>1,731,310</u>	<u>1,731,310</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	101,085,087	<u>\$ 91,661,458</u>	<u>\$ 9,423,629</u>	<u>\$ -</u>
Investments measured at net asset value	<u>79,674,850</u>			
Investments at fair value	<u>\$ 180,759,937</u>			

Note 4 - 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 financial statements.

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

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 5 - Partnership/joint venture interests

The U.S. Real Estate Investment Fund, LLC (the "U.S. REIF") is an open-end commingled real estate investment fund. The real estate investments of the U.S. REIF are stated at estimated fair value, and are reviewed and adjusted quarterly. Nonetheless, the estimated fair value of the U.S. REIF's investments in real estate, operating company, and joint ventures do not necessarily represent the prices at which the investments would be sold, since the market process of investments can only be determined by negotiation between a willing buyer and seller that culminates in an actual sale. Redemptions can occur, upon written notice at least 90 days prior to a calendar quarter end and will be effective as of the first calendar quarter end upon expiration of the 90 day notice period. The estimated fair value of the Plan's investment as of June 30, 2023 and 2022 was \$23,708,541 and \$27,661,988 respectively.

Note 6 - Common/collective trust investments

The Plan invests in various common/collective trust funds. Individually significant investments in common/collective trust funds are as follows:

The ASB Allegiance Real Estate Fund (the "ASB Fund") is an open-ended commingled collective investment fund established as a means for collective investment in real estate assets by qualified employee benefit plans. Unit values are determined at the end of each calendar quarter. Income earned by participants in the ASB Fund is reinvested and added to the unit value. Withdrawals will be honored on a pro rata basis with available liquid assets as soon as practicable on a valuation date following receipt of written notice. The estimated fair value of the Plan's investment as of June 30, 2023 and 2022 was \$11,058,886 and \$12,850,043, respectively.

The State Street Russell 2000 (R) Index Non-Lending Fund (the "Russell 2000") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust. The per unit net asset value of the Russell 2000 is determined each business day. Redemptions of units may be made on any business day, based upon the closing market value on the valuation date of the investments sold and the net asset value per unit of the Russell 2000. The estimated fair value of the Plan's investment as of June 30, 2023 and 2022 was \$13,367,583 and \$11,880,208, respectively.

Note 7 - 103-12 Investment entities

The LSV International Value Equity Trust (the "Equity Trust") was created by a Group Trust Agreement to provide for the collective investment of assets of domestic tax-exempt pensions, profit-sharing plans, and trusts. The Equity Trust is valued on the last business day of each calendar month, or on any other day by mutual consent of the Investment Manager and Custodian. Withdrawals are effective only on the first business day after a valuation date. The Equity Trust imposes a charge on withdrawals to defray costs associated with liquidating securities. The estimated fair value of the Plan's investment as of June 30, 2023 and 2022 was \$14,554,863 and \$12,392,783, respectively.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 8 - Employers' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are generally based on hourly rates.

Note 9 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 10,893,928	\$ 786,480	\$ 11,680,408
Contributions	<u>6,972,710</u>	<u>-</u>	<u>6,972,710</u>
Total additions	<u>17,866,638</u>	<u>786,480</u>	<u>18,653,118</u>
Benefits paid directly to participants or beneficiaries	12,432,921	-	12,432,921
Administrative expenses	<u>883,146</u>	<u>786,480</u>	<u>1,669,626</u>
Total deductions	<u>13,316,067</u>	<u>786,480</u>	<u>14,102,547</u>
Net increase	<u>\$ 4,550,571</u>	<u>\$ -</u>	<u>\$ 4,550,571</u>

Note 10 - Tax status

The Plan has received a determination letter from the IRS dated July 17, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 11 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of July 1, 2022 and 2021. Details of accumulated plan benefit information as of such dates are as follows:

	July 1, 2022	July 1, 2021
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 101,831,506	\$ 96,951,308
Other vested participants	<u>83,342,740</u>	<u>77,081,185</u>
Total vested benefits	185,174,246	174,032,493
Nonvested benefits	<u>6,276,369</u>	<u>5,597,877</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 191,450,615</u>	<u>\$ 179,630,370</u>

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	July 1, 2022	July 1, 2021
Actuarial present value of accumulated plan benefits - Beginning of year	<u>\$ 179,630,370</u>	<u>\$ 174,247,946</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	2,707,348	3,954,897
Interest due to the decrease in the discount period	12,160,724	11,803,918
Benefits paid	(10,902,898)	(10,376,391)
Plan amendments	<u>7,855,071</u>	<u>-</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>11,820,245</u>	<u>5,382,424</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 191,450,615</u>	<u>\$ 179,630,370</u>

Through July 1, 2022, the Plan met minimum funding standard requirements under ERISA.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 11 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Entry age normal
Asset valuation method	Market value less unrecognized returns in each of the last five years, adjusted to within 20% of market value, if necessary.
Investment return	7.00%
Mortality basis - Healthy	RP-2006 Healthy Annuitant Mortality Table with generational projection using Scale MP-2018 from 2006.
Mortality basis - Disabled	90% of RP-2016 Disabled Retiree Mortality Table with generational projection using Scale MP-2018 from 2006.
Normal retirement age	Active - 61 (weighted average) Inactive - 62 if year last worked on or after 1996 Inactive - 65 if year last worked prior to 1996
Administrative expenses	\$950,000

