

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/01/1964
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) CONSTRUCTION INDUSTRY LABORERS PENSION FUND 12200 N. AMBASSADOR DRIVE SUITE 400 KANSAS CITY, MO 64163-1244	2b Employer Identification Number (EIN) 43-6060737 2c Plan Sponsor's telephone number 816-756-3313 2d Business code (see instructions) 237990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	PATRICK PRYOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 14321
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 5274 6a(2) 5525 6b 4560 6c 3516 6d 13601 6e 1014 6f 14615 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 521

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA01102		01/01/2023	12/31/2023

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	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY 8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(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	18964089

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

Specify nature of costs ▶

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

0

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

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

7e(1)

(2) Administration charge made by carrier

7e(2)

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

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	802010		01/01/2023	12/31/2023

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	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	67406695

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

Specify nature of costs ▶

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

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

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

7e(1)

(2) Administration charge made by carrier

7e(2)

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

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 899535619
(2) Actuarial value of assets for funding standard account	1b(2) 1018576673
c (1) Accrued liability for plan using immediate gain methods	1c(1) 938809158
(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) 938809158
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) 1818600419
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 41452962
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 64338337
(3) Expected plan disbursements for the plan year	1d(3) 66591146

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary HEATH MERLAK	Date 23-05967
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 877-243-4766
Firm name 8300 GREENSBORO DRIVE SUITE 800, MCLEAN, VA 22102	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	899535619
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5677	872233296
(2) For terminated vested participants	3513	369185064
(3) For active participants:		
(a) Non-vested benefits		108993380
(b) Vested benefits		468188679
(c) Total active	4056	577182059
(4) Total	13246	1818600419
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.46 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2023	42310498				
Totals ►			3(b)	42310498	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		383148

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	108.5 %
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, does line 1(c) reflect any benefit reductions for the first time (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		%
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A		Post-retirement ☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	%	☒ N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-13.3 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1546778	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	23137952	2374227

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	
b Employer's normal cost for plan year as of valuation date	9b	15932120

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)	321661546	42074672
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 4060475**e** Total charges. Add lines 9a through 9d**9e** 62067267**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 198402981**g** Employer contributions. Total from column (b) of line 3**9g** 42310498**h** Amortization credits as of valuation date

Outstanding balance

9h 123258565 23568924**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 16993854**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)	271361245	
9j(2)	636360577	
9j(3)		

k (1) Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 281276257**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 219208990**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 current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

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

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

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

LAZARD ASSET MANAGEMENT

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	574820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON MCSHANE CORP

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 49 50	CONTRACT ADMINISTRATOR	511821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	380398	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)

ARISTOTLE

95-4833644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	377405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	INVESTMENT MANAGER	325931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARNOLD NEWBOLD SOLLARS & HOLLINS

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	LEGAL	304330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JP MORGAN INVESTMENT MANAGMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 27 52	INVESTMENT MANAGER	187014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIGULER GUFF ADVISERS, LLC

13-3855629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	186737	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAIRD

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 52	INVESTMENT MANAGER	179978	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 50	INVESTMENT MANAGER	66864	Yes ☒ No ☐	Yes ☒ No ☐	88214	Yes ☐ No ☒

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

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	ACTUARY	147249	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	142928	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)

JACOBS LEVY

22-2774695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	141970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US REAL ESTATE

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	140508	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	118204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARQUETTE & ASSOCIATES

36-3485298

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

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

SEGAL SELECT INSURANCE CARRIER

333 WEST 34TH STREET
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	INSURANCE	107026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GW&K

80-0250512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	65389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ABERDEEN

ONE BEACON STREET
BOSTON, MA 02108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	64145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO

27-0603835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	51105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC

100 PARK AVENUE FLOOR 32
NEW YORK, NY 10017

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	46297	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)

RCP

353 N. CLARK STREET
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	44554	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THL

90-0789283

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	43404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MFS

57-1187281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	39476	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)

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	38482	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO HARRIS BANK N.A.

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	37775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENNEDY

10829 OLIVE BLVD 1
ST LOUIS, MO 63141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	35448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RUBINBROWN, LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	33400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE TRUST COMPANY

48-0862626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	31859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60065

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

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

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

BNY MELLON

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	9007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	KATHY SWAN	b EIN:	13-4215617
c Position:	ENROLLED ACTUARY		
d Address:	8300 GREENSBORO DRIVE SUITE 800 MCLEAN, VA 22102	e Telephone:	703-893-1456

Explanation: TRANSFER OF RESPONSIBILITIES WITHIN CHEIRON, INC.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS EMERGING MARKETS DEBT FUND		
b Name of sponsor of entity listed in (a): MFS TRUST COMPANY		
c EIN-PN 57-1187281-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18358774
a Name of MTIA, CCT, PSA, or 103-12 IE: MACKAY SHIELDS CIT		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 47-1818241-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60208538
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91055105
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF EMERGING MARKETS RESEARCH E		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 27-1593162-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23551459
a Name of MTIA, CCT, PSA, or 103-12 IE: LSV INTL VALUE EQUITY TRUST		
b Name of sponsor of entity listed in (a): LSV ASSET MANAGEMENT		
c EIN-PN 20-0726879-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49553269
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14649941
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS LLC		
b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY LLC		
c EIN-PN 20-1575788-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61469737

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SA-PGL1		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67406695
a Name of MTIA, CCT, PSA, or 103-12 IE: UNION LABOR LIFE SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18964089
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND		
b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC		
c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14641758
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO HOUSING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): BNY MELLON		
c EIN-PN 52-6220193-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11414927
a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL LARGE CAP GROWTH STOCK INDEX		
b Name of sponsor of entity listed in (a): BNY MELLON		
c EIN-PN 25-6078093-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74173702
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY C		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6253445-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35748701
a Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW SMALL CAP VALUE EQUITY CIT		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 82-0633167-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16708535
a Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW HIGH YIELD CIT CI A		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 82-0633167-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12649684
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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
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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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND	D Employer Identification Number (EIN) 43-6060737	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5884912	4675297
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	420835	407160
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18210762	28270082
(2) U.S. Government securities	1c(2)	7590097	7062255
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2047110	1333441
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	231866473	159932219
(5) Partnership/joint venture interests	1c(5)	145710221	158043923
(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)	232435689	343869425
(10) Value of interest in pooled separate accounts	1c(10)	102342293	86370784
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	112856086	140314705
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	45837683	58049410
(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		
f Total assets (add all amounts in lines 1a through 1e)	1f	905202161	988328701
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3997071	4055123
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3997071	4055123
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	901205090	984273578

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)	41927350	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	586873	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		42514223
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	843722	
(B) U.S. Government securities	2b(1)(B)	196478	
(C) Corporate debt instruments	2b(1)(C)	49569	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3005576	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4095345
(2) Dividends: (A) Preferred stock	2b(2)(A)	16175	
(B) Common stock	2b(2)(B)	2999564	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	999803	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		4015542
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	235237650	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	227362174	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		7875476
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	31693772	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		52616433
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-8907319
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		12867240
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1567089
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		148337801

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58975575	
(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)		58975575
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	498000	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	34000	
(5) Investment advisory and investment management fees	2i(5)	3511783	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	147249	
(8) Legal fees	2i(8)	304330	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1798376	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6293738
j Total expenses. Add all expense amounts in column (b) and enter total	2j		65269313

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		83068488
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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 527226.

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CONSTRUCTION INDUSTRY LABORERS PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION INDUSTRY LABORERS PENSION FUND		D Employer Identification Number (EIN) 43-6060737
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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 1
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) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **KISSICK CONSTRUCTION**

b EIN **43-1684835**

c Dollar amount contributed by employer **1013746**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **5.85**

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

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

b EIN **43-1861896**

c Dollar amount contributed by employer **1112577**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **5.85**

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

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

b EIN **48-0735970**

c Dollar amount contributed by employer **943080**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **5.00**

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

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

b EIN

c Dollar amount contributed by employer **663805**

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) **7.40**

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

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

b EIN **43-1396603**

c Dollar amount contributed by employer **762600**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **7.40**

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

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

b EIN **44-0522076**

c Dollar amount contributed by employer **838348**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **5.85**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **IDEKER INC**

b EIN **43-0977060**

c Dollar amount contributed by employer **603722**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **5.85**

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

a Name of contributing employer **KOLB GRADING**

b EIN **32-0289822**

c Dollar amount contributed by employer **493431**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **7.40**

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

a Name of contributing employer **KC STREETCAR CONSTRUCTORS**

b EIN **46-1005930**

c Dollar amount contributed by employer **466442**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **5.85**

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

a Name of contributing employer **INTERNATIONAL BUILDERS AND CONSULTA**

b EIN **26-3047857**

c Dollar amount contributed by employer **446583**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **5.85**

