

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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) _____

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

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

C If the plan is a collectively-bargained plan, check here.

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CENTRAL LABORERS ANNUITY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN</u></p> <p style="text-align: center;"><u>P.O. BOX 1267</u> <u>JACKSONVILLE, IL 62651-1267</u></p> <p style="text-align: center;"><u>201 N MAIN</u> <u>JACKSONVILLE, IL 62651-1267</u></p>	<p>1c Effective date of plan <u>03/01/1981</u></p> <p>2b Employer Identification Number (EIN) <u>37-6052379</u></p> <p>2c Plan Sponsor's telephone number <u>217-243-8521</u></p> <p>2d Business code (see instructions) <u>237310</u></p>

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.	06/12/2025	KEN DAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2025	JOHN PENN
	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 <input checked="" type="checkbox"/> 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	21733
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)	10098
	6a(2)	10963
	6b	116
	6c	11936
	6d	23015
	6e	278
	6f	23293
	6g(1)	21686
6g(2)	23251	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	1095

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p>A Name of plan CENTRAL LABORERS ANNUITY PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN</p>	<p>D Employer Identification Number (EIN) 37-6052379</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02064		10/01/2023	09/30/2024

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.

<p>(a) Total amount of commissions paid 20568</p>	<p>(b) Total amount of fees paid 191330</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
**THE UNION LABOR LIFE INSURANCE COMP 8403 COLEVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
191330	ASSET MANAGEMENT FEE	7	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20568	COMMISSIONS	0	

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

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

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

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

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

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

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

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

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

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

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	35885911

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....			9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)
(2) Claim reserves			9d(2)
(3) Other reserves.....			9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CENTRAL LABORERS ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN	D Employer Identification Number (EIN) 37-6052379	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

U.S. BANCORP ASSET MANAGEMENT, INC.

41-2003732

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

U.S. BANCORP FUND SERVICES, LLC

39-1939072

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

UNION LABOR LIFE INSURANCE COMPANY

13-1423090

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

VANGUARD TOTAL STOCK MARKET INDEX

PO BOX 1110
VALLEY FORGE, PA 19482-1110

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

INVESCO TRUST COMPANY

46-3793325

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

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

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

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

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

CENTRAL LABORERS PENSION FUND

37-6052379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	RELATED PARTY	773022	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ULLICO INVESTMENT ADVISORS, INC

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	431028	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINCIPAL ENHANCED PROPERTY FUND

20-0928198

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	138944	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	85749	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHELTON CAPITAL MANAGEMENT

94-2970569

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	24786	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROMOLO & ASSOCIATES, LLC

84-2885766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22575	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARQUETTE & ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 72	NONE	12059	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9823	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

CAVANAGH & O'HARA LLP

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARQUETTE & ASSOCIATES	16	15167
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CENTRAL LABORERS PENSION FUN 37-6052379	INVESTMENT CONSULTING SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	9506
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO CASUALTY GROUP 13-2988846	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	317
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRAVELERS 06-0566090	INSURANCE COMMISSIONS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>CENTRAL LABORERS ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN</u>	D Employer Identification Number (EIN) <u>37-6052379</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VALUE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>84-1142974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81194806</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12219867</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT J</u>		
b Name of sponsor of entity listed in (a): <u>THE UNION LABOR LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35885911</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC DEFENSIVE EQUITY FUND, L</u>		
b Name of sponsor of entity listed in (a): <u>PARAMETRIC CLIFTON</u>		
c EIN-PN <u>45-2531297-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29256678</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO INFRASTRUCTURE TAX EXEMPT FU</u>		
b Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT ADVISORS, INC</u>		
c EIN-PN <u>90-0622302-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28321154</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL ENHANCED PROPERTY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS</u>		
c EIN-PN <u>20-0928198-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12558275</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CENTRAL LABORERS ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN	D Employer Identification Number (EIN) 37-6052379	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4462411	4399835
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	235691	369843
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31698496	58298524
(2) U.S. Government securities	1c(2)	8347351	10832349
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4042889	2882578
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	12862745	12558275
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	91897594	93414673
(10) Value of interest in pooled separate accounts	1c(10)	33892174	35885911
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	51560786	57577832
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25967466	35123157
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	68307	55803

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	265035910	311398780
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	269391	322527
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	269391	322527
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	264766519	311076253

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)	43244307	
(B) Participants	2a(1)(B)	69251	
(C) Others (including rollovers)	2a(1)(C)	142392	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		43455950
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2333307	
(B) U.S. Government securities	2b(1)(B)	320064	
(C) Corporate debt instruments	2b(1)(C)	129232	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2782603
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	459181	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		459181
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	15893520	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	16151680	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-258160
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1150818	
(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)		1351552
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2185068
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		7239258
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8696509
c Other income.....	2c		110897
d Total income. Add all income amounts in column (b) and enter total.....	2d		67173676

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	19080763	
(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)		19080763
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)	773022	
(3) Recordkeeping fees.....	2i(3)	1230	
(4) IQPA audit fees.....	2i(4)	22575	
(5) Investment advisory and investment management fees.....	2i(5)	15167	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	884653	
(7) Actuarial fees.....	2i(7)	7024	
(8) Legal fees.....	2i(8)	10822	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	68686	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1783179
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		20863942