As of July 1, 2022 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	VARIABLE	ON DEMAND		
CAPITAL ONE BANK			\$ <u>242,223</u>	\$ <u>242,223</u>
			\$ <u>242,223</u>	\$ <u>242,223</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(a) NOT AFFILIABLE	(b)	(c) - DESCRIPTION			(d)	(e)
		U.S. GOVERNMENT SECURITIES				
	ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
	U S TREASURY NOTE	3.25%	08/31/2024	\$ 2,085,000	\$ 2,055,170	\$ 2,034,501
	U S TREASURY NOTE	4.13%	01/31/2025	595,000	595,161	585,587
	U S TREASURY NOTE	2.00%	08/15/2025	1,175,000	1,121,157	1,108,307
	U S TREASURY NOTE	2.75%	07/31/2027	2,410,000	2,298,252	2,271,136
	U S TREASURY NOTE	4.13%	10/31/2027	1,735,000	1,746,912	1,725,250
	U S TREASURY NOTE	3.50%	01/31/2028	890,000	865,974	863,923
	CALIFORNIA ST TXBL	3.50%	04/01/2028	350,000	344,876	332,241
	U S TREASURY NOTE	3.88%	09/30/2029	955,000	941,682	945,192
	U S TREASURY NOTE	3.50%	01/31/2030	510,000	506,121	494,720
	U S TREASURY NOTE	2.88%	05/15/2032	180,000	164,654	166,810
	U S TREASURY NOTE	4.13%	11/15/2032	405,000	421,889	413,606
	U S TREASURY NOTE	3.38%	05/15/2033	855,000	827,493	824,143
				\$ 12,145,000	\$ 11,889,341	\$ 11,765,416

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
APPLIED MATERIALS INC	3.30%	04/01/2027	\$ 310,000	\$ 301,641	\$ 295,545
APPLE INC SR GLBL NT CALLABLE	3.00%	11/13/2027	425,000	403,822	400,274
GLAXOSMITHKLINE CAP INC	3.88%	05/15/2028	400,000	430,900	384,524
PROCTER & GAMBLE CO	3.00%	03/25/2030	375,000	406,853	346,845
MASTERCARD INC	3.35%	03/26/2030	405,000	438,612	377,278
ALPHABET INC	1.10%	08/15/2030	225,000	207,963	181,949
SALESFORCE INC	1.95%	07/15/2031	250,000	235,834	206,155
			\$ <u>2,390,000</u>	\$ <u>2,425,625</u>	\$ <u>2,192,570</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GOLDMAN SACHS	4.00%	03/03/2024	\$ 425,000	\$ 447,499	\$ 419,535
CITIGROUP INC	3.30%	04/27/2025	500,000	491,575	480,995
GOLDMAN SACHS GROUP INC	3.75%	05/22/2025	150,000	162,564	144,747
COMCAST CORP	3.38%	08/15/2025	400,000	399,461	385,872
JP MORGAN CHASE & CO	3.30%	04/01/2026	425,000	403,581	404,774
EBAY INC	1.40%	05/10/2026	450,000	436,559	406,161
WELLS FARGO & COMPANY	3.00%	10/23/2026	250,000	229,834	231,980
LAM RESEARCH CORP	1.90%	06/15/2030	375,000	363,308	312,330
BANK OF AMERICA CORP	5.02%	07/22/2033	375,000	374,279	366,758
			<u>\$ 3,350,000</u>	<u>\$ 3,308,660</u>	<u>\$ 3,153,152</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
ABBOTT LABS	13,423	\$ 1,104,182	\$ 1,463,375	
ABBVIE INC	1,300	71,795	175,149	
ACCENTURE PLC	4,937	632,929	1,523,459	
ADEIA INC COM	9,200	80,262	101,292	
ADOBE INC	4,533	1,216,073	2,216,592	
AFLAC INC COM	4,700	218,927	328,060	
AGCO CORP	3,700	268,706	486,254	
AIRBNB INC COM CL A	12,279	1,807,015	1,573,677	
ALASKA AIR GROUP	5,200	218,218	276,536	
ALBERTSONS COMPANIES INC	11,500	243,434	250,930	
ALIGN TECHNOLOGY INC	1,442	341,943	509,949	
ALPHABET INC INC - CL C	21,976	1,854,688	2,658,437	
ALTRIA GROUP INC	5,700	249,956	258,210	
AMAZON.COM INC	28,101	3,510,768	3,663,246	
AMERICAN FINANCIAL GROUP	3,100	132,730	368,125	
AMERICAN INTL GROUP	7,100	392,001	408,534	
AMERIPRISE FINANCIAL INC	1,800	102,852	597,888	
AMGEN INC	2,500	126,688	555,050	
AMKOR TECHNOLOGY INC	14,300	262,454	425,425	
ANNALY CAPITAL MGMT INC	2,650	124,973	53,027	
APA CORPORATION	5,300	232,711	181,101	
APPLIED MATERIALS INC COM	6,600	259,995	953,964	
ARROW ELECTRONICS	2,700	203,081	386,721	
AT&T INC COM	37,400	814,897	596,530	
ATLANTIC UNION BANKSHARES CORP	6,900	250,457	179,055	
AUTODESK INC	5,245	1,185,126	1,073,179	
AUTONATION INC	2,200	247,187	362,142	
AVNET INC	10,700	400,529	539,815	
BANK OF AMERICA CORP	12,500	386,077	358,625	
BANK OF NEW YORK MELLON CORP	9,000	422,444	400,680	
BANKUNITED	7,200	250,422	155,160	
BERRY GLOBAL GROUP INC	3,600	195,750	231,624	
BEST BUY INC COM	1,900	137,291	155,705	
BIOGEN INC	400	112,719	113,940	
BORG WARNER INC	4,400	199,392	215,204	
BRANDYWINE REALTY TRUST	11,100	170,838	51,615	
BREAD FINANCIAL HOLDINGS INC	2,400	198,470	75,336	
BRISTOL-MYERS SQUIBB	12,400	669,367	792,980	
CAPITAL ONE FINL CORP	3,300	225,574	360,921	
CARDINAL HEALTH INC	4,000	320,842	378,280	
CARTER'S INC	1,900	191,371	137,940	
CELANESE COPR DEL	1,200	79,339	138,960	
CENTENE CORP	3,700	253,460	249,565	
CISCO SYSTEMS INC	15,600	285,805	807,144	
CITIGROUP INC	8,500	714,830	391,340	
CITIZENS FINANCIAL GROUP	5,200	214,343	135,616	
CNA FINANCIAL CORP	3,000	68,415	115,860	
COGNIZANT TECHNOLOGY SOLUTIONS CORP	7,500	470,858	489,600	
COMCAST CORP	18,600	695,697	772,830	
CONAGRA BRANDS INC	11,500	341,714	387,780	
CONSENSUS CLOUD SOLUTIONS INC	3,700	176,816	114,700	
CSG SYSTEMS INTERNATIONAL INC.	4,400	85,489	232,056	
CUMMINS INC	2,200	333,553	539,352	
CVS HEALTH CORP HEALTH CORP	6,800	492,538	470,084	
DAVITA HEALTHCARE PARTNERS INC	2,000	174,225	200,940	
DELL TECHNOLOGIES CL C	8,500	228,613	459,935	