(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

235

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

78

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

81

- 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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 48.9 % Private Equity: 10.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.0 %

High-Yield Debt: 7.6 % Real Assets: 13.7 % Cash or Cash Equivalents: 0.1 % Other: 4.8 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

***CONSTRUCTION INDUSTRY LABORERS
PENSION FUND***

FINANCIAL STATEMENTS

DECEMBER 31, 2023

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Independent Auditors' Report

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

Opinion

We have audited the financial statements of Construction Industry Laborers Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Construction Industry Laborers Pension Fund as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

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

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Construction Industry Laborers Pension Fund's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Construction Industry Laborers Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2023 and reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

RubinBrown LLP

October 14, 2024

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2023	2022
Assets		
Investments - At Fair Value		
U.S. Government and municipal securities	\$ 7,062,255	\$ 7,590,097
Corporate obligations	1,333,441	2,047,110
Corporate stocks	159,932,219	231,866,473
Pooled separate accounts	86,370,784	102,342,293
Mutual fund	17,139,366	—
103-12 investment entities	140,314,705	112,856,086
Limited partnerships	158,043,923	145,710,221
Limited liability companies	40,910,044	45,837,683
Money market funds	28,270,082	18,210,762
Common/collective trusts	343,869,425	232,435,689
Total Investments - At Fair Value	983,246,244	898,896,414
Receivables		
Interest and dividends	291,980	249,703
Employer contributions	4,573,617	4,215,441
Withdrawal liability contributions	101,680	1,669,471
Due from brokers for securities sold	26,310	82,264
Total Receivables	4,993,587	6,216,879
Other Assets		
Prepaid expenses and deposits	88,870	88,868
Total Assets	988,328,701	905,202,161
Liabilities		
Accounts payable	1,711,893	1,349,191
Other liabilities	1,362,094	1,368,221
Temporary cash overdraft	376,191	900,161
Due to brokers for securities purchased	604,945	379,498
Total Liabilities	4,055,123	3,997,071
Net Assets Available For Benefits	\$ 984,273,578	\$ 901,205,090

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2023	2022
Additions To Net Assets Available For		
Benefits Attributed To:		
Employer contributions	\$ 47,623,597	\$ 42,446,578
Less: reciprocal transfers	(5,696,247)	(4,439,543)
Withdrawal liability income	500	500
Other income	586,373	105,327
Total Additions	42,514,223	38,112,862
Deductions From Net Assets Available For		
Benefits Attributed To:		
Benefits paid	58,975,575	58,110,541
Expenses		
Investment management and consulting expenses	3,511,783	4,550,308
Bad debt expense	1,191,550	—
Insurance	565,631	528,080
Administrative fees	400,000	453,200
Legal fees	304,330	284,784
Actuarial expenses	147,249	189,924
Payroll audit fees	98,000	113,200
Audit fees	34,000	31,800
Printing and postage	16,266	21,731
Trustee and delegate expenses	14,911	8,689
Other expenses	10,018	9,853
Total Expenses	6,293,738	6,191,569
Total Deductions	65,269,313	64,302,110
Investment Income (Loss)		
Interest and dividends	8,110,887	8,603,806
Net change in fair value of investments	97,712,691	(143,569,527)
Net Investment Income (Loss)	105,823,578	(134,965,721)
Net Increase (Decrease)	83,068,488	(161,154,969)
Net Assets Available For Benefits - Beginning Of Year	901,205,090	1,062,360,059
Net Assets Available For Benefits - End Of Year	\$ 984,273,578	\$ 901,205,090

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

December 31, 2023 And 2022

1. General Information

Description Of The Plan

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

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

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

Pension Benefits

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

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

Death And Disability Benefits

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

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

Contributions

Employers of participants contribute to the Plan for each hour worked by the participants in covered employment and at various rates negotiated through collective bargaining agreements, which are up to \$7.75 for each hour worked.

Employer contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. The Plan's employer contributions for the Plan years ended December 31, 2023 and 2022 met the minimum funding requirements of ERISA.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements (*Continued*)

Investment Valuation And Revenue Recognition

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

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

Contributions Receivable And Credit Loss Policy

As of January 1, 2023, the Plan adopted Accounting Standards Codification Topic 326, *Financial Instruments - Credit Losses*, using a modified-retrospective approach. The standard replaces the previous incurred loss model and requires entities to record an estimate of expected losses on financial assets for the remaining estimated life of the asset. This estimate must include consideration of historical experience, current conditions and reasonable and supportable forecasts. The standard applies to the Plan's employer contributions receivable and withdrawal liability contributions receivable. The adoption did not have a material impact on these financial statements. The Plan has concluded that no allowance for current expected credit losses was necessary at December 31, 2023 and no allowance for doubtful accounts was necessary at December 31, 2022.

Actuarial Present Value Of Accumulated Plan Benefits

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

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

The significant assumptions underlying the actuarial computations as of December 31, 2022 and 2021 are as follows:

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

The valuations reflect deductions of \$1,600,000 for anticipated administrative expenses associated with providing benefits for both 2023 and 2022. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023 and 2022. Had the valuations been performed as of December 31, there would be no material differences.

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

3. Actuarial Present Value Of Accumulated Plan Benefits

The latest available actuarial reports were prepared as of December 31, 2022. The actuarial present value of accumulated plan benefits as of that date is as follows:

Actuarial present value of accumulated plan benefits:	
Vested participants currently receiving payments	\$ 544,435,886
Other vested benefits	371,850,086
Total vested benefits	<u>916,285,972</u>
Non-vested benefits	<u>41,174,303</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 957,460,275</u></u>

The changes in the actuarial present value of the accumulated plan benefits during the valuation year ended December 31, 2022 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 940,213,366
Factors that affected change in the actuarial present value of accumulated plan benefits:	
Benefits accumulated, actuarial experience, changes in data	12,266,392
Interest	64,731,819
Benefits paid	(58,110,541)
Administrative expenses	<u>(1,640,761)</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 957,460,275</u></u>

The Plan was certified to be neither in endangered status nor in critical status under the Pension Protection Act of 2006 (green zone) for the current plan year. This certification result is due to the fact that the Plan's funded percentage for the current plan year is at least 80%, and the Plan has no projected deficiency in its funding standard account for at least seven years.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

4. Tax Status

The Trust established under the Plan, to hold the Plan's assets, is qualified pursuant to the appropriate section of the Internal Revenue Code (the IRC) and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan obtained its latest determination letter on September 2, 2015 in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's counsel believe that the Plan is designed and continues to operate in compliance with the applicable requirements of the IRC.

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

5. Fair Value Measurements

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

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets; |

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements (*Continued*)

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

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

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

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

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

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

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

Mutual Fund And Money Market Funds

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements (Continued)

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

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

There have been no changes in the methodologies used at December 31, 2023 or 2022.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
U.S. Government and municipal securities	\$ —	\$ 7,062,255	\$ —	\$ 7,062,255
Corporate obligations	—	1,333,441	—	1,333,441
Corporate stocks	159,932,219	—	—	159,932,219
Mutual fund	17,139,366	—	—	17,139,366
Money market funds	28,270,082	—	—	28,270,082
Total Assets In The Fair Value Hierarchy	\$ 205,341,667	\$ 8,395,696	\$ —	213,737,363
Pooled separate accounts measured at net asset value (a)				86,370,784
103-12 investment entities measured at net asset value (a)				140,314,705
Limited partnerships measured at net asset value (a)				158,043,923
Limited liability companies measured at net asset value (a)				40,910,044
Common/collective trusts measured at net asset value (a)				343,869,425
				<u><u>\$ 983,246,244</u></u>

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements (Continued)

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

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

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

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

	Fair Value		Unfunded	Redemption	Redemption
	2023	2022	Commitments	Frequency	Notice Period
103-12 Investment Entities					
Equity	\$ 49,553,269	\$ 47,317,248	\$ —	Daily	3 days
Hedge strategy	14,641,758	14,587,985	—	Monthly	5 days
Real estate	14,649,941	13,172,432	—	Quarterly	45 days
Fixed income	61,469,737	37,778,421	—	Weekly	4 days
Pooled Separate Accounts					
Real estate	86,370,784	102,342,293	—	Daily to Monthly	3 days to 3 months
Common/Collective Trusts					
Equity	253,887,186	166,837,249	—	Daily to weekly	2 to 10 days
Fixed income	89,982,239	65,598,440	—	Daily to monthly	0 to 15 days
Limited Liability Companies			—		
Real estate	26,138,152	31,144,965	8,246,138	Not Permitted,	90 days, N/A
Hedge strategy/fixed income	14,771,892	14,692,718	—	Monthly	7 days
Limited Partnerships					
Private investments	120,647,364	116,917,858	59,188,785	Not Permitted	N/A
Infrastructure	18,842,079	16,996,179	—	3/31 and 9/30	4 months
Fixed income	18,554,480	11,796,184	—	Monthly	30 days
Total	\$ 769,508,881	\$ 639,181,972	\$ 67,434,923		

6. Plan Termination

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

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

Notes To Financial Statements *(Continued)*

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

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

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

7. Administrative Agreements And Party In Interest Transactions

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

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

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

The Plan has an agreement with BMO Harris to act as a custodian of assets held for investment.