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		46309734
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: ROMOLO & ASSOCIATES, LLC

(2) EIN: 84-2885766

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CENTRAL LABORERS ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN	D Employer Identification Number (EIN) 37-6052379	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

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

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Central Laborers' Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits as of September 30, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Central Laborers' Annuity Fund as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

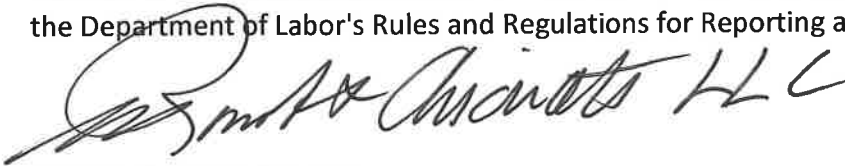
Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional

procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink, appearing to read "Romolo & Associates LLC". The signature is written in a cursive, flowing style.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

June 20, 2025

CENTRAL LABORERS' ANNUITY FUND

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

SCHEDULE 1

37-6052379 PLAN #002

SEPTEMBER 30, 2024

**(c) Description of investment, including maturity date,
rate of interest, collateral, par or maturity value**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	FHLMC GD G08795	GOVERNMENT BOND	1/1/48	3.00%	38942.05	\$37,762	\$35,732
	FHLMC GD G08824	GOVERNMENT BOND	7/1/48	4.00%	13,505.88	13,734	13,151
	FHLB DEB	GOVERNMENT BOND	1/20/34	1.50%	385,000	385,000	303,684
	FHLMC #SD8296	GOVERNMENT BOND	1/1/53	3.50%	241,123.05	225,149	224,686
	FHLMC SD8384	GOVERNMENT BOND	12/1/53	6.00%	258,513.01	259,079	264,260
	FHLMC SD8408	GOVERNMENT BOND	3/1/54	5.50%	260,111.17	256,210	263,141
	FHLMC GD Q52541	GOVERNMENT BOND	11/1/47	3.50%	174,169.46	178,660	164,541
	FHLMC QC1084	GOVERNMENT BOND	4/1/51	2.50%	275,144.04	286,064	239,827
	FNMA	GOVERNMENT BOND	8/28/30	1.00%	455,000	455,000	384,739
	FNMA BJ1662	GOVERNMENT BOND	12/1/47	3.50%	69,823.57	69,622	65,890
	FNMA BN7702	GOVERNMENT BOND	8/1/49	3.50%	125,171.27	128,780	118,108
	FNMA BR7795	GOVERNMENT BOND	4/1/51	2.50%	385,334.75	296,614	248,681
	FNMA BU1350	GOVERNMENT BOND	2/1/52	3.00%	445,726.9	407,213	400,659
	FNMA FM9846	GOVERNMENT BOND	12/1/51	2.50%	55,550.36	45,126	48,015
	FNMA MA2771	GOVERNMENT BOND	9/1/46	3.00%	124,219.5	120,454	113,971
	FNMA MA3088	GOVERNMENT BOND	8/1/47	4.00%	97,341.19	101,767	94,682
	FNMA MA4932	GOVERNMENT BOND	1/1/53	3.00%	150,422.42	137,449	135,027
	GNMA MA9727	GOVERNMENT BOND	6/20/54	6.50%	263,660.79	267,739	269,891
	US TREASURY NOTE	GOVERNMENT BOND	11/15/39	4.375%	270,000	286,379	282,436
	US TREASURY NOTE	GOVERNMENT BOND	2/15/45	2.50%	460,000	336,609	351,578
	US TREASURY NOTE	GOVERNMENT BOND	8/15/49	2.25%	390,000	275,300	270,180
	US TREASURY NOTE	GOVERNMENT BOND	8/15/53	4.125%	140,000	132,631	139,415
	US TREASURY NOTE	GOVERNMENT BOND	5/15/54	4.75%	160,000	164,045	173,550
	US TREASURY NOTE	GOVERNMENT BOND	5/15/44	4.625%	600,000	601,477	635,904
	US TREASURY NOTE	GOVERNMENT BOND	10/31/27	0.50%	650,000	559,686	592,059
	US TREASURY NOTE	GOVERNMENT BOND	2/15/32	1.875%	500,000	440,034	441,565
	US TREASURY NOTE	GOVERNMENT BOND	12/31/29	3.875%	250,000	254,355	253,263
	US TREASURY NOTE	GOVERNMENT BOND	3/31/30	3.625%	850,000	866,537	850,561
	US TREASURY NOTE	GOVERNMENT BOND	5/31/25	4.25%	540,000	536,214	540,108
	US TREASURY NOTE	GOVERNMENT BOND	11/15/33	4.50%	600,000	626,789	633,637
	US TREASURY NOTE	GOVERNMENT BOND	11/30/30	4.375%	630,000	659,999	655,370
	US TREASURY NOTE	GOVERNMENT BOND	1/31/31/	4.00%	740,000	746,966	754,600
	US TREASURY NOTE	GOVERNMENT BOND	2/15/34	4.00%	520,000	501,008	528,939
	US TREASURY NOTE	GOVERNMENT BOND	5/15/34	4.625%	100,000	101,662	104,734
	US TREASURY NOTE	GOVERNMENT BOND	4/30/27	0.50%	255,000	254,725	235,765
	TOTAL	GOVERNMENT BOND				\$11,015,838	\$10,832,349
	AFLAC	CORPORATE BOND	1/15/49	4.75%	60,000	\$54,572	\$56,386
	AIR PRODS CHEMS	CORPORATE BOND	5/15/50	2.80%	60,000	60,994	41,489
	AMAZON	CORPORATE BOND	6/3/30	1.50%	65,000	55,684	56,867
	CITIGROUP	CORPORATE BOND	7/30/45	4.65%	60,000	54,068	57,074
	DU PONT EI DEMOURS	CORPORATE BOND	7/15/30	2.30%	60,000	53,722	54,203
	ENERGY TRANSFER LP	CORPORATE BOND	2/15/28	5.55%	50,000	49,987	51,679
	EQUINIX	CORPORATE BOND	4/15/32	3.90%	75,000	70,244	71,816
	META PLATFORMS	CORPORATE BOND	8/15/52	4.45%	375,000	371,250	345,788
	HONEYWELL INTL	CORPORATE BOND	1/15/34	4.50%	55,000	54,024	55,491
	KLA CORP SR NOTE	CORPORATE BOND	7/15/32	4.65%	70,000	69,653	71,639
	KRAFT HEINZ FOODS	CORPORATE BOND	3/1/31	4.25%	70,000	67,194	69,837
	L3HARRIS	CORPORATE BOND	8/15/54	5.50%	40,000	39,460	41,705
	LAM RESEARCH	CORPORATE BOND	6/15/50	2.875%	85,000	84,776	59,388