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d) COST	(e) CURRENT VALUE
	NO. OF SHARES		
DELTA AIRLINES INC	4,500	202,618	213,930
DICKS SPORTING GOODS INC COM	2,400	92,412	317,256
DINEEQUITY INC	3,100	241,926	179,893
DIODES	3,200	254,744	295,968
DISCOVER FINL SVCS	5,000	162,392	584,250
DOCUSIGN INC	8,944	1,095,067	456,949
DXC TECHNOLOGY CO	8,900	505,492	237,808
EASTMAN CHEMICAL	2,600	146,049	217,672
EBAY INC	9,100	346,711	406,679
EXXON MOBIL CORP	9,000	825,297	965,250
FEDEX CORP COM	1,900	372,796	471,010
FOOT LOCKER INC	6,000	293,838	162,660
FORD MOTOR CO DEL	37,700	556,043	570,401
FOX CORP CL A	13,300	434,132	452,200
GARTNER INC	2,102	301,359	736,352
GENERAL MOTORS CO MOTORS CO	12,200	424,755	470,432
GENWORTH HOLDINGS INC	7,200	260,481	36,000
GILEAD SCIENCES INC.	6,400	526,137	493,248
GLOBAL PAYMENTS INC	3,200	342,272	315,264
GOLDMAN SACHS GROUP INC COM	900	137,712	290,286
GOODYEAR TIRE & RUBBER CO	9,609	247,273	131,451
GREIF INC	2,700	84,078	186,003
HARTFORD FINL SVCS GROUP INCCOM	4,600	117,484	331,292
HCA HEALTHCARE INC	1,700	229,642	515,916
HF SINCLAIR CORPORATION COM	5,600	208,179	249,816
HP ENTERPRISE CO	27,400	389,987	460,320
HP INC	17,100	332,567	525,141
HUNTINGTON INGALLS IND	1,100	235,543	250,360
HUNTSMAN CORPPORATION	7,000	106,943	189,140
IBM CORP	4,100	587,385	548,621
ILLUMINA INC	5,334	1,307,383	1,000,072
INGEVITY CORP	3,500	231,368	203,560
INGLES MARKETS INC-CLASS A	2,700	95,656	223,155
INGREDION INC	1,800	163,746	190,710
INTEL CORP	12,900	326,233	431,376
INTERFACE INC	14,600	248,318	128,334
INTERNATIONAL PAPER CO	7,400	348,247	235,394
JABIL INC	2,900	244,907	312,997
JOHNSON & JOHNSON COM	2,400	397,518	397,248
KEYCORP	6,300	93,467	58,212
KOHL'S CORP COM	3,300	172,618	76,065
KRAFT HEINZ CO	8,700	283,821	308,850
KROGER CO	10,200	251,125	479,400
LANTHEUS HOLDINGS INC	1,600	78,364	134,272
LA-Z-BOY INC	6,100	204,568	174,704
LEAR CORPORATION	1,000	70,626	143,550
LINCOLN NATIONAL CORP	4,200	146,095	108,192
LOCKHEED MARTIN CORP COM	600	218,819	276,228
MACY'S INC	11,300	233,347	181,365
MARATHON PETE CORP	3,000	57,780	349,800
MARRIOTT VACATIONS WORLDWIDE	1,800	272,413	220,896
MASTERCARD INC	4,967	1,266,872	1,953,521
MATIV HOLDINGS INC	3,300	110,528	49,896
MERCK & CO & CO NEW	10,800	679,253	1,243,462
META PLATFORMS INC	4,300	777,351	1,234,014
MGIC INVESTMENT CORP	11,100	157,054	175,269

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
MICROSOFT CORP CORPORATION	6,680	895,647	2,274,807	
MOLSON COORS BEVERAGE CO B	10,700	594,785	704,488	
MORGAN STANLEY	5,100	200,792	435,540	
MOSAIC CO	12,200	390,827	427,000	
NCR CORP	10,100	270,992	254,520	
NETAPP INC	3,800	148,425	290,320	
NETFLIX INC	7,284	2,803,467	3,208,529	
NEXSTAR MEDIA GROUP INC	2,200	316,406	366,410	
NIKE INC	6,861	395,827	757,249	
NRG ENERGY INC	10,200	387,381	381,378	
ORACLE CORP CORP COM	6,700	324,568	797,903	
ORGANON CO	1,000	28,412	20,810	
OSHKOSH CORP	1,600	108,861	138,544	
OWENS CORNING INC	2,500	152,928	326,250	
PARAMOUNT GLOBAL	9,400	567,627	149,554	
PAYPAL HLDGS INC	4,300	333,843	286,939	
PAYPAL HLDGS INC	23,014	1,919,576	1,535,724	
PENSKE AUTOMOTIVE GROUP INC.	4,200	198,614	699,846	
PFIZER INC	20,700	581,242	759,276	
PHILLIPS 66 66 COM	2,800	237,373	267,064	
PULTEGROUP INC	7,300	216,153	567,064	
QORVO INC	1,500	282,070	153,045	
QUALCOMM INC COM	6,600	867,933	785,664	
QUEST DIAGNOSTICS INC	2,100	221,986	295,176	
QURATE RETAIL INC SER A	10,200	62,630	10,096	
RADIAN GROUP INC	7,200	87,405	182,016	
REINSURANCE GROUP OF AMERICA INC	2,000	174,394	277,380	
RYDER SYSTEM	4,000	316,068	339,160	
SALESFORCE INC	8,112	1,490,605	1,713,741	
SCIENCE APPLICATIONS INTERNATIONAL CORP	3,700	270,935	416,176	
SERVICENOW	4,357	1,396,945	2,448,503	
SKYWORKS SOLUTIONS INC	2,200	240,009	243,518	
SS&C TECHNOLOGIES HLDG	4,000	313,377	242,400	
STIFEL FINANCIAL CORP.	4,000	237,742	238,680	
SYLVAMO CORPORATION	4,000	186,878	161,800	
TD SYNEX CORP	3,400	245,475	319,600	
TEXTRON INC COM	4,000	181,189	270,520	
THERMO FISHER SCIENTIFIC INC COM	2,160	1,200,206	1,126,980	
THOR INDUSTRIES	2,100	194,776	217,350	
TIMKEN CO	3,600	145,428	329,508	
TOLL BROTHERS INC	4,100	183,311	324,187	
TYSON FOODS INC	3,800	182,905	193,952	
UNITED AIRLINES HLDGS INC	5,600	259,096	307,272	
UNITED RENTALS INC	400	50,357	178,148	
UNITEDHEALTH COM	2,777	877,614	1,334,737	
UNIVERSAL HEALTH SVCS INC	1,100	142,987	173,547	
VALERO ENERGY CORP NEW COM	2,000	85,926	234,600	
VERIZON COMMUNICATIONS COM	11,900	632,778	442,561	
VIATRIS INC	2,580	31,300	25,748	
VISA INC	7,730	948,201	1,835,720	
VISHAY INTERTECHNOLOGY	7,700	139,393	226,380	
VISTRA CORP COM	12,700	217,027	333,375	
VMWARE INC	3,216	179,342	462,107	
WALGREENS BOOTS ALLIANCE INC	5,600	387,761	159,544	
WARNER BROS DISCOVERY INC SERIES A COM	5,600	173,671	70,224	
WELLS FARGO & CO NEW COM	13,000	498,113	554,840	

