

<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>▶ 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; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">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 11/01/2023 and ending 10/31/2024

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>GREATER KANSAS CITY LABORERS PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>GREATER KANSAS CITY LABORERS PENSION PLAN</u></p> <p><u>12200 N. AMBASSADOR DRIVE</u> <u>SUITE 400</u> <u>KANSAS CITY, MO 64163-1244</u></p>	<p>1c Effective date of plan <u>04/01/1966</u></p> <p>2b Employer Identification Number (EIN) <u>43-6141953</u></p> <p>2c Plan Sponsor's telephone number <u>816-756-3313</u></p> <p>2d Business code (see instructions) <u>236200</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.	08/14/2025	LANCE CLAIBORNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2025	JEFF PHILGREEN
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>GREATER KANSAS CITY LABORERS PENSION PLAN</p> <p>12200 N. AMBASSADOR DRIVE SUITE 400 KANSAS CITY, MO 64163-1244</p>	<p>3b Administrator's EIN 43-6141953</p> <p>3c Administrator's telephone number 816-756-3313</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 3369</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year 6a(1) 900</p> <p>a(2) Total number of active participants at the end of the plan year 6a(2) 1310</p> <p>b Retired or separated participants receiving benefits 6b 1310</p> <p>c Other retired or separated participants entitled to future benefits 6c 913</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c. 6d 3533</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 6e 222</p> <p>f Total. Add lines 6d and 6e. 6f 3755</p> <p>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)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 6g(2)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 6h 0</p>	
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p>7 136</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	030286	3755	11/01/2023	10/31/2024

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	17547680

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)**

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

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 11/01/2023 and ending 10/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>GREATER KANSAS CITY LABORERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GREATER KANSAS CITY LABORERS PENSION PLAN</u>	D Employer Identification Number (EIN) <u>43-6141953</u>

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

1a Enter the valuation date: Month 11 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	<u>331869372</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>361819153</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>394083135</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>394083135</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>690694232</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>12179460</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>26478897</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>27378897</u>

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

SIGN HERE		<u>08/12/2025</u>
	Signature of actuary	Date
	<u>JAMES A. NOLAN FSA, MAAA</u>	<u>23-07228</u>
	Type or print name of actuary	Most recent enrollment number
	<u>SEGAL</u>	<u>312-984-8500</u>
	Firm name	Telephone number (including area code)
	<u>101 NORTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606-1722</u>	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	333114710
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1495	313821962
(2) For terminated vested participants	975	151823769
(3) For active participants:		
(a) Non-vested benefits		32932219
(b) Vested benefits		192116282
(c) Total active	900	225048501
(4) Total	3370	690694232
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.23 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/01/2024	14210668	0			
			Totals ▶	3(b)	3(c)
				14210668	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					205220

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	91.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- a** Attained age normal
 b Entry age normal
 c Accrued benefit (unit credit)
 d Aggregate
e Frozen initial liability
 f Individual level premium
 g Individual aggregate
 h Shortfall
i Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.15 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate.....	6d	7.00 % 7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	3.4 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	867778
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	7337759	752941
4	6994337	717702

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	6051568

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	83860296	13667621
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1380343
e Total charges. Add lines 9a through 9d.....	9e		21099532
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		24206003
g Employer contributions. Total from column (b) of line 3.....	9g		14210668
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	27390311	6155712
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		2622693
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	98944327	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	269540085	
(3) FFL credit.....	9j(3)		0
k (1) Waived funding deficiency.....	9k(1)		
(2) Other credits.....	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		47195076
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		26095544
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 **11/01/2023** and ending **10/31/2024**

A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953	

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

AMERICAN CORE REALTY ADVISORS

33-0123114

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

APOLLO **9 WEST 57TH STREET, 43RD FLOOR**
NEW YORK, NY 10022

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

ARES

46-3583269

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

BARDEN HILL

80-0877872

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

CROSSLINK

84-2648139

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

HIGHBRIDGE

98-1055091

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

ISQ

600 BRICKELL AVENUE
MIAMI, FL 33131

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

STARWOOD

45-3722767

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

STONEPEAK

717 FIFTH AVENUE, 25TH FLOOR
NEW YORK, NY 10022

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

WARBURG PINCUS LLC

13-3536050

(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

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)

WILSON MCSHANE

12200 N. AMBASSADOR DRIVE
SUITE 400
KANSAS CITY, MO 64163-1244

(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 14 36 50	CONTRACT ADMINISTRATOR	428000	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?
28 51	INVESTMENT MANAGER	195829	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)

ARNOLD NEWBOLD SOLLARS & HOLLINS PC

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	158945	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)

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	129166	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)

SEGAL ADVISORS, INC.

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 70	INVESTMENT CONSULTING	119108	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	107930	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)

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	107777	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 checked="" type="checkbox"/>

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

CONSTRUCTION BENEFITS AUDIT CORP

43-1244218

(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	EMPLOYER AUDIT FIRM	102025	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)

TIC INTERNATIONAL CORPORATION

13-2600875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 36 50	CONTRACT ADMINISTRATOR	79771	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)

COMMERCE TRUST

04-3574162

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	60154	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)

SEGAL SELECT INSURANCE SERVICES

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?
22 50	NONE	56916	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)

ROCKPOINT

83-1098552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	43839	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)

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	25100	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)

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	25013	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)

BANK OF LABOR

756 MINNESOTA AVAENUE
2ND FLOOR
KANSAS CITY, KS 66101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	14458	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)

COMMERCE BANK

43-6334070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	BANKING SERVICES	12924	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)

INTERNATIONAL FOUNDATION OF EE BEN

18700 W. BLUEMOUND RD
BROOKFIELD, WI 53045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11497	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)

SEVEN CORNERS PRINT & PROMO

1099 SNELLING AVE N.
SAINT PAUL, MN 55108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5003	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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.	<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 11/01/2023 and ending 10/31/2024

A Name of plan <u>GREATER KANSAS CITY LABORERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREATER KANSAS CITY LABORERS PENSION PLAN</u>	D Employer Identification Number (EIN) <u>43-6141953</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 3000 INDEX SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-041</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>148168710</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA MSCI ACWI IMI INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-161</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>65063992</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES WORLD BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>20-8080381-001</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>23327904</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL GROUP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT ADVISORS INC.</u>		
c EIN-PN <u>04-3799863-001</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>16793794</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INFRASTRUCTURE TAX EXEMPT FUND LP</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>5895855</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRISA SA</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>		
c EIN-PN <u>22-1211670-038</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>17547680</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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <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 **11/01/2023** and ending **10/31/2024**

A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	689989
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1649997
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6021155
(2) U.S. Government securities	1c(2)	11620562
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	18752417
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	40185563
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	192857888
(10) Value of interest in pooled separate accounts	1c(10)	22517556
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	19199347
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16565355
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	4052600

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	334112429	394694781
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	402762	364948
i Acquisition indebtedness	1i		
j Other liabilities	1j	594957	1223170
k Total liabilities (add all amounts in lines 1g through 1j)	1k	997719	1588118
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	333114710	393106663

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)	14005448	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14005448
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	155285	
(B) U.S. Government securities	2b(1)(B)	443357	
(C) Corporate debt instruments	2b(1)(C)	863864	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1188853	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2651359
(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)	1212534	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1212534
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	19714289	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19537975	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		176314
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1148863	
(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)		62548443
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-2647670
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		3777422
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1367070
c Other income.....	2c		976955
d Total income. Add all income amounts in column (b) and enter total.....	2d		85216738

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	22786150	
(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)		22786150
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)	503018	
(3) Recordkeeping fees.....	2i(3)	102025	
(4) IQPA audit fees.....	2i(4)	25100	
(5) Investment advisory and investment management fees.....	2i(5)	1273865	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	27382	
(7) Actuarial fees.....	2i(7)	129166	
(8) Legal fees.....	2i(8)	158945	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	11365	
(11) Other expenses.....	2i(11)	207769	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2438635
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		25224785

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		59991953
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545214.