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

CENTRAL LABORERS' ANNUITY FUND

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

SCHEDULE 1

37-6052379 PLAN #002

SEPTEMBER 30, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	MCDONALDS	CORPORATE BOND	3/1/30	2.125%	300,000	302,190	270,219
	QUALCOMM	CORPORATE BOND	5/20/30	2.15%	300,000	298,710	271,422
	ROCHE HOLDINGS	CORPORATE BOND	11/13/33	5.593%	65,000	70,002	70,495
	SIMON PPTY GROUP	CORPORATE BOND	2/1/28	1.75%	60,000	54,784	55,585
	T MOBILE	CORPORATE BOND	3/15/28	4.95%	330,000	330,663	337,554
	TEXAS INSTRUMENTS	CORPORATE BOND	5/4/30	1.75%	65,000	56,427	57,394
	UNITED RENTALS	CORPORATE BOND	12/15/29	6.00%	70,000	71,186	72,258
	WELLTOWER	CORPORATE BOND	6/15/32	3.85%	75,000	69,592	71,378
	TOTAL	CORPORATE BOND				\$2,339,182	\$2,239,667
	AERCAP IRELAND	FOREIGN BOND	10/29/41	3.85%	80,000	\$63,662	\$66,894
	FLEXTRONICS INTL LTD	FOREIGN BOND	5/12/30	4.875%	390,000	388,792	390,585
	JBS USA LUX	FOREIGN BOND	4/1/33	5.75%	70,000	69,864	72,526
	ROYAL BANK CANADA	FOREIGN BOND	5/4/32	3.875%	60,000	56,052	57,928
	TORONTO DOMINION	FOREIGN BOND	3/10/32	3.20%	60,000	53,184	54,978
	TOTAL	FOREIGN BOND				\$631,554	\$642,911
	VANGUARD TTL STK MKT IND #855	REG'D INVESTMT CO			254,737.139	\$20,129,409	\$35,123,157
	AFL-CIO BUILDING INVESTMENT TRUST	COLLECTIVE TRUST			2,251.873	\$2,453,282	\$12,219,867
	INVESCO STABLE VALUE TRUST	COLLECTIVE TRUST			81,194,805.8	75,200,000	81,194,806
	PRINCIPAL ENHANCED PROPERTY FD	COLLECTIVE TRUST			985,766.504	12,000,000	12,558,275
	TOTAL	COLLECTIVE TRUST				\$89,653,282	\$105,972,948
	ULLICO J FOR JOBS – SEPARATE ACCT J	POOLED SEPARATE			1,927,178.81	\$26,500,000	\$35,885,911
	ENTRUST CAPITAL DIVERSIFIED FUND	HEDGE FUND OF FUNDS			11,604.45	\$1,160,445	\$55,803
	QP LTD. CLASS X SHARES	HEDGE FUND OF FUNDS				17,500,000	29,256,678
	PARAMETRIC DEFENSIVE EQUITY FUND LLC	HEDGE FUND OF FUNDS					
	TOTAL	HEDGE FUND OF FUNDS				\$18,660,445	\$29,312,481
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, L.P.	LIMITED PARTNERSHIP			97,425.67	\$25,000,000	\$28,321,154
	INB ADMINISTRATIVE CHECKING ACCT	INT-BEARING CASH			2,620,155.31	\$2,620,155	\$2,620,155
	FIRST AM GOVT OB FD CL Z	MONEY MARKET FD			55,678,368.4	\$55,678,369	\$55,678,369