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WERNER ENTERPRISE	4,300	196,885	189,974
WESTERN UNION CO	8,000	165,200	93,840
WESTROCK CO	5,000	236,732	145,350
WHIRLPOOL CORP	1,800	161,476	267,822
WORKDAY INC	3,417	757,108	771,866
XEROX HOLDINGS CORP	5,850	213,300	87,107
ZIONS BANCORP NA	4,100	188,843	110,127
ZOETIS	5,746	482,115	989,520
		<u>\$ 69,730,858</u>	<u>\$ 86,584,680</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
US REAL ESTATE INVESTMENT FUND LLC		\$ 16,565,111	\$ 23,708,541
		\$ 16,565,111	\$ 23,708,541

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(a) / NOT AFFILIABLE	(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	ASB ALLEGIANCE REAL ESTATE FUND	5,941	\$ 6,749,330	\$ 11,058,886
	STATE STREET RUSSELL 2000 (R) INDEX NON-LENDING FUND	94,443	13,297,423	13,367,583
	STATE STREET S&P 500 FLAGSHIP SECURITIES LENDING FUND	7,389	<u>2,080,982</u>	<u>8,726,385</u>
			\$ <u>22,127,735</u>	\$ <u>33,152,854</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF POOLED SEPARATE ACCOUNTS

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION POOLED SEPARATE ACCOUNTS	(d)	(e)
ISSUER	UNITS	COST	CURRENT VALUE
ULLICO SEPARATE ACCOUNT J	447,288	\$ 8,017,620	\$ 7,771,341
		\$ 8,017,620	\$ 7,771,341

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
LSV INTERNATIONAL VALUE EQUITY TRUST	48,429	\$ 6,321,620	\$ 14,554,863
		\$ 6,321,620	\$ 14,554,863

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	1,589,063	\$ 1,589,063	\$ 1,589,063
BLACKROCK LIQ FUNDS FED FUND	826	<u>926</u>	<u>926</u>
		<u>\$ 1,589,989</u>	<u>\$ 1,589,989</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
	GOLDMAN SACHS FINACIAL SQUARE GOV'T FUND	\$ 17,574,027	\$ -	\$ -	\$ -	\$ -	\$ 17,574,027	\$ -
	GOLDMAN SACHS FINACIAL SQUARE GOV'T FUND	-	17,715,777	-	-	17,715,777	17,715,777	-

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULES OF INVESTMENT EXPENSES

YEARS ENDED JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASB Capital Management, LLC	\$ 126,139	\$ 123,024
Dahab Associates, Inc	52,668	56,903
Hancock Whitney	19,200	22,319
Lazard Asset Management, LLC	45,680	62,748
LSV Asset Management	320,663	336,954
Polen Capital Management, LLC	165,992	208,048
ProxyVote Plus Holdings, Inc	4,500	4,500
State Street Global Advisors	8,768	9,724
The Union Labor Life Insurance Company	<u>42,870</u>	<u>51,218</u>
Total investment expenses	<u><u>\$ 786,480</u></u>	<u><u>\$ 875,438</u></u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Payroll	\$ 168,653	\$ 162,551
Payroll taxes	13,658	13,094
Employee benefits	135,359	134,124
Occupancy	44,636	43,928
Telephone	2,416	3,433
Office	7,182	6,695
Printing and postage	5,741	12,394
Legal and collection	132,447	82,158
Accounting	54,325	53,000
Payroll audits	37,998	29,066
Actuarial consulting	112,106	114,389
Computer	84,613	79,517
Insurance	93,593	88,165
Conferences and meetings	4,171	3,753
Depreciation	1,980	3,763
Reimbursed expenses	<u>(15,732)</u>	<u>(20,113)</u>
Total administrative expenses	<u><u>\$ 883,146</u></u>	<u><u>\$ 809,917</u></u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	VARIABLE	ON DEMAND		
CAPITAL ONE BANK			\$ 242,223	\$ 242,223
			\$ 242,223	\$ 242,223