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 **11/01/2023** and ending **10/31/2024**

A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953	

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): <u>13-2600875</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	1

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

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 **JE DUNN CONSTRUCTION CO**

b EIN **44-0229405**

c Dollar amount contributed by employer **2140350**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 **GEORGE J SHAW CONSTRUCTION CO**

b EIN **43-1487858**

c Dollar amount contributed by employer **918302**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 **RODRIGUEZ MECHANICAL CONTRACTOR**

b EIN **48-0897087**

c Dollar amount contributed by employer **642048**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 **AT ABATEMENT SERVICES, INC.**

b EIN **43-1385449**

c Dollar amount contributed by employer **481922**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 **TURNER CONSTRUCTION CO**

b EIN **13-1401980**

c Dollar amount contributed by employer **478400**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 **WESTERN SPECIALTY CONTRACTORS**

b EIN **43-0634668**

c Dollar amount contributed by employer **420076**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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): _____

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 **KC CORING & CUTTING CONSTRUCTION**

b EIN **20-3861475**

c Dollar amount contributed by employer

361808

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 **BRAND SAFWAY INDUSTRIES**

b EIN **13-3909680**

c Dollar amount contributed by employer

348689

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 **JOHN ROHRER CONTRACTION CO**

b EIN **48-0530087**

c Dollar amount contributed by employer

312875

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 **RITEWAY MAINTENANCE & SUPPLY**

b EIN **73-1712483**

c Dollar amount contributed by employer

281025

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2030

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 checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	13
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	12
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	22

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.08
b The corresponding number for the second preceding plan year	15b	0.59

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 60.00 % Private Equity: 8.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.00 %
 High-Yield Debt: 5.00 % Real Assets: 8.00 % Cash or Cash Equivalents: 0.00 % Other: 0.00 %

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 _____.

**GREATER KANSAS CITY
LABORERS PENSION PLAN**
FINANCIAL STATEMENTS
OCTOBER 31, 2024

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Independent Auditors' Report

Board of Trustees
Greater Kansas City Laborers Pension Plan
Kansas City, Missouri

Opinion

We have audited the financial statements of the Greater Kansas City Laborers Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of October 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Greater Kansas City Laborers Pension Plan as of October 31, 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 Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of the Greater Kansas City Laborers Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

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

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

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

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

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

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of October 31, 2024 and reportable transactions for the year ended October 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

RubinBrown LLP

August 14, 2025

GREATER KANSAS CITY LABORERS PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	October 31,	
	2024	2023
Assets		
Investments - At Fair Value		
U.S. Government and municipal securities	\$ 21,662,654	\$ 15,482,410
Fixed income securities	25,399,500	18,752,417
Limited partnerships	39,240,330	40,185,563
Common/collective trusts	236,560,606	192,857,888
Pooled separate account	17,547,680	22,517,556
103-12 investment entities	22,689,649	19,199,347
Mutual fund	19,038,112	16,565,355
Certificate of deposit	—	250,000
Money market funds	9,327,018	5,771,155
Total Investments - At Fair Value	391,465,549	331,581,691
Receivables		
Employer contributions	1,494,430	689,989
Employer withdrawal liability contributions	1,117,808	1,245,338
Interest and dividends	533,059	404,659
Other receivables	43,327	—
Total Receivables	3,188,624	2,339,986
Prepaid Expenses And Deposits	40,608	190,752
Total Assets	394,694,781	334,112,429
Liabilities		
Accounts payable	364,948	402,762
Temporary bank overdraft	388,690	169,957
Due to other funds	834,480	—
Unallocated contributions	—	425,000
Total Liabilities	1,588,118	997,719
Net Assets Available For Benefits	\$ 393,106,663	\$ 333,114,710

GREATER KANSAS CITY LABORERS PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended October 31,	
	2024	2023
Additions To Net Assets Available For		
Benefits Attributed To:		
Employer contributions	\$ 15,570,125	\$ 13,615,632
Less: reciprocity transfers	(1,564,677)	(1,778,638)
Other income	—	9,711
Total Additions	14,005,448	11,846,705
Deductions From Net Assets Available For		
Benefits Attributed To:		
Benefits paid	22,786,150	21,690,577
Expenses		
Investment management and consulting expenses	1,283,923	1,115,935
Administrative fees	503,018	300,000
Legal fees	158,945	121,199
Actuarial expenses	119,108	74,858
Insurance - PBGC	117,915	103,456
Payroll audit fees	102,025	108,109
Insurance	57,160	51,652
Other expenses	28,616	19,663
Audit fees	25,100	25,500
Printing and postage	17,002	32,841
Bank custodian fees	14,458	15,190
Trustees' meeting and conference expenses	11,365	7,084
Total Expenses	2,438,635	1,975,487
Total Deductions	25,224,785	23,666,064
Investment Income		
Interest and dividends	3,557,179	4,099,663
Net change in fair value of investments	67,654,111	8,255,911
Net Investment Income	71,211,290	12,355,574
Net Increase	59,991,953	536,215
Net Assets Available For Benefits - Beginning Of Year	333,114,710	332,578,495
Net Assets Available For Benefits - End Of Year	\$ 393,106,663	\$ 333,114,710

GREATER KANSAS CITY LABORERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

October 31, 2024 And 2023

1. General Information

Description Of The Plan

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

The Plan was established as a result of collective bargaining between The Builders' Association and Laborers Locals No. 264 and No. 1290, and the Western Missouri and Kansas Laborers' District Council of the Laborers International Union of North America (CBA). The Plan is a multiemployer defined benefit pension plan covering participants who work under the terms of the CBA.

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

Pension Benefits

A participant entitled to a monthly pension benefit is one who has attained normal retirement age of 65, and has a certain number of pension credits. Monthly pension benefits are generally also available to participants that are: age 55 with 30 pension credits, or age 62 with 5 pension credits. The Plan permits participants who meet specific requirements to retire before age 62. Pension benefits are reduced for each year of age before 65.

A participant may be eligible for a deferred pension benefit if the participant earns 5 pension credits during the contribution period.

A participant may be eligible for a supplemental pension if the participant retires on or after April 1, 1997, on or after early retirement, age of 55, and has earned at least 1 pension credit in the 1995 Plan credit year or later.