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

These transactions qualified as exempt party in interest transactions.

8. Risks And Uncertainties

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

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

9. Concentration Of Credit Risk

The Plan maintains cash accounts at BMO Harris Bank. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (without regard to outstanding items). At various times during the years ended December 31, 2023 and 2022, the Plan's cash balances exceeded FDIC limits.

Supplemental Schedules

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

Page 1 Of 6
December 31, 2023

Description Of Investment	No. Of Shares	Cost	Fair Value
Corporate Stocks			
Aptiv PLC Com New	4,054	\$ 435,336	\$ 363,725
Churchill Downs Inc Com	3,329	442,563	449,182
D R Horton Inc Com	4,956	376,362	753,213
Five Below Inc Com	2,280	273,805	486,005
Floor & Decor Hldgs Inc Cl A	5,993	517,677	668,579
Installed Bldg Prods Inc Com	1,408	159,964	257,411
Lennar Corp Cl A	20,205	1,684,261	3,011,353
Lithia Mtrs Inc Cl A Com	1,173	292,208	386,245
Marriott Vacations Wrldwde CP Com	1,653	164,968	140,323
Michelin Compagnie Generale Des Establishments Michelin ADR	88,700	1,588,522	1,590,302
Planet Fitness Inc Cl A	5,261	303,029	384,053
Pool Corporation Com	1,992	367,211	794,230
Skyline Champion Corporation	6,470	327,563	480,462
Sony Corp Amern Sh New	21,960	2,156,255	2,079,392
Wingstop Inc Com	1,898	273,475	486,989
Bjs Whsl Club Hldgs Inc Com	4,800	327,984	319,968
Boston Beer Inc Cl A	1,327	459,177	458,598
Cal Maine Foods Inc Com New	8,403	404,773	482,248
Calavo Growers Inc Com	7,540	190,192	221,751
Clorox Co Com	5,298	681,620	755,442
Coca Cola Co Com	30,200	1,470,454	1,779,686
Constellation Brands Inc Cl A	6,300	1,426,062	1,523,025
Diageo PLC Sponsored ADR New	829	121,365	120,752
Dollar Tree Inc Com	4,367	604,528	620,332
E L F Beauty Inc Com	4,035	318,936	582,412
Henkel AG & Co Kga Sponsored ADR Repstg Ord Shs	55,736	909,361	1,000,183
Kimberly Clark Corp Com	10,607	1,286,360	1,288,857
Lamb Weston Hldgs Inc Com	5,215	359,714	563,689
Mission Produce Inc Com	19,215	180,878	193,879
Performance Food Group Co Com	6,107	338,919	422,299
Procter & Gamble Co Com	10,700	1,383,403	1,567,978
Sysco Corp Com	18,660	1,467,647	1,364,606
Target Corp Com	2,272	252,620	323,578
Coterra Energy Inc	68,000	1,278,549	1,735,360
Diamondback Energy Inc Com	4,549	639,067	705,459
Phillips 66 Com	12,900	868,037	1,717,506
Chubb LTD Com	550	119,986	124,300
Ameriprise Finl Inc Com	6,400	1,245,059	2,430,912
Axos Finl Inc Com	4,417	156,182	241,168
Brp Group Inc Com Cl A	13,179	280,434	316,560
Blackstone Inc.	16,100	2,022,491	2,107,812
Capital One Finl Corp Com	16,240	1,680,028	2,129,389
Commerce Bancshares Inc Com	17,479	1,023,077	933,572
Cullen Frost Bankers Inc Com	11,560	1,190,453	1,254,144
Globe Life Inc Com	1,361	160,349	165,661
Hartford Finl Svcs Group Inc Com	2,463	178,406	197,976
Henry Jack & Assoc Inc Com	3,154	565,252	515,395
Independent Bank Corp Mass Com	6,451	318,004	424,540
Kinsale Cap Group Inc Com	1,520	420,529	509,063
MCSI Inc Cl A	1,161	547,100	656,720
Marketaxess Hldgs Inc Com	1,656	546,407	484,960
Mitsubishi Ufj Finl Group Inc	143,900	707,245	1,238,979
Northern Tr Corp Com	15,028	1,045,302	1,268,063
PNC Finl Svcs Group Inc Com	10,900	1,584,381	1,687,865
Raymond James Finl Inc Com	630	58,202	70,245
Reinsurance Group Amer Inc Com New	5,436	809,779	879,436
SHIFT4 Pmts Inc Cl A	4,925	278,436	366,124

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

Page 2 Of 6
December 31, 2023

Description Of Investment	No. Of Shares	Cost	Fair Value
Corporate Stocks (Continued)			
TowneBank Portsmouth VA Com	11,015	\$ 253,655	\$ 327,806
Travelers Cos Inc Com	6,237	1,032,171	1,188,086
Triumph Bancorp Inc Com	4,516	261,517	362,093
US Bancorp Del Com New	46,800	1,712,961	2,025,504
Icon PLC Shs	3,100	445,609	877,517
Livanova PLC Shs	3,255	194,235	168,414
Medtronic PLC Shs	16,200	1,729,135	1,334,556
Alcon Inc Ord Shs	21,500	1,567,511	1,679,580
Qiagen NV Shs New	4,644	190,501	201,689
Adma Biologics Inc Com	21,384	71,844	96,656
Align Technology Inc Com	2,178	812,924	596,772
Amgen Inc Com	7,630	1,867,508	2,197,593
Avadel Pharmaceuticals PLC Sponsored ADR	6,683	77,705	94,364
Avid Bioservices Inc Com	13,160	128,089	85,540
Axonics, Inc	5,868	277,926	365,166
Bicycle Therapeutics PLC Sponsored Ads	5,750	119,490	103,960
Bio Techne Corp Com	4,471	339,751	344,982
Bruker Corp Com	3,697	206,062	271,656
Artivion, Inc.	11,085	189,741	198,200
Danaher Corp Com	8,200	1,718,338	1,896,988
Dentsply Sirona Inc Com	55,554	1,839,892	1,977,167
Dexcom Inc Com	8,295	657,110	1,029,327
Docigo Inc Com	28,277	192,114	158,068
Edgewise Therapeutics Inc Com	8,399	55,748	91,885
Envista Hldgs Corp Com	19,690	482,676	473,741
Evolent Health Inc CIA	9,584	279,802	316,560
Fortrea Hldgs Inc Common Stock	7,221	208,013	252,013
Globus Med Inc CIA New	5,121	282,108	272,898
Halozyme Therapeutics Inc Com	5,994	193,206	221,538
Hologic Inc Com	1,873	132,936	133,826
Idexx Laboratories Inc Com	1,861	600,302	1,032,948
Illumina Inc Com	3,426	378,745	477,036
Insulet Corp Com	2,987	466,870	648,119
Ionis Pharmaceuticals Inc Com	2,507	110,741	126,829
Ligand Pharmaceuticals Inc Com New	1,344	84,260	95,988
Merck & Co Inc New Com	17,300	1,539,448	1,886,046
Moonlake Immunotherapeutics Class A Ord	1,398	73,465	84,425
Option Care Health Inc Com New	7,181	214,215	241,928
Phathom Pharmaceuticals Inc Com	7,430	81,837	67,836
Protagonist Therapeutics Inc Com	4,571	86,134	104,813
Quest Diagnostics Inc Com	2,943	407,487	405,781
Repligen Corp Com	3,753	573,132	674,789
Resmed Inc Com	3,618	670,324	622,368
Schein Henry Inc Com	6,521	445,229	493,705
Surgery Partners Inc Com	8,112	192,935	259,503
Universal Health Svcs Inc CIB	1,378	173,972	210,062
Veeva Sys Inc CIA Com	3,616	740,433	696,152
Verona Pharma PLC Sponsored Ads	5,843	99,299	116,159
Viking Therapeutics Inc Com	4,056	71,552	75,482
Waters Corp Com	2,038	513,497	670,971
Ferguson PLC New Shs	2,743	404,322	529,591
Acy Auctions Inc Com CIA	13,602	213,455	206,070
Asgn Inc Com	4,181	303,206	402,087
Array Technologies Inc Com Shs	16,995	366,753	285,516
Axon Enterprise Inc Com	1,383	205,915	357,270
Broadridge Financial Solutions Inc Com	3,656	511,589	752,222
Casella Waste Sys Inc CIA	5,015	318,219	428,582
Chart Industries Inc	2,621	421,086	357,321