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(a) NOT AFFILIABLE	(b)	(c) - DESCRIPTION			(d)	(e)
		U.S. GOVERNMENT SECURITIES				
	ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
	U S TREASURY NOTE	3.25%	08/31/2024	\$ 2,085,000	\$ 2,055,170	\$ 2,034,501
	U S TREASURY NOTE	4.13%	01/31/2025	595,000	595,161	585,587
	U S TREASURY NOTE	2.00%	08/15/2025	1,175,000	1,121,157	1,108,307
	U S TREASURY NOTE	2.75%	07/31/2027	2,410,000	2,298,252	2,271,136
	U S TREASURY NOTE	4.13%	10/31/2027	1,735,000	1,746,912	1,725,250
	U S TREASURY NOTE	3.50%	01/31/2028	890,000	865,974	863,923
	CALIFORNIA ST TXBL	3.50%	04/01/2028	350,000	344,876	332,241
	U S TREASURY NOTE	3.88%	09/30/2029	955,000	941,682	945,192
	U S TREASURY NOTE	3.50%	01/31/2030	510,000	506,121	494,720
	U S TREASURY NOTE	2.88%	05/15/2032	180,000	164,654	166,810
	U S TREASURY NOTE	4.13%	11/15/2032	405,000	421,889	413,606
	U S TREASURY NOTE	3.38%	05/15/2033	855,000	827,493	824,143
				\$ 12,145,000	\$ 11,889,341	\$ 11,765,416

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
APPLIED MATERIALS INC	3.30%	04/01/2027	\$ 310,000	\$ 301,641	\$ 295,545
APPLE INC SR GLBL NT CALLABLE	3.00%	11/13/2027	425,000	403,822	400,274
GLAXOSMITHKLINE CAP INC	3.88%	05/15/2028	400,000	430,900	384,524
PROCTER & GAMBLE CO	3.00%	03/25/2030	375,000	406,853	346,845
MASTERCARD INC	3.35%	03/26/2030	405,000	438,612	377,278
ALPHABET INC	1.10%	08/15/2030	225,000	207,963	181,949
SALESFORCE INC	1.95%	07/15/2031	250,000	235,834	206,155
			\$ <u>2,390,000</u>	\$ <u>2,425,625</u>	\$ <u>2,192,570</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
GOLDMAN SACHS	4.00%	03/03/2024	\$ 425,000	\$ 447,499	\$ 419,535
CITIGROUP INC	3.30%	04/27/2025	500,000	491,575	480,995
GOLDMAN SACHS GROUP INC	3.75%	05/22/2025	150,000	162,564	144,747
COMCAST CORP	3.38%	08/15/2025	400,000	399,461	385,872
JP MORGAN CHASE & CO	3.30%	04/01/2026	425,000	403,581	404,774
EBAY INC	1.40%	05/10/2026	450,000	436,559	406,161
WELLS FARGO & COMPANY	3.00%	10/23/2026	250,000	229,834	231,980
LAM RESEARCH CORP	1.90%	06/15/2030	375,000	363,308	312,330
BANK OF AMERICA CORP	5.02%	07/22/2033	375,000	374,279	366,758
			<u>\$ 3,350,000</u>	<u>\$ 3,308,660</u>	<u>\$ 3,153,152</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
ABBOTT LABS	13,423	\$ 1,104,182	\$ 1,463,375	
ABBVIE INC	1,300	71,795	175,149	
ACCENTURE PLC	4,937	632,929	1,523,459	
ADEIA INC COM	9,200	80,262	101,292	
ADOBE INC	4,533	1,216,073	2,216,592	
AFLAC INC COM	4,700	218,927	328,060	
AGCO CORP	3,700	268,706	486,254	
AIRBNB INC COM CL A	12,279	1,807,015	1,573,677	
ALASKA AIR GROUP	5,200	218,218	276,536	
ALBERTSONS COMPANIES INC	11,500	243,434	250,930	
ALIGN TECHNOLOGY INC	1,442	341,943	509,949	
ALPHABET INC INC - CL C	21,976	1,854,688	2,658,437	
ALTRIA GROUP INC	5,700	249,956	258,210	
AMAZON.COM INC	28,101	3,510,768	3,663,246	
AMERICAN FINANCIAL GROUP	3,100	132,730	368,125	
AMERICAN INTL GROUP	7,100	392,001	408,534	
AMERIPRISE FINANCIAL INC	1,800	102,852	597,888	
AMGEN INC	2,500	126,688	555,050	
AMKOR TECHNOLOGY INC	14,300	262,454	425,425	
ANNALY CAPITAL MGMT INC	2,650	124,973	53,027	
APA CORPORATION	5,300	232,711	181,101	
APPLIED MATERIALS INC COM	6,600	259,995	953,964	
ARROW ELECTRONICS	2,700	203,081	386,721	
AT&T INC COM	37,400	814,897	596,530	
ATLANTIC UNION BANKSHARES CORP	6,900	250,457	179,055	
AUTODESK INC	5,245	1,185,126	1,073,179	
AUTONATION INC	2,200	247,187	362,142	
AVNET INC	10,700	400,529	539,815	
BANK OF AMERICA CORP	12,500	386,077	358,625	
BANK OF NEW YORK MELLON CORP	9,000	422,444	400,680	
BANKUNITED	7,200	250,422	155,160	
BERRY GLOBAL GROUP INC	3,600	195,750	231,624	
BEST BUY INC COM	1,900	137,291	155,705	
BIOGEN INC	400	112,719	113,940	
BORG WARNER INC	4,400	199,392	215,204	
BRANDYWINE REALTY TRUST	11,100	170,838	51,615	
BREAD FINANCIAL HOLDINGS INC	2,400	198,470	75,336	
BRISTOL-MYERS SQUIBB	12,400	669,367	792,980	
CAPITAL ONE FINL CORP	3,300	225,574	360,921	
CARDINAL HEALTH INC	4,000	320,842	378,280	
CARTER'S INC	1,900	191,371	137,940	
CELANESE COPR DEL	1,200	79,339	138,960	
CENTENE CORP	3,700	253,460	249,565	
CISCO SYSTEMS INC	15,600	285,805	807,144	
CITIGROUP INC	8,500	714,830	391,340	
CITIZENS FINANCIAL GROUP	5,200	214,343	135,616	
CNA FINANCIAL CORP	3,000	68,415	115,860	
COGNIZANT TECHNOLOGY SOLUTIONS CORP	7,500	470,858	489,600	
COMCAST CORP	18,600	695,697	772,830	
CONAGRA BRANDS INC	11,500	341,714	387,780	
CONSENSUS CLOUD SOLUTIONS INC	3,700	176,816	114,700	
CSG SYSTEMS INTERNATIONAL INC.	4,400	85,489	232,056	
CUMMINS INC	2,200	333,553	539,352	
CVS HEALTH CORP HEALTH CORP	6,800	492,538	470,084	
DAVITA HEALTHCARE PARTNERS INC	2,000	174,225	200,940	
DELL TECHNOLOGIES CL C	8,500	228,613	459,935	