A participant may be entitled to a social security supplemental benefit if the participant retires on or after April 1, 1997, between ages 55 to 65, and has at least 20 pension credits including 1 pension credit in the Plan credit year of retirement or in the immediately preceding 2 Plan credit years.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

Death And Disability Benefits

If a participant with at least 5 years of credited service dies at any age before retirement, a death benefit may be paid to the participant's designated beneficiary as a lump sum payment based on the number of pension credits earned by the participant for which contributions were paid to the Plan. However, if the deceased participant has a spouse who is eligible for the Pre-retirement Surviving Spouse Pension, the surviving spouse is eligible for a joint and 50% survivor benefit. Only one of such benefits are payable from the Plan.

A participant who becomes permanently and totally disabled, as defined by the Plan, and meets the service requirements is entitled to disability benefits based on the participant's accrued benefit.

Contributions

Employers of participants contribute to the Plan for each hour worked by the participant at rates negotiated through collective bargaining. Effective April 1, 2024, the contribution rates ranged from \$3.43 to \$7.74 for each hour worked. The contribution rates from April 1, 2023 to April 1, 2024 ranged from \$3.43 to \$7.69 for each hour worked. The contribution rates prior to April 1, 2023 ranged from \$3.39 to \$7.64 for each hour worked.

Effective April 1, 2025, the contribution rates were increased and range from \$3.53 to \$7.84.

Employer contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. The Plan's employer contributions for the Plan years ended October 31, 2024 and 2023 met the minimum funding requirements of ERISA.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

Estimates And Assumptions

The preparation of the financial statements in accordance 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; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation And Revenue Recognition

The Plan's investments are reported at fair value which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion on 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 change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Contributions Receivable And Credit Loss Policy

As of November 1, 2023, the Plan adopted Accounting Standards Codification Topic 326, *Financial Instruments - Credit Losses*, using a modified-retrospective approach. The standard replaces the previous incurred loss model and requires entities to record an estimate of expected losses on financial assets for the remaining estimated life of the asset. This estimate must include consideration of historical experience, current conditions and reasonable and supportable forecasts. The standard applies to the Plan's employer contributions receivable and withdrawal liability contributions receivable. The adoption did not have a material impact on these financial statements. The Plan has concluded that no allowance for current expected credit losses was necessary at October 31, 2024 and no allowance for doubtful accounts was necessary at October 31, 2023.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

Actuarial Present Value Of Accumulated Plan Benefits

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

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

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

The significant assumptions underlying the actuarial computations as of October 31, 2023 and 2022 are as follows:

	2023	2022
Investment Rate Of Return	7.00%	7.25%
Mortality	Healthy annuitants: 115% of the Pri-2012 Blue Collar Healthy Annuitant Mortality Table projected with 2024 Adjusted Scale MP-2021 Healthy non-annuitants: 115% of the Pri-2012 Blue Collar Employee Mortality Table projected with 2024 Adjusted Scale MP-2021 Disabled: 115% of the Pri-2012 Disabled Retiree Mortality Table projected with 2024 Adjusted Scale MP-2021 for disabled participants	Healthy annuitants: 115% of the Pri-2012 Blue Collar Healthy Annuitant Mortality Table projected with Scale MP-2019 Healthy non-annuitants: 115% of the Pri-2012 Blue Collar Employee Mortality Table projected with Scale MP-2019 Disabled: 115% of the Pri-2012 Disabled Retiree Mortality Table projected with Scale MP-2019 for disabled participants
Weighted Average Retirement Age	59	59
Actuarial Cost Method	Unit Credit Actuarial Cost Method	Unit Credit Actuarial Cost Method

The valuations reflect deductions of \$900,000 for anticipated administrative expenses associated with providing benefits for the Plan years beginning November 1, 2023 and November 1, 2022. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of November 1, 2023 and 2022. Had the valuations been performed as of October 31, there would be no material differences

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Assessed Withdrawal Liability

The Plan's policy is to recognize a receivable at its present value, net of any expected credit losses once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

3. Actuarial Present Value Of Accumulated Plan Benefits

The latest available actuarial reports were prepared as of October 31, 2023. The actuarial present value of accumulated plan benefits as of that date is as follows:

Actuarial present value of accumulated plan benefits:	
Vested participants currently receiving payments	\$ 207,134,186
Other vested benefits	167,260,699
Total vested benefits	<u>374,394,885</u>
Non-vested benefits	<u>19,688,250</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 394,083,135</u></u>

The changes in the actuarial present value of accumulated plan benefits during the valuation year ended October 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 373,284,230
Factors that affected change in the actuarial present value of accumulated plan benefits:	
Changes in actuarial assumptions	6,994,337
Benefits accumulated, net of experience gain or loss	9,283,845
Interest accrual	26,211,300
Benefits paid	<u>(21,690,577)</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 394,083,135</u></u>

4. Fair Value Measurements

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

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

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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.

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

Fixed Income Securities And U.S. Government And Municipal Securities

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

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

Mutual Fund And Money Market Funds

Valued at the daily closing price as reported by the fund. The mutual fund and money market funds held by the Plan are open-end investment 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 mutual fund and money market funds held by the Plan are deemed to be actively traded.

Common/Collective Trusts, Pooled Separate Account, 103-12 Investment Entities And Limited Partnerships

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

Certificate Of Deposit

Certificates of deposit are valued at amortized cost, which approximates fair value.

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

There have been no changes in the methodologies used at October 31, 2024 or 2023.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 19,038,112	\$ —	\$ —	\$ 19,038,112
Money market funds	9,327,018	—	—	9,327,018
Fixed income securities	—	25,399,500	—	25,399,500
U.S. Government and municipal securities	—	21,662,654	—	21,662,654
Total Assets In The Fair Value Hierarchy	\$ 28,365,130	\$ 47,062,154	\$ —	75,427,284
Pooled separate account measured at net asset value {a}				17,547,680
Common/collective trusts measured at net asset value {a}				236,560,606
Limited partnerships measured at net asset value {a}				39,240,330
103-12 investment entities measured at net asset value {a}				22,689,649
Total Investments At Fair Value				\$ 391,465,549

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

	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 16,565,355	\$ —	\$ —	\$ 16,565,355
Money market funds	5,771,155	—	—	5,771,155
Fixed income securities	—	18,752,417	—	18,752,417
Certificate of deposit	—	250,000	—	250,000
U.S. Government and municipal securities	—	15,482,410	—	15,482,410
Total Assets In The Fair Value Hierarchy	\$ 22,336,510	\$ 34,484,827	\$ —	56,821,337
Pooled separate account measured at net asset value {a}				22,517,556
Common/collective trusts measured at net asset value {a}				192,857,888
Limited partnerships measured at net asset value {a}				40,185,563
103-12 investment entities measured at net asset value {a}				19,199,347
Total Investments At Fair Value				\$ 331,581,691

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

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

Included within the investments in common/collective trusts are the following:

- Russell 3000 Index SL Fund, which is able to be redeemed daily.
- NHIT: World Bond Trust, which is able to be redeemed once each business day at a price equal to the current net asset value per unit.
- State Street MSCI ACWI IMI Index Non-Lending Fund, which is able to be redeemed twice per month at the calculated net asset value.

All of the Plan's investments in common/collective trusts file an annual report on Form 5500 as a direct filing entity.