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

**CENTRAL LABORERS'
ANNUITY FUND
FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023**

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Central Laborers' Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits as of September 30, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Central Laborers' Annuity Fund as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

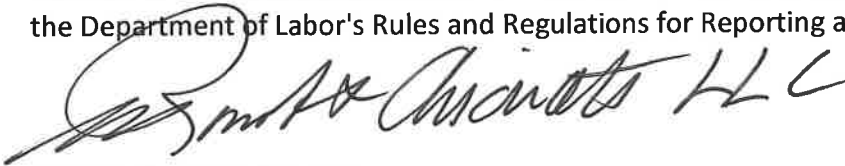
Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional

procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink, appearing to read "Romolo & Associates LLC", written in a cursive style.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

June 20, 2025

CENTRAL LABORERS' ANNUITY FUND**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2024 AND 2023****STATEMENT A**

	ASSETS	
	<u>2024</u>	<u>2023</u>
Investments, at Fair Value (See Note 3)		
Government Bonds	\$ 10,832,349	\$ 8,347,351
Corporate Bonds	2,239,667	3,678,812
Foreign Bonds	642,911	364,077
Registered Investment Companies	35,123,157	25,967,466
Collective Trust Funds	105,972,948	104,760,339
Pooled Separate Accounts	35,885,911	33,892,174
Hedge Fund of Funds	29,312,481	24,653,832
Limited Partnerships	28,321,154	26,975,261
Cash - Interest-Bearing	2,620,155	4,199,190
Money Market Funds	55,678,369	27,499,306
Total Investments, at Fair Value	<u>\$ 306,629,102</u>	<u>\$ 260,337,808</u>
Receivables		
Employer Contributions, Net	\$ 4,399,835	\$ 4,462,411
Due from Central Laborers' Pension Fund	3,386	4,078
Audit Recoveries	14,267	1,773
Interest Receivable	321,741	198,513
Total Receivables	<u>\$ 4,739,229</u>	<u>\$ 4,666,775</u>
Prepaid Expenses	<u>\$ 30,449</u>	<u>\$ 31,327</u>
TOTAL ASSETS	<u>\$ 311,398,780</u>	<u>\$ 265,035,910</u>
	LIABILITIES	
Liabilities		
Accounts Payable	<u>\$ 322,527</u>	<u>\$ 269,391</u>
TOTAL LIABILITIES	<u>\$ 322,527</u>	<u>\$ 269,391</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 311,076,253</u>	<u>\$ 264,766,519</u>

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

CENTRAL LABORERS' ANNUITY FUND**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023****STATEMENT B**

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment Income (Loss)		
Net Appreciation in Fair Market Value of Investments	\$ 20,365,045	\$ 3,552,806
Dividends	459,181	404,475
Interest	2,782,603	1,365,232
Other Investment Income	3,358	769
Total Investment Income (Loss)	<u>\$ 23,610,187</u>	<u>\$ 5,323,282</u>
Less Investment Expenses	<u>(884,653)</u>	<u>(864,751)</u>
Net Investment Income (Loss)	<u>\$ 22,725,534</u>	<u>\$ 4,458,531</u>
Contributions from Employers	\$ 43,244,307	\$ 35,778,044
Rollover Contributions	142,392	60,443
Contributions from Employees	69,251	74,782
Delinquency Expense Recoveries	107,443	85,513
Other Income	96	75
TOTAL ADDITIONS	<u>\$ 66,289,023</u>	<u>\$ 40,457,388</u>
DEDUCTIONS		
Distributions to Participants	\$ 19,080,763	\$ 17,306,781
Administrative Expenses - Note 11	898,526	849,868
TOTAL DEDUCTIONS	<u>\$ 19,979,289</u>	<u>\$ 18,156,649</u>
Net Increase	\$ 46,309,734	\$ 22,300,739
Net Assets Available for Benefits		
Beginning of Year	264,766,519	242,465,780
End of Year	<u>\$ 311,076,253</u>	<u>\$ 264,766,519</u>

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

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN

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

General

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

Contributions

The agreement provides, among other things, for the employers of members of the local unions to contribute at various rates for each hour worked to individual employee accounts. Various participation agreements allow for voluntarily elected salary reductions. The IRS established a maximum amount that can be contributed as Salary Deferral Contributions. The maximum amounts for 2024 and 2023 are \$23,000 and \$22,500, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants who have or will attain age 50 during the plan year may elect to contribute a "catch-up" contribution, not to exceed \$7,500 for 2024 and \$7,500 for 2023.

Vesting

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

Payment of Benefits

During the plan years ended September 30, 2024 and 2023, a number of participants met the plan requirements for a complete distribution of their account balances. The distributions were made in accordance with the plan trust document which calls for a distribution based on the participant's account balance at the last preceding valuation date plus any additional employer contributions, tax-deferred savings contributions and any rollovers received by the Plan since the last preceding valuation date. Readers should refer to the Summary Plan Description for more information regarding the qualifications for complete distributions. Total distributions during the plan years ended September 30, 2024 and 2023, were \$19,080,763 and \$17,306,781, respectively. Benefits are recorded when paid.