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
DELTA AIRLINES INC	4,500	202,618	213,930
DICKS SPORTING GOODS INC COM	2,400	92,412	317,256
DINEEQUITY INC	3,100	241,926	179,893
DIODES	3,200	254,744	295,968
DISCOVER FINL SVCS	5,000	162,392	584,250
DOCUSIGN INC	8,944	1,095,067	456,949
DXC TECHNOLOGY CO	8,900	505,492	237,808
EASTMAN CHEMICAL	2,600	146,049	217,672
EBAY INC	9,100	346,711	406,679
EXXON MOBIL CORP	9,000	825,297	965,250
FEDEX CORP COM	1,900	372,796	471,010
FOOT LOCKER INC	6,000	293,838	162,660
FORD MOTOR CO DEL	37,700	556,043	570,401
FOX CORP CL A	13,300	434,132	452,200
GARTNER INC	2,102	301,359	736,352
GENERAL MOTORS CO MOTORS CO	12,200	424,755	470,432
GENWORTH HOLDINGS INC	7,200	260,481	36,000
GILEAD SCIENCES INC.	6,400	526,137	493,248
GLOBAL PAYMENTS INC	3,200	342,272	315,264
GOLDMAN SACHS GROUP INC COM	900	137,712	290,286
GOODYEAR TIRE & RUBBER CO	9,609	247,273	131,451
GREIF INC	2,700	84,078	186,003
HARTFORD FINL SVCS GROUP INCCOM	4,600	117,484	331,292
HCA HEALTHCARE INC	1,700	229,642	515,916
HF SINCLAIR CORPORATION COM	5,600	208,179	249,816
HP ENTERPRISE CO	27,400	389,987	460,320
HP INC	17,100	332,567	525,141
HUNTINGTON INGALLS IND	1,100	235,543	250,360
HUNTSMAN CORPPORATION	7,000	106,943	189,140
IBM CORP	4,100	587,385	548,621
ILLUMINA INC	5,334	1,307,383	1,000,072
INGEVITY CORP	3,500	231,368	203,560
INGLES MARKETS INC-CLASS A	2,700	95,656	223,155
INGREDION INC	1,800	163,746	190,710
INTEL CORP	12,900	326,233	431,376
INTERFACE INC	14,600	248,318	128,334
INTERNATIONAL PAPER CO	7,400	348,247	235,394
JABIL INC	2,900	244,907	312,997
JOHNSON & JOHNSON COM	2,400	397,518	397,248
KEYCORP	6,300	93,467	58,212
KOHL'S CORP COM	3,300	172,618	76,065
KRAFT HEINZ CO	8,700	283,821	308,850
KROGER CO	10,200	251,125	479,400
LANTHEUS HOLDINGS INC	1,600	78,364	134,272
LA-Z-BOY INC	6,100	204,568	174,704
LEAR CORPORATION	1,000	70,626	143,550
LINCOLN NATIONAL CORP	4,200	146,095	108,192
LOCKHEED MARTIN CORP COM	600	218,819	276,228
MACY'S INC	11,300	233,347	181,365
MARATHON PETE CORP	3,000	57,780	349,800
MARRIOTT VACATIONS WORLDWIDE	1,800	272,413	220,896
MASTERCARD INC	4,967	1,266,872	1,953,521
MATIV HOLDINGS INC	3,300	110,528	49,896
MERCK & CO & CO NEW	10,800	679,253	1,243,462
META PLATFORMS INC	4,300	777,351	1,234,014
MGIC INVESTMENT CORP	11,100	157,054	175,269