Included within the investments in limited partnerships are the following:

- Warburg Pincus Private Equity XI, which has been organized to invest in growth capital transactions, venture capital and start-up companies, buyouts, recapitalizations and other special situations. Distributions from this investment are made at the discretion of the partnership's general partner.
- Stonepeak Infrastructure Fund, which has a stated objective of investing in infrastructure assets and businesses, including assets and businesses which may include but are not limited to energy and utilities, transportation, communications infrastructure, social infrastructure, as well as other assets and businesses that exhibit infrastructure characteristics. Investments in the fund are only able to be redeemed as the fund liquidates investment holdings. Final liquidation was originally expected during 2024 but has been extended through October 2025.
- American Core Realty Fund, which has a stated objective of creating an opportunity for institutional investors to participate in real estate investments that can generate strong long-term returns. Investments in the fund are able to be redeemed quarterly at the per unit net asset value upon written notification.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

- Rockpoint Real Estate Parallel Fund VI FR, L.P., which is limited partnership which was formed to invest in a broad range of real estate related assets, portfolios and companies to achieve superior risk-adjusted returns. The fund will terminate within eight years of the final closing date unless extended or terminated earlier in accordance with the terms of the Partnership Agreement.
- Crosslink Endeavour Fund I, L.P. which is a limited partnership with a stated objective of providing investors with the opportunity to realize long-term appreciation in venture capital investments and other growth-stage investment opportunities. The fund will terminate within seven years of the final closing date.
- Bardin Hill Opportunistic Credit Fund Offshore L.P., which is a limited partnership which was formed to invest in a diversified portfolio of assets in credit and other similar markets to provide consistent long-term appreciation. The fund should terminate within three years of the final closing date unless extended or terminated earlier in accordance with the terms of the Master Fund Agreements.
- ISQ Global Infrastructure Fund III, L.P., which is a limited partnership with a stated objective of achieving returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally. The fund will terminate within ten years of the final closing date unless extended or terminated earlier in accordance with the terms of the Partnership Agreement.

Included in the 103-12 investment entities are the Ullico Diversified International Equity Fund and the Ullico Infrastructure Tax Exempt Fund, which are able to be acquired and redeemed with 30 days and 90 days' notice, respectively. These investments file annual reports on Form 5500 as direct filing entities.

The pooled separate account consists of the Prudential PRISA Separate Account, which is able to be redeemed quarterly. This investment files an annual report on Form 5500 as a direct filing entity.

Commitments

The Plan's investments in the investment funds noted above include contractual commitments to provide capital contributions over periods of time. As of October 31, 2024, the remaining unfunded capital commitments of the Plan total approximately \$9,690,000 on 11 individual contracts.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

5. Tax Status

The Plan obtained its latest determination letter on December 7, 2016, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan Administrator and the Plan's counsel believe that the Plan is designed and continues to operate in compliance with the applicable requirements of the IRC.

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

6. Plan Termination

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

- a. Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
- c. All other vested benefits not insured by the PBGC.
- d. All nonvested benefits under the Plan.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due. In no event would any of the assets of the Plan revert to contributing employers.

7. Administrative Agreements And Party In Interest Transactions

The Plan had an agreement with TIC International Corporation to provide for administrative services through December 31, 2023.

The Plan has an agreement with Wilson-McShane Corporation to provide for administrative services, which commenced January 1, 2024.

The Plan has an agreement with the Segal Company to act as an independent actuary.

The Plan has an agreement with Segal Marco Advisors to provide for investment consulting and for the preparation of statistical reports for use in investment decision making.

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

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

The Plan also has agreements with certain other investment advisors, investment managers, asset custodians and attorneys.

These transactions qualify as allowable party in interest transactions.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

8. Significant Contributing Employers

For the years ended October 31, 2024 and 2023, contributions from one employer represented 12% and 15%, respectively, of total employer contributions.

9. Risks And Uncertainties

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

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

Supplemental Schedules

GREATER KANSAS CITY LABORERS PENSION PLAN

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Description Of Investment	Par Value	Cost	Fair Value
U.S. Government and Municipal Securities			
FED HM LN PC POOL 4% DUE 6/1/42	\$ 48,812	\$ 52,694	\$ 46,503
FED HM LN PC POOL 5% DUE 5/1/33	6,295	6,394	6,329
FED HM LN PC POOL 7% DUE 3/1/27	111	111	115
FED HM LN PC POOL 6% DUE 9/1/28	332	321	340
FED HM LN PC POOL 7% DUE 6/1/29	338	334	351
FED HM LN PC POOL 7.5% DUE 12/1/29	291	290	301
FED HM LN PC POOL 5.5% DUE 6/1/33	2,117	2,163	2,142
FED HM LN PC POOL 2.5% DUE 4/1/28	18,823	19,276	18,280
FED HM LN PC POOL 3.5% 10/1/44	34,327	34,628	31,184
FED HM LN PC POOL 4% DUE 12/1/45	60,185	61,454	56,666
FED HM LN PC POOL 2% DUE 11/1/50	173,431	178,986	138,679
FED HM LN PC POOL 6% DUE 6/1/54	374,054	376,275	376,492
FED HM LN PC POOL 3% DUE 5/1/51	494,798	436,698	426,822
FED HM LN PC POOL 5.5% DUE 7/1/53	342,982	340,517	341,819
FED HM LN PC POOL 3% DUE 7/1/52	366,040	313,365	315,234
FED HM LN PC POOL 3% DUE 7/1/52	345,413	298,026	297,832
FED HM LN PC POOL 2.824% DUE 11/1/46	31,129	32,282	30,009
FED HM LN PC POOL 4.73% DUE 5/1/34	1,071	1,034	1,107
FANNIE MAE 3% DUE 12/25/48	521,920	480,085	479,118
FANNIE MAE 1.5% DUE 9/25/51	433,759	435,436	350,312
FANNIE MAE 3% DUE 12/25/44	14,092	14,116	13,461
FANNIE MAE 2% DUE 2/25/47	43,826	42,512	36,072
FANNIE MAE 3% DUE 10/25/42	28,517	29,746	25,672
FANNIE MAE 2.25% DUE 3/25/44	32,596	32,998	30,770
FANNIE MAE 4% DUE 11/25/48	25,819	26,013	24,098
FANNIE MAE 2.5% DUE 11/25/49	178,745	177,516	149,917
FREDDIE MAC 4% DUE 8/15/54	56,160	59,521	53,586
FREDDIE MAC 3.5% DUE 9/15/44	240,000	247,950	229,438
FREDDIE MAC 3% DUE 4/15/43	9,383	9,547	9,063
FREDDIE MAC 2% DUE 8/25/46	389,032	398,515	329,763
FREDDIE MAC 2% DUE 11/25/50	244,631	246,925	170,787
FREDDIE MAC 1.5% DUE 3/25/51	371,019	371,250	308,049
FREDDIE MAC 2.5% DUE 7/15/47	25,509	25,182	21,789
FREDDIE MAC 3.5% DUE 5/15/48	29,677	29,700	26,528
FNMA POOL 3% DUE 10/1/26	4,893	5,050	4,812
FNMA POOL 2.5% DUE 9/1/28	17,512	17,906	16,982
FNMA POOL 6.5% DUE 8/1/28	153	153	158
FNMA POOL 6% DUE 10/1/28	409	403	418
FNMA POOL 6.5% DUE 3/1/29	212	211	217
FNMA POOL 6.5% DUE 12/1/31	507	507	519
FNMA POOL 6% DUE 12/1/32	1,047	1,076	1,066
FANNIE MAE 6% DUE 12/25/33	38,989	40,963	40,212
FNMA POOL 5% DUE 8/1/48	16,956	17,910	17,018
FNMA POOL 2% DUE 8/1/51	383,342	391,428	308,398
FNMA POOL 4.04% DUE 8/1/30	350,000	330,914	337,754