Individual Account Valuation

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

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (continued)

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

The above formula was used to arrive at the individual participant's account balance as of September 30, 2024 and 2023, the totals of which were equal to the net assets available for benefits less Accounts Receivable on September 30, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits	\$ 311,076,254	\$ 264,766,519
Less: Accounts Receivable	(4,399,835)	(4,462,411)
Less: Adjustment Due to Rounding	(164)	(1,877)
Total Participant Account Balances	<u>\$ 306,676,255</u>	<u>\$ 260,302,231</u>

Plan Termination

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

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Change in Accounting Policy

The Plan has adopted FASB ASU 2016-13, Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments, effective October 1, 2023, utilizing the modified retrospective transition method. The accounting standard modifies the method for estimating credit losses on financial assets from probable or incurred credit losses to lifetime expected future losses (CECL). The Credit Loss Standard requires consideration of a broader range of information to estimate expected credit losses, including historical information and current conditions through a reasonable forecast period. No cumulative effect adjustment to net assets available for benefits as of October 1, 2023, was necessary for adoption.

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Accounting

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

Administrative Expenses

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Receivables

Contributions receivable are reported at their outstanding balances net of an estimated reserve for credit losses and are primarily composed of balances due from employers. The Plan estimates the allowance for credit losses based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. As of September 30, 2024 and 2023, the allowance for credit losses was \$2,626,155 and \$0, respectively.

Reciprocity Agreements

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

For the years ended September 30, 2024 and 2023, the plan remitted \$1,228,810 and \$1,026,002, respectively, of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. No allowance for credit losses as of September 30, 2024 or 2023, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year end are included in the respective employer contributions receivable and accounts payable in the Statements of Net Assets Available for Benefits.

Payment of Benefits

Benefits are recorded when paid.

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

Investments are reported 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. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by the investment consultant. See Note 3 for a discussion of fair value measurements.

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

NOTE 3: FAIR VALUE MEASUREMENTS

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

Level 1 Fair Value Measurements

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

Level 2 Fair Value Measurements

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

Level 3 Fair Value Measurements

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

Interest-Bearing Checking Accounts: Valued on original cost.

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

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

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

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

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

Collective Trusts: Valued at the net asset value (NAV) of shares held by the Plan at year end. Collective investment trusts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The NAV, as provided by the trustee or custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The NAV is not a publicly-quoted price in an active market.

Pooled Separate Accounts: Valued at the net asset value of shares held by the Plan at year end. Pooled separate accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The NAV is based on the market value of the underlying investments. The NAV is not a publicly-quoted price in an active market. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

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

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are

CENTRAL LABORERS' ANNUITY FUND**NOTES TO FINANCIAL STATEMENTS**

SEPTEMBER 30, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024:

	Assets at Fair Value as of September 30, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 55,678,369	\$ -	\$ -	\$ 55,678,369
Registered Investment Co.	35,123,157	-	-	35,123,157
Government Bonds	-	10,832,349	-	10,832,349
Corporate Bonds	-	2,239,667	-	2,239,667
Foreign Bonds	-	642,911	-	642,911
Interest-Bearing Cash	<u>2,620,155</u>	<u>-</u>	<u>-</u>	<u>2,620,155</u>
Total Assets in the Fair Value Hierarchy	93,421,681	13,714,927	-	107,136,608
Investments Measured at NAV	<u>-</u>	<u>-</u>	<u>-</u>	<u>199,492,494</u>
Total Investments at Fair Value	<u>\$ 93,421,681</u>	<u>\$ 13,714,927</u>	<u>\$ -</u>	<u>\$ 306,629,102</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023:

	Assets at Fair Value as of September 30, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 27,499,306	\$ -	\$ -	\$ 27,499,306
Registered Investment Co.	25,967,466	-	-	25,967,466
Government Bonds	-	8,347,351	-	8,347,351
Corporate Bonds	-	3,678,812	-	3,678,812
Foreign Bonds	-	364,077	-	364,077
Interest-Bearing Cash	<u>4,199,190</u>	<u>-</u>	<u>-</u>	<u>4,199,190</u>
Total Assets in the Fair Value Hierarchy	57,665,962	12,390,240	-	70,056,202
Investments Measured at NAV	<u>-</u>	<u>-</u>	<u>-</u>	<u>190,281,606</u>
Total Investments at Fair Value	<u>\$ 57,665,962</u>	<u>\$ 12,390,240</u>	<u>\$ -</u>	<u>\$ 260,337,808</u>

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on net asset value (NAV) per share as of September 30, 2024 and 2023, respectively.