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
MICROSOFT CORP CORPORATION	6,680	895,647	2,274,807	
MOLSON COORS BEVERAGE CO B	10,700	594,785	704,488	
MORGAN STANLEY	5,100	200,792	435,540	
MOSAIC CO	12,200	390,827	427,000	
NCR CORP	10,100	270,992	254,520	
NETAPP INC	3,800	148,425	290,320	
NETFLIX INC	7,284	2,803,467	3,208,529	
NEXSTAR MEDIA GROUP INC	2,200	316,406	366,410	
NIKE INC	6,861	395,827	757,249	
NRG ENERGY INC	10,200	387,381	381,378	
ORACLE CORP CORP COM	6,700	324,568	797,903	
ORGANON CO	1,000	28,412	20,810	
OSHKOSH CORP	1,600	108,861	138,544	
OWENS CORNING INC	2,500	152,928	326,250	
PARAMOUNT GLOBAL	9,400	567,627	149,554	
PAYPAL HLDGS INC	4,300	333,843	286,939	
PAYPAL HLDGS INC	23,014	1,919,576	1,535,724	
PENSKE AUTOMOTIVE GROUP INC.	4,200	198,614	699,846	
PFIZER INC	20,700	581,242	759,276	
PHILLIPS 66 66 COM	2,800	237,373	267,064	
PULTEGROUP INC	7,300	216,153	567,064	
QORVO INC	1,500	282,070	153,045	
QUALCOMM INC COM	6,600	867,933	785,664	
QUEST DIAGNOSTICS INC	2,100	221,986	295,176	
QURATE RETAIL INC SER A	10,200	62,630	10,096	
RADIAN GROUP INC	7,200	87,405	182,016	
REINSURANCE GROUP OF AMERICA INC	2,000	174,394	277,380	
RYDER SYSTEM	4,000	316,068	339,160	
SALESFORCE INC	8,112	1,490,605	1,713,741	
SCIENCE APPLICATIONS INTERNATIONAL CORP	3,700	270,935	416,176	
SERVICENOW	4,357	1,396,945	2,448,503	
SKYWORKS SOLUTIONS INC	2,200	240,009	243,518	
SS&C TECHNOLOGIES HLDG	4,000	313,377	242,400	
STIFEL FINANCIAL CORP.	4,000	237,742	238,680	
SYLVAMO CORPORATION	4,000	186,878	161,800	
TD SYNEX CORP	3,400	245,475	319,600	
TEXTRON INC COM	4,000	181,189	270,520	
THERMO FISHER SCIENTIFIC INC COM	2,160	1,200,206	1,126,980	
THOR INDUSTRIES	2,100	194,776	217,350	
TIMKEN CO	3,600	145,428	329,508	
TOLL BROTHERS INC	4,100	183,311	324,187	
TYSON FOODS INC	3,800	182,905	193,952	
UNITED AIRLINES HLDGS INC	5,600	259,096	307,272	
UNITED RENTALS INC	400	50,357	178,148	
UNITEDHEALTH COM	2,777	877,614	1,334,737	
UNIVERSAL HEALTH SVCS INC	1,100	142,987	173,547	
VALERO ENERGY CORP NEW COM	2,000	85,926	234,600	
VERIZON COMMUNICATIONS COM	11,900	632,778	442,561	
VIATRIS INC	2,580	31,300	25,748	
VISA INC	7,730	948,201	1,835,720	
VISHAY INTERTECHNOLOGY	7,700	139,393	226,380	
VISTRA CORP COM	12,700	217,027	333,375	
VMWARE INC	3,216	179,342	462,107	
WALGREENS BOOTS ALLIANCE INC	5,600	387,761	159,544	
WARNER BROS DISCOVERY INC SERIES A COM	5,600	173,671	70,224	
WELLS FARGO & CO NEW COM	13,000	498,113	554,840	

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WERNER ENTERPRISE	4,300	196,885	189,974
WESTERN UNION CO	8,000	165,200	93,840
WESTROCK CO	5,000	236,732	145,350
WHIRLPOOL CORP	1,800	161,476	267,822
WORKDAY INC	3,417	757,108	771,866
XEROX HOLDINGS CORP	5,850	213,300	87,107
ZIONS BANCORP NA	4,100	188,843	110,127
ZOETIS	5,746	482,115	989,520
		<u>\$ 69,730,858</u>	<u>\$ 86,584,680</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
US REAL ESTATE INVESTMENT FUND LLC		\$ 16,565,111	\$ 23,708,541
		\$ 16,565,111	\$ 23,708,541

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(a) / NOT AFFILIABLE	(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	ASB ALLEGIANCE REAL ESTATE FUND	5,941	\$ 6,749,330	\$ 11,058,886
	STATE STREET RUSSELL 2000 (R) INDEX NON-LENDING FUND	94,443	13,297,423	13,367,583
	STATE STREET S&P 500 FLAGSHIP SECURITIES LENDING FUND	7,389	<u>2,080,982</u>	<u>8,726,385</u>
			\$ <u>22,127,735</u>	\$ <u>33,152,854</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF POOLED SEPARATE ACCOUNTS

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION POOLED SEPARATE ACCOUNTS	(d)	(e)
ISSUER	UNITS	COST	CURRENT VALUE
ULLICO SEPARATE ACCOUNT J	447,288	\$ 8,017,620	\$ 7,771,341
		\$ 8,017,620	\$ 7,771,341

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
LSV INTERNATIONAL VALUE EQUITY TRUST	48,429	\$ 6,321,620	\$ 14,554,863
		\$ 6,321,620	\$ 14,554,863

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	1,589,063	\$ 1,589,063	\$ 1,589,063
BLACKROCK LIQ FUNDS FED FUND	826	<u>926</u>	<u>926</u>
		\$ <u>1,589,989</u>	\$ <u>1,589,989</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2023

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
	GOLDMAN SACHS FINACIAL SQUARE GOV'T FUND	\$ 17,574,027	\$ -	\$ -	\$ -	\$ -	\$ 17,574,027	\$ -
	GOLDMAN SACHS FINACIAL SQUARE GOV'T FUND	-	17,715,777	-	-	17,715,777	17,715,777	-

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	\$921,847	\$318,828	\$10,806,342	\$12,047,017
2023	1,752,899	398,782	10,523,002	12,674,683
2024	2,513,689	468,471	10,253,873	13,236,033
2025	3,199,931	589,135	9,939,865	13,728,931
2026	3,775,810	682,613	9,644,485	14,102,908
2027	4,318,914	764,209	9,285,188	14,368,311
2028	4,771,439	861,916	8,977,074	14,610,429
2029	5,127,582	1,006,736	8,664,897	14,799,215
2030	5,502,044	1,178,870	8,357,970	15,038,884
2031	5,858,006	1,293,394	7,946,074	15,097,474
2032	6,084,993	1,420,156	7,627,902	15,133,051
2033	6,327,724	1,526,596	7,315,529	15,169,849
2034	6,488,301	1,561,906	7,003,781	15,053,988
2035	6,697,273	1,608,334	6,693,050	14,998,657
2036	6,830,951	1,693,646	6,383,716	14,908,313
2037	6,961,389	1,774,800	6,076,060	14,812,249
2038	7,058,779	1,836,800	5,770,455	14,666,034
2039	7,084,948	1,898,159	5,467,254	14,450,361