GREATER KANSAS CITY LABORERS PENSION PLAN

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Description Of Investment	Par Value	Cost	Fair Value
U.S. Government and Municipal Securities (Continued)			
FNMA POOL 5% DUE 8/1/52	\$ 340,130	\$ 331,573	\$ 331,443
FNMA POOL 5% DUE 3/1/53	345,341	333,093	335,789
FNMA POOL 6% DUE 4/1/53	664,592	671,572	669,071
FNMA POOL 4% DUE 10/1/52	358,932	331,368	331,736
FNMA POOL 3% DUE 5/1/52	187,525	161,711	161,635
FNMA POOL 6% DUE 10/1/53	305,381	308,482	307,372
FNMA POOL 5.5% DUE 8/1/54	442,685	441,647	438,550
FNMA POOL 5% DUE 2/1/34	5,893	5,893	5,882
FNMA POOL 4.84% DUE 2/1/35	304	308	308
FNMA POOL 4.139% DUE 2/1/35	3,944	3,933	3,928
FNMA POOL 3.925% DUE 7/1/35	1,772	1,775	1,758
FNMA POOL 3% DUE 5/1/28	14,725	15,171	14,364
FNMA POOL 3.5% DUE 6/1/43	75,147	73,597	68,793
FNMA POOL 3% DUE 7/1/43	42,622	42,782	36,933
FNMA POOL 4.5% DUE 6/1/38	54,088	56,598	53,568
FNMA POOL 2% DUE 7/01/35	103,239	107,248	92,663
FNMA POOL 2% DUE 9/1/50	173,682	177,128	135,206
FNMA POOL 2% DUE 11/1/50	214,707	218,834	166,080
FNMA POOL 2% DUE 6/1/36	279,312	289,350	249,529
FNMA POOL 2% DUE 8/1/41	375,506	385,304	315,602
FREDDIE MAC 3% DUE 7/25/56	80,888	82,928	75,981
FREDDIE MAC 3% DUE 5/25/57	64,818	64,150	60,253
GNMA II POOL 4.5% DUE 5/20/47	58,392	61,512	56,103
GNMA POOL 6.5% DUE 10/15/28	1,119	1,114	1,137
GNMA POOL 6% DUE 12/15/31	4,334	4,298	4,524
GNMA POOL 5.5% DUE 10/15/33	8,894	9,215	8,944
GNMA POOL 5.5% DUE 8/20/53	356,878	352,194	358,441
US TREASURY N/B 2.5% DUE 2/15/46	500,000	589,589	356,075
US TREASURY N/B 2.875% DUE 5/15/43	800,000	691,750	627,784
US TREASURY N/B 1.75% DUE 8/15/41	750,000	489,463	503,055
US TREASURY N/B 2.75% DUE 11/15/47	470,000	378,001	345,027
US TREASURY N/B 2.875% DUE 5/15/49	505,000	383,978	375,947
US TREASURY N/B 3.125% DUE 5/15/48	870,000	739,092	682,236
US TREASURY NOTE 2.25% DUE 8/15/49	425,000	436,239	277,113
US TREASURY NOTE 0.375% DUE 7/31/27	1,000,000	967,930	903,050
US TREASURY NOTE 0.875% DUE 11/15/30	1,000,000	949,570	825,430
US TREASURY NOTE 1.125% DUE 8/15/40	450,000	431,754	278,262
US TREASURY NOTE 1.375% DUE 1/31/25	400,000	417,937	396,852
US TREASURY NOTE 3.375% DUE 5/15/33	1,590,000	1,456,328	1,489,385
US TREASURY NOTE 3.875% DUE 8/15/33	665,000	649,674	645,702
AUSTIN TEXAS ELEC	250,000	250,000	240,430
BIRMINGHAM ALABAMA	250,000	250,000	234,168
BROWNSVILLE TEXAS SYSTEM	415,000	415,000	408,028
CALIFORNIA MUN FIN AUTH REV	270,000	270,000	258,587

GREATER KANSAS CITY LABORERS PENSION PLAN

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Description Of Investment	Par Value	Cost	Fair Value
U.S. Government and Municipal Securities (Continued)			
CHARTIERS VALLEY PA	\$ 370,000	\$ 370,000	\$ 372,072
CONNECTICUT STATE HIGHER ED SUPP	295,000	295,000	276,598
LAKE COUNTY ILLINOIS	235,000	238,259	227,252
LAREDO TEXAS WATERWORKS	300,000	300,000	280,350
MISSOURI ST HEALTH & EDL FACS	275,000	275,000	253,074
NORTH CAROLINA ST UNIV N C RAL	250,000	250,000	224,488
OMAHA NEBRASKA SEW REV	250,000	250,000	227,245
SAN JUAN CALIFORNIA UNIF	260,000	260,000	226,270
STAFFORD TX ECONOMIC	500,000	500,000	446,890
TENNESSEE VALLEY AUTH	210,000	227,767	232,655
UNIVERSITY OF SOUTH ALABAMA	420,000	420,000	425,166
WASHINGTON ST HIGHER ED FACS A	270,000	270,000	261,689
Total U.S. Government And Municipal Securities		23,543,490	21,662,654
Fixed Income Securities			
ABFS MORTGAGE LOAN TR 2001-2	1,194	1,272	1,052
AIR LEASE CORP	200,000	197,522	201,330
ALTERNATIVE LOAN TRUST 2004-18CB	495	474	99
AMERICAN EXPRESS	430,000	478,814	417,805
AMERIPRISE FINL	450,000	452,646	455,089
AON NORTH AMERICA	235,000	237,742	238,565
APPLE INC	250,000	248,357	160,882
AT&T INC	220,000	214,881	216,990
AUTOMATIC DATA PROCESSING INC	320,000	319,821	309,574
AVALONBAY CMNTYS	450,000	454,153	397,336
BAKER HUGHES INC	170,000	208,299	183,047
BANK AMER CORP	220,000	220,000	191,437
BANK OF NY MELLON	410,000	410,000	447,962
BAXTER INTL INC	100,000	99,840	104,356
BEAR STEARNS ALT-A 2005-9	21,757	24,104	14,358
BELL CANADA	210,000	209,429	151,840
BERKSHIRE HATHAWAY FIN CORP	240,000	237,125	258,516
BOEING CO	250,000	296,138	246,735
BP CAP MKTS AMER INC	240,000	231,632	234,593
BURLINGTON NORTH SANTA FE MTN	190,000	203,754	205,798
CANADIAN NATL RY CO	200,000	283,345	219,190
CAPITAL ONE FIN	250,000	250,000	252,060
CELGENE CORP	98,000	90,680	75,281
CENTERPOINT ENERGY	225,000	224,793	217,516
CHARLES SCHWAB CORP	355,000	355,000	369,388
CHUBB INA HLDGS	500,000	478,020	417,440
CITIGROUP INC	95,000	122,496	102,575
CITIGROUP MTG LN TR 2005-WF2	1,373	1,032	1,229