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

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Description Of Investment	No. Of Shares	Cost	Fair Value
Corporate Stocks (Continued)			
Cintas Corp Com	897	\$ 444,570	\$ 540,586
Comfort Sys USA Inc Com	1,478	246,402	303,980
Copart Inc Com	18,634	453,579	913,066
Crane Company Common Stock	1,944	175,765	229,664
Equifax Inc Com	2,713	547,304	670,898
Fastenal Co Com	9,832	366,166	636,819
Gxo Logistics Incorporated Common Stock	8,422	476,140	515,090
General Dynamics Corp Com	6,700	992,438	1,739,789
Graco Inc Com	7,080	363,289	614,261
Graco Inc Com	1,566	113,715	135,866
Heico Corp New Com	4,476	562,985	800,622
Honeywell International Inc Com	8,780	1,977,625	1,841,254
Hunt J B Trans Svcs Inc Com	2,808	391,704	560,870
Ilex Corp Com	2,876	534,036	624,408
Ingersoll Rand Inc Com	6,927	332,779	535,734
Knorr Bremse AG Unsponsored Ads	33,720	529,708	547,545
Legrand S A ADR	3,369	57,578	70,042
Rada Electr Inds LTD Com	15,952	234,138	319,678
Lindsay Corporation	1,431	167,918	184,828
Mastec Inc Com	2,674	202,670	202,475
Mueller Wtr Prods Inc Com Ser A	63,250	806,859	910,800
NV5 Global, Inc	2,348	221,300	260,910
Oshkosh Truck Corp Com	11,905	1,348,451	1,290,621
Parker Hannifin Corp Com	6,600	1,775,387	3,040,620
Paycom Software Inc Com	1,950	542,113	403,104
Paylocity Hldg Corp Com	1,526	243,893	251,561
RBC Bearings Inc Com	2,372	440,778	675,759
Southwest Airs Co Com	4,847	120,712	139,981
Teledyne Technologies Inc Com	4,020	1,642,558	1,794,086
Tetra Tech Inc New Com	2,400	294,708	400,632
3M Co Com	18,375	1,724,319	2,008,755
Trex Co Inc Com	8,789	410,281	727,641
Trex Co Inc Com	4,656	248,645	385,470
Ufp Industries Inc Com	3,343	266,044	419,714
Veralto Corp Com Shs	2,733	226,776	224,817
Wns Hldgs LTD Sponsored ADR	4,447	286,441	281,050
Watsco Inc CIA	1,890	522,242	809,808
Werner Enterprises Inc Com	11,027	425,775	467,214
Willscot Mobil Mini Hldng Corp Com	10,152	355,209	451,764
Xylem Inc Com	17,000	1,650,532	1,944,120
Ambarella Inc Shs	2,654	163,667	162,664
Globant S A Com	3,923	832,244	933,596
Cyberark Software LTS Shs	1,246	194,677	272,936
Adobe Inc.	5,200	2,448,860	3,102,320
Amphenol Corp CIA	693	58,628	68,697
Ansys Inc Com	1,836	609,800	666,248
Ansys Inc Com	7,000	2,574,671	2,540,160
Autodesk Inc Com	8,491	1,623,228	2,067,389
Bentley Sys Inc Com CIB	8,598	433,946	448,644
Bill Holdings Inc Com	2,410	234,843	196,632
Cdw Corp Com	3,585	380,147	814,942
Descartes Sys Group Inc Com	4,217	325,887	354,481
Dynatrace Inc Com	11,623	604,178	635,662
Epam Sys Inc Com	1,826	385,488	542,943
FIVE9 Inc Com	5,364	383,483	422,093
Harmonic Inc Com	17,636	200,373	229,973
Impinj Inc Com	2,409	129,855	216,882
Informatica Inc Com CIA	17,145	339,351	486,747

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

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December 31, 2023

Description Of Investment	No. Of Shares / Units	Cost	Fair Value
Corporate Stocks (Continued)			
Insight Enterprises Inc Com	2,017	\$ 289,176	\$ 357,392
Lattice Semiconductor Corp Com	7,091	458,574	489,208
Macom Technology Solutions Holdings, Inc	4,148	275,000	385,557
Microsoft Corp Com	9,500	2,140,369	3,572,380
Microchip Technology Inc Com	27,200	1,930,845	2,452,896
Monolithic Pwr Sys Inc Com	1,017	138,387	64,503
Napco Security Technologies Inc	7,718	191,594	264,341
Onto Innovation Inc Com	1,209	154,467	184,856
PTC Inc Com	5,157	535,192	902,269
Pagerduty Inc Com	7,362	203,487	170,430
Perficient Inc Com	2,993	188,880	196,999
Qualcomm Inc Com	14,250	2,307,966	2,060,977
Sentinelone Inc CIA	12,640	215,261	346,842
Sitime Corporation Com	1,476	180,055	180,190
Synaptics Inc Com	1,845	206,505	210,478
Tyler Technologies Inc Com	1,558	395,575	651,431
Vertex Inc CIA	13,050	313,918	351,567
Albermarle Corp Com	466	66,433	67,328
Aptargroup Inc Com	1,592	200,824	196,803
Corteva Inc Com	47,400	1,944,273	2,271,408
Dupont De Nemours Inc Com	1,762	122,925	135,551
Ecolab Inc Com	9,213	2,004,593	1,827,399
Martin Marietta Materials Com	5,500	1,622,578	2,744,005
Rpm Intl Inc Com	17,600	1,472,992	1,964,688
Costar Group Inc Com	7,528	578,602	657,872
Crown Castle Inc.	10,160	1,608,372	1,170,330
Equity Comwlth Com Sh Ben Int	24,743	457,513	475,066
Equity Lifestyle Pptys Inc Com	21,000	1,392,346	1,481,340
Healthcare Rlty Tr CIA Com	53,450	822,200	920,943
Healthpeak Properties Inc Com	17,772	329,943	351,886
Independence Rlty Tr Inc Com	11,895	166,445	181,994
Innovative Intl Pptys Inc Com	2,817	230,267	284,010
Magnite Inc Com	41,427	446,700	386,928
American Wtr Wks Co Inc New Com	2,934	361,422	387,259
Atmos Energy Corp Com	16,600	1,771,083	1,923,940
Avista Corp Com	9,415	303,746	336,492
California Wtr Svc Group Com	10,548	497,469	547,125
Essential Utils Inc Com	3,541	121,418	132,256
Pennon Group PLC Unsponsor'd ADR	27,672	413,870	530,196
Portland Gen Elec Co Com New	7,450	303,327	322,883
Sjw Group	6,008	362,213	392,623
United Utils Group PLC Sponsored ADR	33,040	821,814	892,510
Xcel Energy Inc Com	26,100	1,766,240	1,615,851
Contra Ligand Pharmace	147	1,203	1,203
Contra Ligand Pharmace	147	1,203	1,203
Henkel AG & Co Kgaa Sponsored ADR Repstg P fd Shs	27,005	481,634	543,368
Metlife Inc Dp P fd F 4.75%	11,871	242,525	242,168
Metlife Inc Neum P fd E 5.625%	7,581	181,062	184,142
Schwab Charles Corp New Dshs P fd P fd 5.95%	9,697	238,591	243,395
US Bancorp Del P fd	15,959	301,306	324,127
Total Corporate Stocks		133,467,888	159,932,219
Mutual Fund			
Harding Loevner International Small Cos Port Instl Class Z	947,974	15,572,277	17,139,366