	Fair Value at <u>09/30/2024</u>	Fair Value at <u>09/30/2023</u>	Unfunded <u>Commitments</u>	Redemption Frequency <u>(if currently eligible)</u>	Redemption <u>Notice Period</u>
COMMON COMMINGLED TRUSTS					
AFL-CIO Building Investment Trust	\$12,219,867	\$12,987,362	\$ -	Quarterly	Restricted as of May 2023
Invesco Stable Value Trust	81,194,806	78,910,232	-	Daily	Twelve months, written notice
Principal Enhanced Property Fund	12,558,275	12,862,745	-	Quarterly	May redeem shares at any time
POOLED SEPARATE ACCOUNT					
Separate Account J	\$35,885,911	\$33,892,174	\$ -	Monthly	Written notice, at any time
HEDGE FUND OF FUNDS					
Parametric Defensive Equity Fund	\$29,256,678	\$24,585,525	\$ -	Monthly	Written notice pursuant to Memo
EnTrust Capital Diversified Fund QP Ltd.	55,803	68,307	-	In liquidation	N/A
LIMITED PARTNERSHIP – INFRASTRUCTURE					
Ullico Infrastructure Tax-Exempt Fund, LP	\$28,321,154	\$26,975,261	\$ -	Quarterly, after four year lock-up period	45 days

Principal Enhanced Property Fund, L.P.

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

EnTrust Capital Diversified Fund QP Ltd.

The Fund's objective is to seek above-average rates of return and long-term capital growth through investment in or with a diversified portfolio of private investment entities and/or separately managed accounts (the "Portfolios") managed by investment managers selected by the Advisor.

The Board of Directors, in consultation with the Advisor, decided to cease investment operations of the Fund effective December 31, 2018, the date liquidation became imminent due to Feeder Funds' redemption requests. The Fund intends to complete its liquidation in an orderly manner.

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 4: RELATED PARTIES

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

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

During the years ended September 30, 2024 and 2023, the Plan's reimbursement of administrative expenses to the Pension Fund totaled \$773,022 and \$723,317 respectively. These expenses are recorded as administrative expenses on the Statements of Changes in Net Assets Available for Benefits. The Pension Fund owes the Plan \$17,654 and \$5,851 as of September 30, 2024 and 2023, for delinquency expense recoveries and audit recoveries.

NOTE 5: TAX STATUS

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

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are \$0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all tax years are open for examination by federal and state taxing authorities related to UBIT.

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 6: AMENDMENTS

Effective May 15, 2023, employees covered by the Participation Agreement for Southern Illinois Builders Association, approved by the Trustees on May 15, 2023, shall be treated as participants for all purposes under the Plan effective October 1, 2021, shall be immediately 100% vested, and shall be credited with contributions from the Employer as of that date and thereafter as specified in the Participation Agreement.

Effective November 13, 2023, the Plan was amended to detail the establishment of an individual account for an alternate payee following the Plan's acceptance of a Qualified Domestic Relations Order.

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

NOTE 7: PRIOR YEAR RECLASSIFICATIONS

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

NOTE 8: RISKS AND UNCERTAINTIES

Investment Risk

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

Concentration of Revenue

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

NOTE 9: SUBSEQUENT EVENTS

Management has evaluated subsequent events through June 20, 2025, the date on which the financial statements were available to be issued.

NOTE 10: REPORTABLE TRANSACTIONS

The Plan had several transactions during the year ended September 30, 2024, which exceeded 5% of the Plan's beginning assets. These transactions are detailed in Schedule 2 of this report.

CENTRAL LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 11: ADMINISTRATIVE EXPENSES

A summary of expenses incurred by the Plan during the years ended September 30, 2024 and 2023, follows:

	<u>2024</u>	<u>2023</u>
Audit Fees	\$ 22,575	\$ 22,575
Accounting Fees	1,230	5,791
Legal Fees	10,822	16,940
Reimbursed General Expenses	773,022	723,317
Investment Consulting Fees	15,167	15,000
Consulting Fees	7,024	2,039
Office Expenses	11,583	7,650
Insurance	57,103	56,556
TOTAL ADMINISTRATIVE EXPENSES	<u><u>\$ 898,526</u></u>	<u><u>\$ 849,868</u></u>