GREATER KANSAS CITY LABORERS PENSION PLAN

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Description Of Investment	Par Value	Cost	Fair Value
Fixed Income Securities (Continued)			
CITIGRP COML	\$ 90,871	\$ 93,596	\$ 87,875
COMCAST CORP NEW CORPORATION GONZAGA UNIV	50,000	49,893	53,496
CSMC MTG TR 2006-9	125,000	125,000	98,666
CUMMINS INC	45,371	33,658	38,877
CVS HEALTH CORP	500,000	489,485	420,950
CWMBS INC 2005-6	250,000	252,625	251,162
DELMARVA PWR & LT	7,447	6,340	6,202
DISCOVER FINL SVCS	340,000	400,013	281,149
DOMINION ENERGY	255,000	287,130	250,711
ECOLAB INC	240,000	239,657	202,085
EMERSON ELEC CO	350,000	369,978	361,298
EMORY UNIVERSITY	270,000	269,671	176,885
ENERGY TRANSFER L P	270,000	270,000	262,850
ENERGY GULF STS LA LLC	180,000	170,003	176,870
ESSENTIAL UTILS	215,000	214,822	214,106
ESSEX PORTFOLIO L P	190,000	186,118	191,300
EVERGY INC	205,000	203,817	185,308
EXXON MOBIL	130,000	112,242	118,579
FIDELITY NATL INFO SE	225,000	245,259	223,510
FLORIDA POWER CORP	215,000	213,759	194,588
FORTIVE CORP	250,000	269,973	255,932
GE HEALTHCARE	180,000	214,310	150,613
GENERAL MTRS FINL CO INC	250,000	261,115	263,812
GOLDMAN SACHS GROUP INC	225,000	224,748	225,302
HONEYWELL INTL INC	175,000	175,000	170,142
HONEYWELL INTL INC	480,000	479,986	483,144
HONEYWELL INTL INC	480,000	478,594	480,269
IMPAC CMB TR 2004-4	13,698	13,084	15,381
INDIANA MICH PWR CO	240,000	238,627	195,403
INGERSOL RAND LUXEMBO	170,000	188,299	170,000
JOHN DEERE CAP COR	420,000	380,940	396,157
JOHNSON & JOHNSON	105,000	104,950	115,012
JP MORGAN ACCEPT 2005-A3	6,082	3,534	6,064
JP MORGAN ALT LN TR 2006-A1	16,021	15,623	12,043
JP MORGAN CHASE	425,000	425,000	420,657
KEYBANK NATIONAL ASSOCIATION	150,000	167,444	145,980
KINDER MORGAN PARTNR	280,000	279,112	275,568
MASTERCARD INC	420,000	419,462	359,365
MID-AMERICA APTS	230,000	226,752	147,529
MIDAMERICAN ENERGY CO	455,000	349,162	386,418
MORGAN STANLEY	500,000	398,735	412,115
MORGAN STANLEY	130,000	130,000	131,697
MPLX LP	260,000	252,450	253,976
MS MTG LN TR 2005-7	14,468	10,105	8,231

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Description Of Investment	Par Value	Cost	Fair Value
Fixed Income Securities (Continued)			
NATIONAL RURAL UTILS COOP FIN	\$ 265,000	\$ 264,825	\$ 257,516
NATL FUEL GAS CO	180,000	210,247	180,929
NORFOLK SOUTHERN	250,000	248,015	160,623
NORTHERN STS PWR CO	300,000	400,611	325,545
NORTHROP GRUMMAN CORP	125,000	124,981	124,433
PACCAR FINANCIAL	480,000	479,362	480,960
PAYPAL HLDGS INC	130,000	129,678	125,644
PEPSICO INC	415,000	413,942	416,880
PNC FINL SVCS GROUP	330,000	330,000	332,459
PRECISION CASTPARTS CORP	240,000	242,098	237,650
PROGRESSIVE CORP OHIO	400,000	434,712	437,792
PROLOGIS LP	250,000	278,299	247,645
PRUDENTIAL FINL	360,000	468,904	325,512
PUBLIC STORAGE	370,000	369,323	353,198
RBSGC MTG LN TR 2007-B	7,087	8,372	4,319
RBSGC MTG LN TR 2007-B	675	549	668
REINSURANCE GROUP	275,000	286,723	286,930
SOUTHERN CALIF EDISON CO	170,000	169,045	136,614
SOUTHERN CO	215,000	211,788	195,209
SSM HEALTH CARE CORP	200,000	200,000	195,644
STATE STR CORP	240,000	240,000	253,193
STEEL DYNAMICS	115,000	114,198	105,170
STRUCTURED ASSET ADJ 2005-11	10,807	11,170	9,341
SUNTRUST BK ATL	243,000	265,213	237,287
TENNESSEE VALLEY	475,000	470,768	467,372
TEXAS INSTRS INC	250,000	249,222	225,613
TORCHMARK CORP	196,000	234,606	193,336
TOSCO CORP	95,000	123,384	110,243
TRANSCANADA PIPELINES	210,000	292,763	230,845
TRAVELERS COMPANIES INC	225,000	224,152	185,882
TYCO ELECTRONICS	470,000	467,457	467,063
US BANCORP	230,000	258,163	224,383
UDR INC MEDIUM TERM NTS BK ENT	125,000	124,577	115,165
UNILEVER CAP CORP	350,000	353,248	312,869
UNION PACIFIC CORP	185,000	221,933	188,696
UNITEDHEALTH GROUP	430,000	429,024	430,989
VANDERBILT UNIV MED CTR	205,000	205,000	179,340
VERIZON COMM INC	225,000	171,837	187,594
WAKE FST UNIV	250,000	250,000	243,573
WELLS FARGO & CO	250,000	250,000	248,515
WELLTOWER INC	125,000	124,444	121,921
WISCONSIN ENERGY CORP	30,000	33,593	29,708
WYETH	410,000	440,123	435,912
Total Fixed Income Securities		27,317,789	25,399,500