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

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Description Of Investment	Par Value / No. Of Units	Cost	Fair Value
U.S. Government And Municipal Securities			
US Treasury Note 1.75% Dtd 3/15/2022 Due 3/15/2025	550,000	\$ 535,756	\$ 531,526
US Treasury Note 2.50% Dtd 5/31/2022 Due 5/31/2024	200,000	199,797	197,770
US Treasury Note 3.125% Dtd 8/15/2022 Due 8/15/2025	1,600,000	1,544,875	1,568,384
US Treasury Note 4.25% Dtd 12/31/2022 Due 12/31/2024	1,800,000	1,797,961	1,790,478
US Treasury Note 1.625% Dtd 02/16/2016 Due 02/15/2026	2,000,000	1,881,875	1,895,560
US Treasury Note 2.25% Dtd 01/31/2017 Due 01/31/2024	200,000	196,078	199,504
US Treasury Note 2.875% Dtd 5/31/2018 Due 5/31/2025	750,000	742,529	733,043
Bexar Cnty Tex Rev Taxable Ref Bds Taxable 0.76% Dtd 08/15/2021 Due 08/15/2024	150,000	150,000	145,990
Total U.S. Government And Municipal Securities		7,048,871	7,062,255
Corporate Obligations			
Bank New York Mellon Corp Fr 0.85% Dtd 10/25/2021 Due 10/25/2024 Callable	75,000	74,951	72,410
Conocophillips Company Sr NT 2.4% Dtd 3/8/2022 Due 3/7/2025 Callable	19,000	18,978	18,457
Duke Energy Progress LLC Im Bd 3.25% Dtd 08/13/2015 Due 08/15/2025 Callable	100,000	96,351	97,717
Enterprise Fleet Fing 2022-1 LLC Asset Backed NT C1A-2 144a 3.03% Dtd 03/30/202	74,247	74,235	73,020
Ford Credit Auto Onr Tr Ser 2022 B C1A 3 3.74% Dtd 6/27/2022 Due 9/15/2026	135,000	134,993	133,300
Gls Auto Recv Issuer Tr Ser 2022 3 C1A 2 4.59% Dtd 9/20/2022 Due 5/15/2026	47,496	47,492	47,320
Hormel Foods Corp Sr NT 0.65% Dtd 06/03/2021 Due 06/03/2024 Callable	140,000	139,975	137,200
Hyundai Auto Lease Tr Ser 2022 C C1A 2 A 4.34% Dtd 9/21/2022 Due 1/15/2025	46,505	46,505	46,410
Intuit Sr NT 5.25% Dtd 09/15/2023 Due 09/15/2026 Callable	130,000	129,883	132,521
National Rural Utils Coop Fin Fr 3.45% Dtd 5/4/2022 Due 6/15/2025 Callable	150,000	146,393	146,873
Octane Receivables Tr Ser 2021 C1A 0.93% Dtd 5/5/2021 Due 3/22/2027	33,519	32,696	33,015
Pepsico Inc Sr NT 4.55% Dtd 02/15/2023 Due 02/13/2026 Callable	100,000	99,942	100,400
Synchrony Card Ince Tr Ser 2022 2 C1A 3.896% Dtd 7/15/2022 Due 7/15/2028	300,000	299,960	294,798
Total Corporate Obligations		1,342,354	1,333,441
103-12 Investment Entities			
LSV International Value Equity Trust	150,571	\$ 23,726,775	49,553,269
Parametric Defensive Equity Fund LLC	—	8,651,288	14,641,758
Ullico Infrastructure Tax-Exempt Fund, LP	53,964	12,500,000	14,649,941
Western Asset US Core Plus LLC	2,770,155	65,854,810	61,469,737
Total 103-12 Investment Entities		110,732,873	140,314,705
Pooled Separate Accounts			
Principal US Property Sep Acct	1,012,356	22,760,380	67,406,695
Ullico Separate Account J	1,064,281	14,231,372	18,964,089
Total Pooled Separate Accounts		36,991,752	86,370,784
Common/Collective Trusts			
MFS Emerging Markets Debt Fund	826,227	17,947,241	18,358,774
MacKay Shields Core Plus Bond CIT	5,199,356	54,632,107	60,208,538
Chevy Chase Trust Company - ASB Labor Equity Index Fund	1,990,902	40,604,450	91,055,105
AFL-CIO Housing Investment Trust	11,723	12,470,206	11,414,927
Wellington Trust Company CTF Emerging Markets Research Equity	1,847,173	26,997,836	23,551,459
BNYM Mellon DB SL Large Cap Growth Stock Index Fund	34,543	53,266,639	74,173,702
GQG Partners Intl Eqty CIT C1A	2,812,644	31,811,000	35,748,701
Mesirow Small Cap Value Equity CIT C A	1,485,203	15,357,000	16,708,535
Mesirow High Yield CIT C1A	956,860	12,066,000	12,649,684
Total Common/Collective Trusts		265,152,479	343,869,425

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
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December 31, 2023

Description Of Investment	No. of Units	Cost	Fair Value
Limited Liability Companies			
Invesco Strategic Opportunities III Onshore Feeder, LLC	—	503,439	2,351,705
Neuberger Berman US Equity Index PutWrite Fund LLC	—	9,399,936	14,771,892
US Real Estate Investment Fund, LLC	—	14,735,653	23,786,447
Total Limited Liability Companies		<u>24,639,028</u>	<u>40,910,044</u>
Limited Partnerships			
Entrustperma Special Opportunities Fund IV LTD	8,595	9,932,093	8,885,286
Entrust Special Opportunities Fund III LTD	—	4,145,149	3,904,997
Hamilton Lane Secondary Feeder Fund IV-A LP	—	—	5,559,744
StepStone VC Secondaries Fund IV, LP	—	7,496,837	11,903,981
Yucaipa American Allegiance Fund II, LP	—	2,138,083	6,570,943
Yucaipa American Allegiance Fund III, LP	—	5,908,750	8,846,784
First Eagle Bank Loan Select Fund (Offshore)	—	14,672,967	18,554,480
JP Morgan III ERISA LP	22,423,755	14,836,286	18,842,079
Siguler Guff Distressed Opportunity Fund V, LP	—	7,375,901	9,933,031
Siguler Guff Emerging Markets Opportunities Fund IV, LP	—	7,974,202	12,186,926
Siguler Guff Small Buyout III, LP	—	2,595,407	9,178,184
Siguler Guff Small Buyout IV, LP	—	9,869,664	15,990,900
ElmTree U.S. Net Lease Fund IV, LP	—	—	1,153,455
ElmTree U.S. Net Lease Fund V, LP	—	4,256,198	4,256,198
HighVista Private Equity IX (Offshore), LP	—	10,453,317	14,932,642
RCP Multi-Strategy Cayman Feeder, LP	—	6,749,113	5,085,440
RCP Multi-Strategy Cayman Feeder, LP	—	1,300,000	1,170,000
Accolade Partners IX Feeder, LP	—	1,170,000	1,088,853
Total Limited Partnerships		<u>110,873,967</u>	<u>158,043,923</u>
Money Market Funds			
GS Financial Sq Trsy Obligations Cap 1858	17,278,452	\$ 17,278,452	\$ 17,278,452
GS Financial Sq Gov #466	10,991,630	10,991,630	10,991,630
Total Money Market Funds		<u>28,270,082</u>	<u>28,270,082</u>
Total Investments		<u>\$ 734,091,571</u>	<u>\$ 983,246,244</u>

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2023

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
Goldman Sachs								
GS Financial Sq Gov #466	767	—	\$ 250,630,225	\$ —	\$ —	\$ —	\$ 250,630,225	\$ —
GS Financial Sq Gov #466	—	388	—	247,495,115	—	247,495,115	247,495,115	—

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

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December 31, 2023

Description Of Investment	No. Of Shares	Cost	Fair Value
Corporate Stocks			
Aptiv PLC Com New	4,054	\$ 435,336	\$ 363,725
Churchill Downs Inc Com	3,329	442,563	449,182
D R Horton Inc Com	4,956	376,362	753,213
Five Below Inc Com	2,280	273,805	486,005
Floor & Decor Hldgs Inc Cl A	5,993	517,677	668,579
Installed Bldg Prods Inc Com	1,408	159,964	257,411
Lennar Corp Cl A	20,205	1,684,261	3,011,353
Lithia Mtrs Inc Cl A Com	1,173	292,208	386,245
Marriott Vacations Wrldwde CP Com	1,653	164,968	140,323
Michelin Compagnie Generale Des Establishments Michelin ADR	88,700	1,588,522	1,590,302
Planet Fitness Inc Cl A	5,261	303,029	384,053
Pool Corporation Com	1,992	367,211	794,230
Skyline Champion Corporation	6,470	327,563	480,462
Sony Corp Amern Sh New	21,960	2,156,255	2,079,392
Wingstop Inc Com	1,898	273,475	486,989
Bjs Whsl Club Hldgs Inc Com	4,800	327,984	319,968
Boston Beer Inc Cl A	1,327	459,177	458,598
Cal Maine Foods Inc Com New	8,403	404,773	482,248
Calavo Growers Inc Com	7,540	190,192	221,751
Clorox Co Com	5,298	681,620	755,442
Coca Cola Co Com	30,200	1,470,454	1,779,686
Constellation Brands Inc Cl A	6,300	1,426,062	1,523,025
Diageo PLC Sponsored ADR New	829	121,365	120,752
Dollar Tree Inc Com	4,367	604,528	620,332
E L F Beauty Inc Com	4,035	318,936	582,412
Henkel AG & Co Kgaa Sponsored ADR Repstg Ord Shs	55,736	909,361	1,000,183
Kimberly Clark Corp Com	10,607	1,286,360	1,288,857
Lamb Weston Hldgs Inc Com	5,215	359,714	563,689
Mission Produce Inc Com	19,215	180,878	193,879
Performance Food Group Co Com	6,107	338,919	422,299
Procter & Gamble Co Com	10,700	1,383,403	1,567,978
Sysco Corp Com	18,660	1,467,647	1,364,606
Target Corp Com	2,272	252,620	323,578
Coterra Energy Inc	68,000	1,278,549	1,735,360
Diamondback Energy Inc Com	4,549	639,067	705,459
Phillips 66 Com	12,900	868,037	1,717,506
Chubb LTD Com	550	119,986	124,300
Ameriprise Finl Inc Com	6,400	1,245,059	2,430,912
Axos Finl Inc Com	4,417	156,182	241,168
Brp Group Inc Com Cl A	13,179	280,434	316,560
Blackstone Inc.	16,100	2,022,491	2,107,812
Capital One Finl Corp Com	16,240	1,680,028	2,129,389
Commerce Bancshares Inc Com	17,479	1,023,077	933,572
Cullen Frost Bankers Inc Com	11,560	1,190,453	1,254,144
Globe Life Inc Com	1,361	160,349	165,661
Hartford Finl Svcs Group Inc Com	2,463	178,406	197,976
Henry Jack & Assoc Inc Com	3,154	565,252	515,395
Independent Bank Corp Mass Com	6,451	318,004	424,540
Kinsale Cap Group Inc Com	1,520	420,529	509,063
MCSI Inc Cl A	1,161	547,100	656,720
Marketaxess Hldgs Inc Com	1,656	546,407	484,960
Mitsubishi Ufj Finl Group Inc	143,900	707,245	1,238,979
Northern Tr Corp Com	15,028	1,045,302	1,268,063
PNC Finl Svcs Group Inc Com	10,900	1,584,381	1,687,865
Raymond James Finl Inc Com	630	58,202	70,245
Reinsurance Group Amer Inc Com New	5,436	809,779	879,436
SHIFT4 Pmts Inc Cl A	4,925	278,436	366,124