**CENTRAL LABORERS' ANNUITY FUND
SUPPLEMENTAL INFORMATION**

CENTRAL LABORERS' ANNUITY FUND

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

SCHEDULE 1

37-6052379 PLAN #002

SEPTEMBER 30, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	FHLMC GD G08795	GOVERNMENT BOND	1/1/48	3.00%	38942.05	\$37,762	\$35,732
	FHLMC GD G08824	GOVERNMENT BOND	7/1/48	4.00%	13,505.88	13,734	13,151
	FHLB DEB	GOVERNMENT BOND	1/20/34	1.50%	385,000	385,000	303,684
	FHLMC #SD8296	GOVERNMENT BOND	1/1/53	3.50%	241,123.05	225,149	224,686
	FHLMC SD8384	GOVERNMENT BOND	12/1/53	6.00%	258,513.01	259,079	264,260
	FHLMC SD8408	GOVERNMENT BOND	3/1/54	5.50%	260,111.17	256,210	263,141
	FHLMC GD Q52541	GOVERNMENT BOND	11/1/47	3.50%	174,169.46	178,660	164,541
	FHLMC QC1084	GOVERNMENT BOND	4/1/51	2.50%	275,144.04	286,064	239,827
	FNMA	GOVERNMENT BOND	8/28/30	1.00%	455,000	455,000	384,739
	FNMA BJ1662	GOVERNMENT BOND	12/1/47	3.50%	69,823.57	69,622	65,890
	FNMA BN7702	GOVERNMENT BOND	8/1/49	3.50%	125,171.27	128,780	118,108
	FNMA BR7795	GOVERNMENT BOND	4/1/51	2.50%	385,334.75	296,614	248,681
	FNMA BU1350	GOVERNMENT BOND	2/1/52	3.00%	445,726.9	407,213	400,659
	FNMA FM9846	GOVERNMENT BOND	12/1/51	2.50%	55,550.36	45,126	48,015
	FNMA MA2771	GOVERNMENT BOND	9/1/46	3.00%	124,219.5	120,454	113,971
	FNMA MA3088	GOVERNMENT BOND	8/1/47	4.00%	97,341.19	101,767	94,682
	FNMA MA4932	GOVERNMENT BOND	1/1/53	3.00%	150,422.42	137,449	135,027
	GNMA MA9727	GOVERNMENT BOND	6/20/54	6.50%	263,660.79	267,739	269,891
	US TREASURY NOTE	GOVERNMENT BOND	11/15/39	4.375%	270,000	286,379	282,436
	US TREASURY NOTE	GOVERNMENT BOND	2/15/45	2.50%	460,000	336,609	351,578
	US TREASURY NOTE	GOVERNMENT BOND	8/15/49	2.25%	390,000	275,300	270,180
	US TREASURY NOTE	GOVERNMENT BOND	8/15/53	4.125%	140,000	132,631	139,415
	US TREASURY NOTE	GOVERNMENT BOND	5/15/54	4.75%	160,000	164,045	173,550
	US TREASURY NOTE	GOVERNMENT BOND	5/15/44	4.625%	600,000	601,477	635,904
	US TREASURY NOTE	GOVERNMENT BOND	10/31/27	0.50%	650,000	559,686	592,059
	US TREASURY NOTE	GOVERNMENT BOND	2/15/32	1.875%	500,000	440,034	441,565
	US TREASURY NOTE	GOVERNMENT BOND	12/31/29	3.875%	250,000	254,355	253,263
	US TREASURY NOTE	GOVERNMENT BOND	3/31/30	3.625%	850,000	866,537	850,561
	US TREASURY NOTE	GOVERNMENT BOND	5/31/25	4.25%	540,000	536,214	540,108
	US TREASURY NOTE	GOVERNMENT BOND	11/15/33	4.50%	600,000	626,789	633,637
	US TREASURY NOTE	GOVERNMENT BOND	11/30/30	4.375%	630,000	659,999	655,370
	US TREASURY NOTE	GOVERNMENT BOND	1/31/31/	4.00%	740,000	746,966	754,600
	US TREASURY NOTE	GOVERNMENT BOND	2/15/34	4.00%	520,000	501,008	528,939
	US TREASURY NOTE	GOVERNMENT BOND	5/15/34	4.625%	100,000	101,662	104,734
	US TREASURY NOTE	GOVERNMENT BOND	4/30/27	0.50%	255,000	254,725	235,765
	TOTAL	GOVERNMENT BOND				\$11,015,838	\$10,832,349
	AFLAC	CORPORATE BOND	1/15/49	4.75%	60,000	\$54,572	\$56,386
	AIR PRODS CHEMS	CORPORATE BOND	5/15/50	2.80%	60,000	60,994	41,489
	AMAZON	CORPORATE BOND	6/3/30	1.50%	65,000	55,684	56,867
	CITIGROUP	CORPORATE BOND	7/30/45	4.65%	60,000	54,068	57,074
	DU PONT EI DEMOURS	CORPORATE BOND	7/15/30	2.30%	60,000	53,722	54,203
	ENERGY TRANSFER LP	CORPORATE BOND	2/15/28	5.55%	50,000	49,987	51,679
	EQUINIX	CORPORATE BOND	4/15/32	3.90%	75,000	70,244	71,816
	META PLATFORMS	CORPORATE BOND	8/15/52	4.45%	375,000	371,250	345,788
	HONEYWELL INTL	CORPORATE BOND	1/15/34	4.50%	55,000	54,024	55,491
	KLA CORP SR NOTE	CORPORATE BOND	7/15/32	4.65%	70,000	69,653	71,639
	KRAFT HEINZ FOODS	CORPORATE BOND	3/1/31	4.25%	70,000	67,194	69,837
	L3HARRIS	CORPORATE BOND	8/15/54	5.50%	40,000	39,460	41,705
	LAM RESEARCH	CORPORATE BOND	6/15/50	2.875%	85,000	84,776	59,388