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Description Of Investment	Par Value / Number Of Shares/Units	Cost	Fair Value
Common/Collective Trusts			
RUSSELL 3000 INDEX SL FUND	2,218,692	\$ 36,102,746	\$ 148,168,710
NHIT: WORLD BOND TRUST	1,655,636	22,293,907	23,327,904
STATE STREET MSCI ACWI IMI INDEX NON-LENDING FUND	1,227,924	18,930,235	65,063,992
Total Common / Collective Trusts		<u>77,326,888</u>	<u>236,560,606</u>
Pooled Separate Account			
PRUDENTIAL PRISA SEPARATE ACCOUNT	229	16,238,977	17,547,680
Mutual Fund			
PRINCIPAL HIGH YIELD R6 FUND	2,816,289	19,934,405	19,038,112
Limited Partnerships			
STARWOOD DISTRESSED OPPORTUNITIES FUND IX	Not applicable	725,176	409,143
HIGHBRIDGE PRINCIPAL STRATEGIES-IRISH			
SPECIALTY LOAN FUND III PLC	389	48,929	45,403
WARBURG PINCUS PRIVATE EQUITY XI	Not applicable	420,723	1,043,507
STONEPEAK INFRASTRUCTURE FUND	Not applicable	940,907	995,691
AMERICAN CORE REALTY FUND	121	12,210,902	14,418,698
APOLLO INVESTMENT FUND VIII, L.P.	Not applicable	598,224	844,992
ROCKPOINT REAL ESTATE PARALLEL FUND VI FR, L.P.	Not applicable	4,683,115	5,706,351
CROSSLINK ENDEAVOUR FUND I, L.P.	Not applicable	4,800,000	3,592,065
ARES US REAL ESTATE FUND VIII	Not applicable	475,742	323,935
AG CAPITAL RECOVERY VIII HOLDINGS	Not applicable	—	52,100
BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.	Not applicable	5,225,805	7,178,632
ISQ GLOBAL INFRASTRUCTURE FUND III, L.P.	Not applicable	3,999,160	4,629,813
Total Limited Partnerships		<u>34,128,683</u>	<u>39,240,330</u>
103-12 Investment Entities			
ULLICO DIVERSIFIED INTERNATIONAL EQUITY FUND	757,866	10,806,053	16,793,794
ULLICO INFRASTRUCTURE TAX EXEMPT FUND	20,282	3,944,810	5,895,855
Total 103-12 Investment Entities		<u>14,750,863</u>	<u>22,689,649</u>
Money Market Funds			
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT CAPITAL FUND #1859	7,263,129	7,263,129	7,263,129
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT CAPITAL FUND #465	2,063,889	2,063,889	2,063,889
Total Money Market Funds		<u>9,327,018</u>	<u>9,327,018</u>
Total Investments		<u>\$ 222,568,113</u>	<u>\$ 391,465,549</u>

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

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended October 31, 2024

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain
Series Of Transactions In Excess Of 5%								
Goldman Sachs								
Financial Square Government Capital Fund #1859	72	—	\$ 26,895,003	\$ —	\$ —	\$ —	\$ 26,895,003	\$ —
Financial Square Government Capital Fund #1859	—	151	—	23,858,417	—	23,858,417	23,858,417	—
Financial Square Government #465	181		\$ 20,347,177				\$ 20,347,177	\$ —
Financial Square Government #465		39		19,827,900		19,827,900	19,827,900	—

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
02/10/2024	\$41,044	\$0	\$41,044
03/06/2024	\$41,044	\$0	\$41,044
03/09/2024	\$41,044	\$0	\$41,044
03/16/2024	(\$41,044)	\$0	(\$41,044)
04/11/2024	\$41,044	\$0	\$41,044
07/24/2024	\$41,044	\$0	\$41,044
10/18/2024	\$41,044	\$0	\$41,044

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a May 1 contribution date.

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<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 11/01/2023 and ending 10/31/2024

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953	

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

1a Enter the valuation date: Month 11 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	331,869,372
(2) Actuarial value of assets for funding standard account.....	1b(2)	361,819,153
c (1) Accrued liability for plan using immediate gain methods	1c(1)	394,083,135
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	394,083,135
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	690,694,232
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	12,179,460
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	26,478,897
(3) Expected plan disbursements for the plan year	1d(3)	27,378,897

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

SIGN HERE	James A. Nolan	08/12/2025
	Signature of actuary	Date
	James A. Nolan FSA, MAAA	2307228
	Type or print name of actuary	Most recent enrollment number
	Segal	312-984-8500
	Firm name	Telephone number (including area code)
	101 NORTH WACKER DRIVE SUITE 1800 CHICAGO IL 60606-1722	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	333,114,710
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,495	313,821,962
(2) For terminated vested participants	975	151,823,769
(3) For active participants:		
(a) Non-vested benefits		32,932,219
(b) Vested benefits		192,116,282
(c) Total active	900	225,048,501
(4) Total	3,370	690,694,232
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.22 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/01/2024	14,210,668	0			
Totals ▶			3(b)	14,210,668	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 205,220

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	91.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		<input type="checkbox"/>
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		

- k** Has a change been made in funding method for this plan year? Yes No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m** []

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.15 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate.....	6d	7.00 % 7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	3.4 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	867,778
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	7,337,759	752,941
4	6,994,337	717,702

8 Miscellaneous information:

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	6,051,568

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	83,860,296	13,667,621
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c	9d	1,380,343
e Total charges. Add lines 9a through 9d	9e	21,099,532

Credits to funding standard account:		
f Prior year credit balance, if any	9f	24,206,003
g Employer contributions. Total from column (b) of line 3	9g	14,210,668

h Amortization credits as of valuation date		Outstanding balance	
9h	27,390,311		6,155,712

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2,622,693
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	98,944,327	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	269,540,085	
(3) FFL credit	9j(3)		0

k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	47,195,076
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	26,095,544
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

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

Statement of actuarial assumptions/methods (Schedule MB, Line 6)

Mortality rates

Healthy Annuitants: 115% of the Pri-2012 Blue Collar Healthy Annuitant Mortality Table projected generationally from 2012 with 2024 Adjusted Scale MP-2021.

Healthy Non-Annuitants: 115% of the Pri-2012 Blue Collar Employee Mortality Table projected generationally from 2012 with 2024 Adjusted Scale MP-2021.

Disabled Annuitants: 115% of the Pri-2012 Disabled Retiree Mortality Table projected generationally from 2012 with 2024 Adjusted Scale MP-2021 for disabled participants.

The mortality rates were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent 5 years taking into consideration the results of Segal's industry mortality study.

Termination rates

Age	Total & Complete Disability	Occupational Disability	Withdrawal ¹
20	0.02	0.01	7.29
25	0.03	0.01	7.10
30	0.04	0.02	6.83
35	0.06	0.02	6.39
40	0.09	0.03	5.69
45	0.15	0.05	4.66
50	0.25	0.08	3.10
55	0.42	0.14	1.14

The termination rates and disability rates were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the most recent 5 years.

¹ 45% of participants are expected to terminate the two years prior to earning 2 pension credits. Thereafter, withdrawal rates are dependent on participant's age. Withdrawal rates cut out at the first age a participant is eligible for an immediate pension.

Retirement rates for active participants

Age	Not Eligible for Service Pension	Eligible for Service Pension*
50 – 54	N/A	40%
55	15%	40%
56 – 59	5%	30%
60	10%	50%
61	25%	50%
62	60%	100%
63 – 64	25%	100%
65	100%	100%

*The retirement rate for the year a participant is first eligible for a service pension is increased by 10%.

The retirement rates were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent 5 years.

Description of weighted average retirement age

Age 59, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the November 1, 2023 actuarial valuation.

Retirement rates for inactive vested participants

Age	Retirement Rate
55	20%
56 – 61	5%
62	30%
63 – 64	15%
65	100%

The retirement rates for inactive vested participants was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the most recent 5 years.

Future benefit accruals

Based on 1,550 hours per year of employment and 1.00 Pension Credit per year.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Those with at least 500 hours in the most recent plan year, excluding those who have retired as of the valuation date.

Percent married

85%.

Age and sex of spouse

Spouse of male participant is assumed to be four years younger than the participant and the spouse of female participant is assumed to be four years older than the participant. If the spouse's sex is not provided, the spouse is assumed to be the opposite sex of the participant.

Benefit election

Normal form of payment.

The benefit elections were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent 5 years.