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

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December 31, 2023

Description Of Investment	No. Of Shares	Cost	Fair Value
Corporate Stocks (Continued)			
TowneBank Portsmouth VA Com	11,015	\$ 253,655	\$ 327,806
Travelers Cos Inc Com	6,237	1,032,171	1,188,086
Triumph Bancorp Inc Com	4,516	261,517	362,093
US Bancorp Del Com New	46,800	1,712,961	2,025,504
Icon PLC Shs	3,100	445,609	877,517
Livanova PLC Shs	3,255	194,235	168,414
Medtronic PLC Shs	16,200	1,729,135	1,334,556
Alcon Inc Ord Shs	21,500	1,567,511	1,679,580
Qiagen NV Shs New	4,644	190,501	201,689
Adma Biologics Inc Com	21,384	71,844	96,656
Align Technology Inc Com	2,178	812,924	596,772
Amgen Inc Com	7,630	1,867,508	2,197,593
Avadel Pharmaceuticals PLC Sponsored ADR	6,683	77,705	94,364
Avid Bioservices Inc Com	13,160	128,089	85,540
Axonics, Inc	5,868	277,926	365,166
Bicycle Therapeutics PLC Sponsored Ads	5,750	119,490	103,960
Bio Techne Corp Com	4,471	339,751	344,982
Bruker Corp Com	3,697	206,062	271,656
Artivion, Inc.	11,085	189,741	198,200
Danaher Corp Com	8,200	1,718,338	1,896,988
Dentsply Sirona Inc Com	55,554	1,839,892	1,977,167
Dexcom Inc Com	8,295	657,110	1,029,327
Docigo Inc Com	28,277	192,114	158,068
Edgewise Therapeutics Inc Com	8,399	55,748	91,885
Envista Hldgs Corp Com	19,690	482,676	473,741
Evolent Health Inc CIA	9,584	279,802	316,560
Fortrea Hldgs Inc Common Stock	7,221	208,013	252,013
Globus Med Inc CIA New	5,121	282,108	272,898
Halozyme Therapeutics Inc Com	5,994	193,206	221,538
Hologic Inc Com	1,873	132,936	133,826
Idexx Laboratories Inc Com	1,861	600,302	1,032,948
Illumina Inc Com	3,426	378,745	477,036
Insulet Corp Com	2,987	466,870	648,119
Ionis Pharmaceuticals Inc Com	2,507	110,741	126,829
Ligand Pharmaceuticals Inc Com New	1,344	84,260	95,988
Merck & Co Inc New Com	17,300	1,539,448	1,886,046
Moonlake Immunotherapeutics Class A Ord	1,398	73,465	84,425
Option Care Health Inc Com New	7,181	214,215	241,928
Phathom Pharmaceuticals Inc Com	7,430	81,837	67,836
Protagonist Therapeutics Inc Com	4,571	86,134	104,813
Quest Diagnostics Inc Com	2,943	407,487	405,781
Repligen Corp Com	3,753	573,132	674,789
Resmed Inc Com	3,618	670,324	622,368
Schein Henry Inc Com	6,521	445,229	493,705
Surgery Partners Inc Com	8,112	192,935	259,503
Universal Health Svcs Inc CIB	1,378	173,972	210,062
Veeva Sys Inc CIA Com	3,616	740,433	696,152
Verona Pharma PLC Sponsored Ads	5,843	99,299	116,159
Viking Therapeutics Inc Com	4,056	71,552	75,482
Waters Corp Com	2,038	513,497	670,971
Ferguson PLC New Shs	2,743	404,322	529,591
Acy Auctions Inc Com CIA	13,602	213,455	206,070
Asgn Inc Com	4,181	303,206	402,087
Array Technologies Inc Com Shs	16,995	366,753	285,516
Axon Enterprise Inc Com	1,383	205,915	357,270
Broadridge Financial Solutions Inc Com	3,656	511,589	752,222
Casella Waste Sys Inc CIA	5,015	318,219	428,582
Chart Industries Inc	2,621	421,086	357,321

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
Page 3 Of 6
December 31, 2023

Description Of Investment	No. Of Shares	Cost	Fair Value
Corporate Stocks (Continued)			
Cintas Corp Com	897	\$ 444,570	\$ 540,586
Comfort Sys USA Inc Com	1,478	246,402	303,980
Copart Inc Com	18,634	453,579	913,066
Crane Company Common Stock	1,944	175,765	229,664
Equifax Inc Com	2,713	547,304	670,898
Fastenal Co Com	9,832	366,166	636,819
Gxo Logistics Incorporated Common Stock	8,422	476,140	515,090
General Dynamics Corp Com	6,700	992,438	1,739,789
Graco Inc Com	7,080	363,289	614,261
Graco Inc Com	1,566	113,715	135,866
Heico Corp New Com	4,476	562,985	800,622
Honeywell International Inc Com	8,780	1,977,625	1,841,254
Hunt J B Trans Svcs Inc Com	2,808	391,704	560,870
Ilex Corp Com	2,876	534,036	624,408
Ingersoll Rand Inc Com	6,927	332,779	535,734
Knorr Bremse AG Unsponsored Ads	33,720	529,708	547,545
Legrand S A ADR	3,369	57,578	70,042
Rada Electr Inds LTD Com	15,952	234,138	319,678
Lindsay Corporation	1,431	167,918	184,828
Mastec Inc Com	2,674	202,670	202,475
Mueller Wtr Prods Inc Com Ser A	63,250	806,859	910,800
NV5 Global, Inc	2,348	221,300	260,910
Oshkosh Truck Corp Com	11,905	1,348,451	1,290,621
Parker Hannifin Corp Com	6,600	1,775,387	3,040,620
Paycom Software Inc Com	1,950	542,113	403,104
Paylocity Hldg Corp Com	1,526	243,893	251,561
RBC Bearings Inc Com	2,372	440,778	675,759
Southwest Airs Co Com	4,847	120,712	139,981
Teledyne Technologies Inc Com	4,020	1,642,558	1,794,086
Tetra Tech Inc New Com	2,400	294,708	400,632
3M Co Com	18,375	1,724,319	2,008,755
Trex Co Inc Com	8,789	410,281	727,641
Trex Co Inc Com	4,656	248,645	385,470
Ufp Industries Inc Com	3,343	266,044	419,714
Veralto Corp Com Shs	2,733	226,776	224,817
Wns Hldgs LTD Sponsored ADR	4,447	286,441	281,050
Watsco Inc CIA	1,890	522,242	809,808
Werner Enterprises Inc Com	11,027	425,775	467,214
Willscot Mobil Mini Hldng Corp Com	10,152	355,209	451,764
Xylem Inc Com	17,000	1,650,532	1,944,120
Ambarella Inc Shs	2,654	163,667	162,664
Globant S A Com	3,923	832,244	933,596
Cyberark Software LTS Shs	1,246	194,677	272,936
Adobe Inc.	5,200	2,448,860	3,102,320
Amphenol Corp CIA	693	58,628	68,697
Ansys Inc Com	1,836	609,800	666,248
Ansys Inc Com	7,000	2,574,671	2,540,160
Autodesk Inc Com	8,491	1,623,228	2,067,389
Bentley Sys Inc Com CIB	8,598	433,946	448,644
Bill Holdings Inc Com	2,410	234,843	196,632
Cdw Corp Com	3,585	380,147	814,942
Descartes Sys Group Inc Com	4,217	325,887	354,481
Dynatrace Inc Com	11,623	604,178	635,662
Epam Sys Inc Com	1,826	385,488	542,943
FIVE9 Inc Com	5,364	383,483	422,093
Harmonic Inc Com	17,636	200,373	229,973
Impinj Inc Com	2,409	129,855	216,882
Informatica Inc Com CIA	17,145	339,351	486,747