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	\$7,213,567	\$1,958,318	\$5,166,899	\$14,338,784
2041	7,254,898	1,982,091	4,869,835	14,106,824
2042	7,264,263	2,036,755	4,576,551	13,877,569
2043	7,300,898	2,028,190	4,287,486	13,616,574
2044	7,239,492	1,998,334	4,003,099	13,240,925
2045	7,218,946	1,979,532	3,723,937	12,922,415
2046	7,119,169	1,945,566	3,450,624	12,515,359
2047	7,018,041	1,961,309	3,183,856	12,163,206
2048	6,984,653	1,935,220	2,924,456	11,844,329
2049	6,864,037	1,922,082	2,673,257	11,459,376
2050	6,733,097	1,886,660	2,431,132	11,050,889
2051	6,586,242	1,878,314	2,198,966	10,663,522
2052	6,409,627	1,824,551	1,977,701	10,211,879
2053	6,218,958	1,763,789	1,768,207	9,750,954
2054	6,020,117	1,708,302	1,571,283	9,299,702
2055	5,769,097	1,642,299	1,387,546	8,798,942
2056	5,535,344	1,581,695	1,217,364	8,334,403
2057	5,298,413	1,510,218	1,060,963	7,869,594

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	\$5,072,665	\$1,437,946	\$918,359	\$7,428,970
2059	4,830,720	1,363,709	789,453	6,983,882
2060	4,559,288	1,288,979	673,930	6,522,197
2061	4,291,735	1,212,832	571,367	6,075,934
2062	4,028,353	1,137,605	481,130	5,647,088
2063	3,767,625	1,062,936	402,463	5,233,024
2064	3,515,044	988,954	334,512	4,838,510
2065	3,271,352	916,449	276,326	4,464,127
2066	3,036,508	845,475	226,919	4,108,902
2067	2,811,650	776,760	185,310	3,773,720
2068	2,596,909	710,516	150,544	3,457,969
2069	2,393,206	647,090	121,722	3,162,018
2070	2,200,992	586,768	98,001	2,885,761
2071	2,019,610	529,773	78,625	2,628,008

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

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

The participant data is for the year ended June 31, 2022

Age	Total	Years of Credited Service								
		Less than 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 20	3	3	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
20 - 24	16	15	1	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
25 - 29	47	34	13	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
30 - 34	61	32	23	6	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
35 - 39	55	21	16	12	6	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
40 - 44	67	18	19	13	9	8	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
45 - 49	67	12	10	16	17	11	1	-	-	-
	-	-	-	-	-	-	-	-	-	-
50 - 54	76	8	8	15	20	15	8	2	-	-
	-	-	-	-	-	-	-	-	-	-
55 - 59	84	8	8	10	17	22	12	6	1	-
	-	-	-	-	-	-	-	-	-	-
60 - 64	49	3	3	5	8	13	7	4	4	2
	-	-	-	-	-	-	-	-	-	-
65 - 69	10	-	-	5	2	-	1	-	2	-
	-	-	-	-	-	-	-	-	-	-
Total	535	154	101	82	79	69	29	12	7	2
	-	-	-	-	-	-	-	-	-	-

Note: Excludes 92 participants with less than one year of credited service

General Building Laborers' Local 66 Pension Fund
EIN 11-1974385/PN 001



Schedule MB, Line 6f(1) - Description of Withdrawal Liability Interest Rate

Withdrawal Liability Assumptions

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations. The first calculation uses discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability is a final settlement of an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient, the first calculation is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second calculation: the interest rate used for plan funding calculations.

Interest	For liabilities up to market value of assets, 2.40% for 20 years and 2.12% beyond (1.82% for 20 years and 1.68% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding for the plan year ending June 30, 2022 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of June 30, 2022 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of June 30, 2022 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	10/01/1996	\$2,186,120	4.25	\$572,297
Assumption change	10/01/1997	78,146	5.25	17,100
Assumption change	10/01/1997	355,718	6.25	67,485
Plan amendment	10/01/1999	203,876	7.25	34,402
Plan amendment	07/01/2001	2,627,633	9	376,922
Plan amendment	07/01/2002	1,498,217	10	199,357
Plan amendment	07/01/2003	415,955	11	51,842
Assumption change	07/01/2003	2,124,512	11	264,783
Plan amendment	07/01/2004	48,656	12	5,725
Plan amendment	07/01/2005	2,779,688	13	310,834
Plan amendment	07/01/2006	476,594	14	50,931
Plan amendment	07/01/2007	3,035,960	15	311,525
Plan amendment	07/01/2008	48,527	1	48,527
Assumption change	07/01/2008	66,172	1	66,172
Actuarial loss	07/01/2009	60,103	2	31,068
Assumption change	07/01/2009	84,220	2	43,534
Investment loss subject to relief	07/01/2009	10,997,968	16	1,088,055
Actuarial loss	07/01/2011	529,512	4	146,100
Assumption change	07/01/2011	1,612,641	4	444,950
Actuarial loss	07/01/2012	2,440,792	5	556,342
Plan amendment	07/01/2013	705,386	6	138,306
Assumption change	07/01/2014	1,217,319	7	211,100
Plan amendment	07/01/2014	4,117,538	7	714,040
Actuarial loss	07/01/2016	3,416,751	9	490,117

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/2017	9,614,556	10	1,279,342
Actuarial loss	07/01/2018	995,473	11	124,068
Actuarial loss	07/01/2019	1,531,493	12	180,204
Actuarial loss	07/01/2020	4,042,413	13	452,036
Assumption change	07/01/2020	11,006,388	13	1,230,770
Actuarial loss	07/01/2022	147,767	15	15,163
Plan amendment	07/01/2022	9,815,590	15	1,007,195
Total		\$78,281,684		\$10,530,292

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	10/01/1999	\$360,251	7.25	\$60,790
Assumption change	07/01/2005	1,332,380	13	148,991
Actuarial gain	07/01/2008	22,555	1	22,555
Actuarial gain	07/01/2010	1,431,931	3	509,944
Plan amendment	07/01/2011	122,763	4	33,872
Actuarial gain	07/01/2013	208,978	6	40,974
Actuarial gain	07/01/2014	1,958,290	7	339,595
Actuarial gain	07/01/2015	1,357,260	8	212,427
Actuarial gain	07/01/2017	581,865	10	77,425
Actuarial gain	07/01/2021	4,586,766	14	490,162
Total		\$11,963,039		\$1,936,735