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

CENTRAL LABORERS' ANNUITY FUND

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

SCHEDULE 1

37-6052379 PLAN #002

SEPTEMBER 30, 2024

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value	
	MCDONALDS	CORPORATE BOND	3/1/30	2.125%	300,000	302,190	270,219	
	QUALCOMM	CORPORATE BOND	5/20/30	2.15%	300,000	298,710	271,422	
	ROCHE HOLDINGS	CORPORATE BOND	11/13/33	5.593%	65,000	70,002	70,495	
	SIMON PPTY GROUP	CORPORATE BOND	2/1/28	1.75%	60,000	54,784	55,585	
	T MOBILE	CORPORATE BOND	3/15/28	4.95%	330,000	330,663	337,554	
	TEXAS INSTRUMENTS	CORPORATE BOND	5/4/30	1.75%	65,000	56,427	57,394	
	UNITED RENTALS	CORPORATE BOND	12/15/29	6.00%	70,000	71,186	72,258	
	WELLTOWER	CORPORATE BOND	6/15/32	3.85%	75,000	69,592	71,378	
	TOTAL	CORPORATE BOND				\$2,339,182	\$2,239,667	
	AERCAP IRELAND	FOREIGN BOND	10/29/41	3.85%	80,000	\$63,662	\$66,894	
	FLEXTRONICS INTL LTD	FOREIGN BOND	5/12/30	4.875%	390,000	388,792	390,585	
	JBS USA LUX	FOREIGN BOND	4/1/33	5.75%	70,000	69,864	72,526	
	ROYAL BANK CANADA	FOREIGN BOND	5/4/32	3.875%	60,000	56,052	57,928	
	TORONTO DOMINION	FOREIGN BOND	3/10/32	3.20%	60,000	53,184	54,978	
	TOTAL	FOREIGN BOND				\$631,554	\$642,911	
	VANGUARD TTL STK MKT IND #855	REG'D INVESTMT CO			254,737.139	\$20,129,409	\$35,123,157	
	AFL-CIO BUILDING INVESTMENT TRUST	COLLECTIVE TRUST			2,251.873	\$2,453,282	\$12,219,867	
	INVESCO STABLE VALUE TRUST	COLLECTIVE TRUST			81,194,805.8	75,200,000	81,194,806	
	PRINCIPAL ENHANCED PROPERTY FD	COLLECTIVE TRUST			985,766.504	12,000,000	12,558,275	
	TOTAL	COLLECTIVE TRUST				\$89,653,282	\$105,972,948	
	ULLICO J FOR JOBS – SEPARATE ACCT J	POOLED SEPARATE			1,927,178.81	\$26,500,000	\$35,885,911	
	ENTRUST CAPITAL DIVERSIFIED FUND	HEDGE FUND OF FUNDS			11,604.45	\$1,160,445	\$55,803	
	QP LTD. CLASS X SHARES	HEDGE FUND OF FUNDS				17,500,000	29,256,678	
	PARAMETRIC DEFENSIVE EQUITY FUND LLC	HEDGE FUND OF FUNDS						
	TOTAL	HEDGE FUND OF FUNDS				\$18,660,445	\$29,312,481	
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, L.P.	LIMITED PARTNERSHIP			97,425.67	\$25,000,000	\$28,321,154	
	INB ADMINISTRATIVE CHECKING ACCT	INT-BEARING CASH			2,620,155.31	\$2,620,155	\$2,620,155	
	FIRST AM GOVT OB FD CL Z	MONEY MARKET FD			55,678,368.4	\$55,678,369	\$55,678,369	

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

CENTRAL LABORERS' ANNUITY FUND

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

37-6052379 PLAN #002

FOR THE YEAR ENDED SEPTEMBER 30, 2024

SCHEDULE 2

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
FIRST AMERICAN PRIME OBLIGATIONS FUND	MONEY MARKET	\$44,535,658	-	N/A	-	\$44,535,658	\$44,535,658	N/A
FIRST AMERICAN PRIME OBLIGATIONS FUND	MONEY MARKET	-	\$16,361,914	N/A	-	\$16,361,914	\$16,361,914	\$0

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

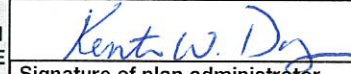
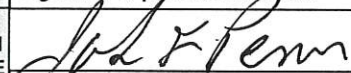
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final 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 CENTRAL LABORERS ANNUITY PLAN	1b Three-digit plan number (PN) ►	002
	1c Effective date of plan	03/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN	2b Employer Identification Number (EIN)	37-6052379
P.O. BOX 1267	2c Plan Sponsor's telephone number	217-243-8521
JACKSONVILLE IL 62651-1267	2d Business code (see instructions)	237310

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

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

SIGN HERE		6/12/2025	KEN DAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/12/2025	JOHN PENN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	21,733
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	10,098
a(2) Total number of active participants at the end of the plan year	6a(2)	10,963
b Retired or separated participants receiving benefits	6b	116
c Other retired or separated participants entitled to future benefits	6c	11,936
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	23,015
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	278
f Total. Add lines 6d and 6e	6f	23,293
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	21,686
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	23,251
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1,095

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2J

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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CENTRAL LABORERS' ANNUITY FUND

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

37-6052379 PLAN #002

FOR THE YEAR ENDED SEPTEMBER 30, 2024

SCHEDULE 2

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
FIRST AMERICAN PRIME OBLIGATIONS FUND	MONEY MARKET	\$44,535,658	-	N/A	-	\$44,535,658	\$44,535,658	N/A
FIRST AMERICAN PRIME OBLIGATIONS FUND	MONEY MARKET	-	\$16,361,914	N/A	-	\$16,361,914	\$16,361,914	\$0

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