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

Page 4 Of 6
December 31, 2023

Description Of Investment	No. Of Shares / Units	Cost	Fair Value
Corporate Stocks (Continued)			
Insight Enterprises Inc Com	2,017	\$ 289,176	\$ 357,392
Lattice Semiconductor Corp Com	7,091	458,574	489,208
Macom Technology Solutions Holdings, Inc	4,148	275,000	385,557
Microsoft Corp Com	9,500	2,140,369	3,572,380
Microchip Technology Inc Com	27,200	1,930,845	2,452,896
Monolithic Pwr Sys Inc Com	1,017	138,387	64,503
Napco Security Technologies Inc	7,718	191,594	264,341
Onto Innovation Inc Com	1,209	154,467	184,856
PTC Inc Com	5,157	535,192	902,269
Pagerduty Inc Com	7,362	203,487	170,430
Perficient Inc Com	2,993	188,880	196,999
Qualcomm Inc Com	14,250	2,307,966	2,060,977
Sentinelone Inc CIA	12,640	215,261	346,842
Sitime Corporation Com	1,476	180,055	180,190
Synaptics Inc Com	1,845	206,505	210,478
Tyler Technologies Inc Com	1,558	395,575	651,431
Vertex Inc CIA	13,050	313,918	351,567
Albermarle Corp Com	466	66,433	67,328
Aptargroup Inc Com	1,592	200,824	196,803
Corteva Inc Com	47,400	1,944,273	2,271,408
Dupont De Nemours Inc Com	1,762	122,925	135,551
Ecolab Inc Com	9,213	2,004,593	1,827,399
Martin Marietta Materials Com	5,500	1,622,578	2,744,005
Rpm Intl Inc Com	17,600	1,472,992	1,964,688
Costar Group Inc Com	7,528	578,602	657,872
Crown Castle Inc.	10,160	1,608,372	1,170,330
Equity Comwlth Com Sh Ben Int	24,743	457,513	475,066
Equity Lifestyle Pptys Inc Com	21,000	1,392,346	1,481,340
Healthcare Rlty Tr CIA Com	53,450	822,200	920,943
Healthpeak Properties Inc Com	17,772	329,943	351,886
Independence Rlty Tr Inc Com	11,895	166,445	181,994
Innovative Intl Pptys Inc Com	2,817	230,267	284,010
Magnite Inc Com	41,427	446,700	386,928
American Wtr Wks Co Inc New Com	2,934	361,422	387,259
Atmos Energy Corp Com	16,600	1,771,083	1,923,940
Avista Corp Com	9,415	303,746	336,492
California Wtr Svc Group Com	10,548	497,469	547,125
Essential Utils Inc Com	3,541	121,418	132,256
Pennon Group PLC Unsponsor'd ADR	27,672	413,870	530,196
Portland Gen Elec Co Com New	7,450	303,327	322,883
Sjw Group	6,008	362,213	392,623
United Utils Group PLC Sponsored ADR	33,040	821,814	892,510
Xcel Energy Inc Com	26,100	1,766,240	1,615,851
Contra Ligand Pharmace	147	1,203	1,203
Contra Ligand Pharmace	147	1,203	1,203
Henkel AG & Co Kgaa Sponsored ADR Repstg Pfd Shs	27,005	481,634	543,368
Metlife Inc Dp Pfd F 4.75%	11,871	242,525	242,168
Metlife Inc Neum Pfd E 5.625%	7,581	181,062	184,142
Schwab Charles Corp New Dshs Pfd Pfd 5.95%	9,697	238,591	243,395
US Bancorp Del Pfd	15,959	301,306	324,127
Total Corporate Stocks		133,467,888	159,932,219
Mutual Fund			
Harding Loevner International Small Cos Port Instl Class Z	947,974	15,572,277	17,139,366

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

Page 5 Of 6
December 31, 2023

Description Of Investment	Par Value / No. Of Units	Cost	Fair Value
U.S. Government And Municipal Securities			
US Treasury Note 1.75% Dtd 3/15/2022 Due 3/15/2025	550,000	\$ 535,756	\$ 531,526
US Treasury Note 2.50% Dtd 5/31/2022 Due 5/31/2024	200,000	199,797	197,770
US Treasury Note 3.125% Dtd 8/15/2022 Due 8/15/2025	1,600,000	1,544,875	1,568,384
US Treasury Note 4.25% Dtd 12/31/2022 Due 12/31/2024	1,800,000	1,797,961	1,790,478
US Treasury Note 1.625% Dtd 02/16/2016 Due 02/15/2026	2,000,000	1,881,875	1,895,560
US Treasury Note 2.25% Dtd 01/31/2017 Due 01/31/2024	200,000	196,078	199,504
US Treasury Note 2.875% Dtd 5/31/2018 Due 5/31/2025	750,000	742,529	733,043
Bexar Cnty Tex Rev Taxable Ref Bds Taxable 0.76% Dtd 08/15/2021 Due 08/15/2024	150,000	150,000	145,990
Total U.S. Government And Municipal Securities		7,048,871	7,062,255
Corporate Obligations			
Bank New York Mellon Corp Fr 0.85% Dtd 10/25/2021 Due 10/25/2024 Callable	75,000	74,951	72,410
Conocophillips Company Sr NT 2.4% Dtd 3/8/2022 Due 3/7/2025 Callable	19,000	18,978	18,457
Duke Energy Progress LLC Im Bd 3.25% Dtd 08/13/2015 Due 08/15/2025 Callable	100,000	96,351	97,717
Enterprise Fleet Fing 2022-1 LLC Asset Backed NT C1A-2 144a 3.03% Dtd 03/30/202	74,247	74,235	73,020
Ford Credit Auto Onr Tr Ser 2022 B C1A 3 3.74% Dtd 6/27/2022 Due 9/15/2026	135,000	134,993	133,300
Gls Auto Recv Issuer Tr Ser 2022 3 C1A 2 4.59% Dtd 9/20/2022 Due 5/15/2026	47,496	47,492	47,320
Hormel Foods Corp Sr NT 0.65% Dtd 06/03/2021 Due 06/03/2024 Callable	140,000	139,975	137,200
Hyundai Auto Lease Tr Ser 2022 C C1A 2 A 4.34% Dtd 9/21/2022 Due 1/15/2025	46,505	46,505	46,410
Intuit Sr NT 5.25% Dtd 09/15/2023 Due 09/15/2026 Callable	130,000	129,883	132,521
National Rural Utils Coop Fin Fr 3.45% Dtd 5/4/2022 Due 6/15/2025 Callable	150,000	146,393	146,873
Octane Receivables Tr Ser 2021 C1A 0.93% Dtd 5/5/2021 Due 3/22/2027	33,519	32,696	33,015
Pepsico Inc Sr NT 4.55% Dtd 02/15/2023 Due 02/13/2026 Callable	100,000	99,942	100,400
Synchrony Card Ince Tr Ser 2022 2 C1A 3.896% Dtd 7/15/2022 Due 7/15/2028	300,000	299,960	294,798
Total Corporate Obligations		1,342,354	1,333,441
103-12 Investment Entities			
LSV International Value Equity Trust	150,571	\$ 23,726,775	49,553,269
Parametric Defensive Equity Fund LLC	—	8,651,288	14,641,758
Ullico Infrastructure Tax-Exempt Fund, LP	53,964	12,500,000	14,649,941
Western Asset US Core Plus LLC	2,770,155	65,854,810	61,469,737
Total 103-12 Investment Entities		110,732,873	140,314,705
Pooled Separate Accounts			
Principal US Property Sep Acct	1,012,356	22,760,380	67,406,695
Ullico Separate Account J	1,064,281	14,231,372	18,964,089
Total Pooled Separate Accounts		36,991,752	86,370,784
Common/Collective Trusts			
MFS Emerging Markets Debt Fund	826,227	17,947,241	18,358,774
MacKay Shields Core Plus Bond CIT	5,199,356	54,632,107	60,208,538
Chevy Chase Trust Company - ASB Labor Equity Index Fund	1,990,902	40,604,450	91,055,105
AFL-CIO Housing Investment Trust	11,723	12,470,206	11,414,927
Wellington Trust Company CTF Emerging Markets Research Equity	1,847,173	26,997,836	23,551,459
BNYM Mellon DB SL Large Cap Growth Stock Index Fund	34,543	53,266,639	74,173,702
GQG Partners Intl Eqty CIT C1A	2,812,644	31,811,000	35,748,701
Mesirow Small Cap Value Equity CIT C A	1,485,203	15,357,000	16,708,535
Mesirow High Yield CIT C1A	956,860	12,066,000	12,649,684
Total Common/Collective Trusts		265,152,479	343,869,425

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR Page 6 Of 6 December 31, 2023

Description Of Investment	No. of Units	Cost	Fair Value
Limited Liability Companies			
Invesco Strategic Opportunities III Onshore Feeder, LLC	—	503,439	2,351,705
Neuberger Berman US Equity Index PutWrite Fund LLC	—	9,399,936	14,771,892
US Real Estate Investment Fund, LLC	—	14,735,653	23,786,447
Total Limited Liability Companies		24,639,028	40,910,044
Limited Partnerships			
Entrustperma Special Opportunities Fund IV LTD	8,595	9,932,093	8,885,286
Entrust Special Opportunities Fund III LTD	—	4,145,149	3,904,997
Hamilton Lane Secondary Feeder Fund IV-A LP	—	—	5,559,744
StepStone VC Secondaries Fund IV, LP	—	7,496,837	11,903,981
Yucaipa American Allegiance Fund II, LP	—	2,138,083	6,570,943
Yucaipa American Allegiance Fund III, LP	—	5,908,750	8,846,784
First Eagle Bank Loan Select Fund (Offshore)	—	14,672,967	18,554,480
JP Morgan III ERISA LP	22,423,755	14,836,286	18,842,079
Siguler Guff Distressed Opportunity Fund V, LP	—	7,375,901	9,933,031
Siguler Guff Emerging Markets Opportunities Fund IV, LP	—	7,974,202	12,186,926
Siguler Guff Small Buyout III, LP	—	2,595,407	9,178,184
Siguler Guff Small Buyout IV, LP	—	9,869,664	15,990,900
ElmTree U.S. Net Lease Fund IV, LP	—	—	1,153,455
ElmTree U.S. Net Lease Fund V, LP	—	4,256,198	4,256,198
HighVista Private Equity IX (Offshore), LP	—	10,453,317	14,932,642
RCP Multi-Strategy Cayman Feeder, LP	—	6,749,113	5,085,440
RCP Multi-Strategy Cayman Feeder, LP	—	1,300,000	1,170,000
Accolade Partners IX Feeder, LP	—	1,170,000	1,088,853
Total Limited Partnerships		110,873,967	158,043,923
Money Market Funds			
GS Financial Sq Trsy Obligations Cap 1858	17,278,452	\$ 17,278,452	\$ 17,278,452
GS Financial Sq Gov #466	10,991,630	10,991,630	10,991,630
Total Money Market Funds		28,270,082	28,270,082
Total Investments		\$ 734,091,571	\$ 983,246,244

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

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment E to 2023 Form 5500 Schedule MB

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

Schedule of Active Participant Data as of January 1, 2023																						
Attained Age	Completed Years of Credited Service																				Total	
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Up			
	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit
Under 25	55	\$ -	429	\$ 138	19	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	503	\$ 137
25 to 29	36	\$ -	354	\$ 176	148	\$ 549	10	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	548	\$ 278
30 to 34	37	\$ -	279	\$ 182	198	\$ 612	57	\$ 1,007	17	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	588	\$ 429
35 to 39	21	\$ -	183	\$ 181	159	\$ 616	75	\$ 1,006	67	\$ 1,589	12	N/A	0	N/A	0	N/A	0	N/A	0	N/A	517	\$ 657
40 to 44	17	N/A	134	\$ 181	97	\$ 563	67	\$ 1,101	84	\$ 1,579	97	\$ 2,402	7	N/A	0	N/A	0	N/A	0	N/A	503	\$ 1,073
45 to 49	5	N/A	99	\$ 187	74	\$ 598	62	\$ 1,126	80	\$ 1,527	98	\$ 2,283	61	\$ 3,088	2	N/A	0	N/A	0	N/A	481	\$ 1,398
50 to 54	4	N/A	51	\$ 171	57	\$ 579	58	\$ 1,075	63	\$ 1,563	83	\$ 2,221	60	\$ 3,083	25	\$ 3,689	0	N/A	0	N/A	401	\$ 1,656
55 to 59	2	N/A	52	\$ 184	39	\$ 593	41	\$ 1,071	57	\$ 1,484	64	\$ 2,189	68	\$ 2,985	13	N/A	6	N/A	1	N/A	343	\$ 1,679
60 to 64	3	N/A	18	N/A	29	\$ 524	17	N/A	19	N/A	37	\$ 2,098	22	\$ 3,078	7	N/A	6	N/A	1	N/A	159	\$ 1,661
65 to 69	0	N/A	1	N/A	1	N/A	4	N/A	1	N/A	1	N/A	1	N/A	0	N/A	1	N/A	0	N/A	10	N/A
70 & Up	0	N/A	1	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	3	N/A
Total	180	\$ -	1,601	\$ 168	821	\$ 585	391	\$ 1,053	389	\$ 1,540	392	\$ 2,266	220	\$ 3,052	47	\$ 3,480	13	N/A	2	N/A	4,056	\$ 876

Average Age = 39.57

Average Service = 9.04

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment A to 2023 Form 5500 Schedule MB

Schedule MB, Line 3(d) – Withdrawal Liability Amounts

Schedule of Withdrawal Liability Payments			
Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/27/2023	\$8,287	\$0	\$8,287
4/19/2023	8,287	0	8,287
7/4/2023	8,287	0	8,287
10/2/2023	8,287	0	8,287
9/14/2023	<u>0</u>	<u>350,000</u>	<u>350,000</u>
Total	\$33,148	\$350,000	\$383,148

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment H to 2023 Form 5500 Schedule MB

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

Changes:

The RPA '94 current liability interest rate was changed from 2.22% to 2.55% to comply with appropriate guidance.

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2023

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
Goldman Sachs								
GS Financial Sq Gov #466	767	—	\$ 250,630,225	\$ —	\$ —	\$ —	\$ 250,630,225	\$ —
GS Financial Sq Gov #466	—	388	—	247,495,115	—	247,495,115	247,495,115	—

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

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2023**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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

Construction Industry Laborers' Pension Fund

B Three-digit
plan number (PN) ▶

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SFConstruction Industry Laborers'
Pension Fund**D** Employer Identification Number (EIN)

43-6060737

E Type of plan:(1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2023**b** Assets(1) Current value of assets **1b(1)** 899,535,619(2) Actuarial value of assets for funding standard account **1b(2)** 1,018,576,673**c** (1) Accrued liability for plan using immediate gain methods **1c(1)** 938,809,158

(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)** 938,809,158**d** Information on current liabilities of the plan:(1) Amount excluded from current liability attributable to pre-participation service (see instructions) **1d(1)**

(2) "RPA '94" information:

(a) Current liability **1d(2)(a)** 1,818,600,419(b) Expected increase in current liability due to benefits accruing during the plan year **1d(2)(b)** 41,452,962(c) Expected release from "RPA '94" current liability for the plan year **1d(2)(c)** 64,338,337(3) Expected plan disbursements for the plan year **1d(3)** 66,591,146**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***Heath Merlak*

Signature of actuary

9-24-2024

Date

23-05967

Heath Merlak

Type or print name of actuary

Cheiron, Inc.

Firm name

8300 Greensboro Drive
Suite 800
McLean

VA 22102

Address of the firm

Most recent enrollment number

(877) 243-4766

Telephone number (including area code)

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) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	899,535,619
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	5,677	872,233,296
(3) For active participants:	3,513	369,185,064
(a) Non-vested benefits		108,993,380
(b) Vested benefits		468,188,679
(c) Total active	4,056	577,182,059
(4) Total	13,246	1,818,600,419
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.46 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2023	42,310,498				
Totals ▶			3(b)	42,310,498	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		383,148

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	108.5 %
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, does line 1(c) reflect any benefit reductions for the first time (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	2.55 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-13.3 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,546,778
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	23,137,952	2,374,227

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	15,932,120

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)	321,661,546	42,074,672
9c(2)	0	0
9c(3)	0	0

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

9d	4,060,475
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e Total charges. Add lines 9a through 9d.....

9e	62,067,267
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Credits to funding standard account:**f** Prior year credit balance, if any.....

9f	198,402,981
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g Employer contributions. Total from column (b) of line 3.....

9g	42,310,498
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	123,258,565	23,568,924

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

9i	16,993,854
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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)	271,361,245	
9j(2)	636,360,577	
9j(3)		

k (1) Waived funding deficiency

9k(1)	
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(2) Other credits

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

9l	281,276,257
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	219,208,990
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year

9o(1)	
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- (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)	
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions
☒ Yes ☐ No