Delayed retirement factors

Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Net investment return

7.00%.

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$900,000 for the year beginning November 1, 2023 (equivalent to \$867,778 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Load for reciprocity

2.5% of both Normal Cost and accrued liability for active and inactive vested participants.

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the actuarial value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Unit Credit Cost Method.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit K.

Current liability assumptions

- **Interest:** 3.15%, within the permissible range prescribed under IRC Section 431(c)(6)(E).
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2021.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the development and maintenance of these models. The models have a modular structure that allows for high accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.44% to 3.15% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of November 1, 2023:
 - The mortality improvement scale, previously Scale MP-2019.
 - The net investment return assumption, previously 7.25%.

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

Plan Year Beginning November 1	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$13,434,245	\$0	\$13,434,245
2024	\$13,470,503	0	\$13,470,503
2025	\$13,470,503	0	\$13,470,503
2026	\$13,470,503	0	\$13,470,503
2027	\$13,470,503	0	\$13,470,503
2028	\$13,470,503	0	\$13,470,503
2029	\$13,470,503	0	\$13,470,503
2030	\$13,470,503	0	\$13,470,503
2031	\$13,470,503	0	\$13,470,503
2032	\$13,470,503	0	\$13,470,503

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of November 1, 2023 dated, January 25, 2024.

Summary of plan provisions (Schedule MB, Line 6)

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

Plan year

November 1 through October 31.

Pension credit year

November 1 through October 31.

Plan status

Ongoing plan.

Regular pension

- **Age Requirement:** 62.
- **Service Requirement:** 5 pension credits including at least one pension credit in a Plan Credit Year which began after the participant attained age 49.
- **Amount:** \$7.50 per year of past service (service prior to the contribution period) up to a maximum of 25 years, plus 3.8% of applicable contributions made on behalf of the participant prior to November 1, 2004, plus 2.25% of applicable contributions made on behalf of the participant from November 1, 2004 to October 31, 2009, plus 1.75% of applicable contributions made on behalf of the participant on and after November 1, 2009.

Service pension

- **Age Requirement:** None.

- **Service Requirement:** 30 pension credits including at least one pension credit in a Plan Credit Year ending on or after October 31, 1999.
- **Amount:** Regular pension accrued.

Early retirement

- **Age Requirement:** 55.
- **Service Requirement:** 5 pension credits including at least one pension credit during the contribution period in a Plan Credit Year which began after age 49.
- **Amount:** Regular pension accrued, reduced by 3 1/3% for each year of age less than 62.

Total and complete disability

- **Age Requirement:** None.
- **Service Requirement:** 5 pension credits if participant received Workers' Compensation benefits for his/her injury (10 pension credits otherwise), including an average of 500 hours earned in either this plan or a reciprocal plan during each of the 5 years prior to disability.
- **Amount:** Graded amount beginning at 50% of the accrued benefit with either 5 pension credits (if participant received Workers' Compensation benefits) or 10 pension credits, up to 100% of the accrued benefit with 30 or more pension credits. (Pension credits include reciprocal credits earned under other laborer plans).

Occupational disability

- The same disability benefits provided to the total and complete disabled participants for a temporary 5-year period for participants who do not meet the Plan's current disability requirements and can still perform other duties, effective November 1, 2017. Age and service eligibility is the same as the total and complete disability benefit.

Deferred pension

- **Age Requirement:** None.
- **Service Requirement:** 5 pension credits earned during the contribution period.

- **Amount:** Regular or early pension accrued based on plan in effect when last active.
- **Normal Retirement Age:** 65.

Supplemental pension

- **Eligibility Requirement:** Retire on or after April 1, 1997, on or after early retirement age, and earned at least one pension credit in the 1995 Plan Credit Year or later.
- **Amount:** \$10.00 per month per pension credit up to a maximum of 30 pension credits, reduced 3 1/3% for each year of age less than 62. No reduction if participant has 30 or more pension credits. If the participant suffers a permanent and total disability prior to age 55, the benefit is payable unreduced (in addition to the Disability Benefit) for a maximum of 26 months or participant may elect a reduced lifetime benefit.

Health care supplemental benefit

- **Eligibility Requirement:** Retire on or after April 1, 1997, between ages 55 to 65, and has at least 20 pension credits including one pension credit in the Plan Credit Year of retirement or in the immediately preceding two Plan Credit Years.
- **Amount:** Temporary benefit to age 65 equal to \$16.00 per month per pension credit up to a maximum of 30 pension credits reduced 3 1/3% for each year of age less than 62. No reduction if participant has 30 or more pension credits. If the participant suffers a permanent and total disability prior to age 55, the benefit is payable unreduced (in addition to the Disability Benefit) for a maximum of 26 months or participant may elect a reduced level benefit payable until age 65.

Reciprocal and pro-rata

- **Eligibility Requirement:** Eligible for any type of pension under each Plan if the participant's total pension credits were treated as service under each Plan; at least one pension credit under each Plan.

Spouse's pre-retirement death benefit

- **Age Requirement:** None.
- **Service Requirement:** 5 Pension Credits.
- **Amount:** 50% of the benefit employee would have received had he or she retired at the date of death rather than died, elected the 50% joint and survivor option and commenced payment on the date described above. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.

- **When Paid:** The later of immediately or the earliest early retirement age for the deceased participant. If the participant had not satisfied the service requirement for early retirement, payments commence at normal retirement date.

36-month payment certain (not payable if pre-retirement surviving spouse pension is payable)

- **Age and Service Requirement:** Eligible for Regular, Service or Early Retirement Pension.
- **Amount:** Monthly benefit to which the employee would have been entitled had he or she retired the day before death.

Lump-sum death benefit (Not payable if 36-month payment certain or surviving spouse's pension is payable)

- **Age Requirement:** None.
- **Service Requirement:** 5 pension credits and active at time of death .
- **Amount:** \$1,000 increased by \$100 for each pension credit above 8, to a maximum of \$2,000.

Post-retirement death benefit

If married, all pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the employee, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with 36 payments guaranteed without reduction to Regular, Service, Early, and Disability pensioners. Benefits may also be payable in any other available optional form elected by the employee in an actuarially equivalent amount.

Participation

May 1 or November 1 after completion of 1,000 hours during 12 consecutive months, or completion of 500 hours in the previous Plan Credit Year.

Optional forms of benefit

Life with 36-month guarantee of payments available to participants who retire with a Regular, Service, Early, or Disability pension, or if married:

- 50% Joint and Survivor with pop-up.

- 75% Joint and Survivor with pop-up.

Pension credit (non-service pension)

750 hours or more equals one pension credit for service after November 1, 2010 for any participants who have less than 25 years of service as of November 1, 2010. Otherwise, 500 hours or more equals one pension credit.

Pension credit (service pension)

750 hours or more equals one pension credit for service after November 1, 2008 for any participant who has less than 25 years of service as of November 1, 2008. Otherwise 500 hours or more equals one pension credit.

Vesting credit

1,000 hours or more equals one vesting credit.

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

Contribution Rate

<u>Effective Date</u>	<u>Amount applied to Regular Benefit</u>	<u>Supplemental Amount</u>	<u>Total</u>
04/01/2006	\$3.30	\$0.50	\$3.80
04/01/2007	\$3.55	\$0.60	\$4.15
04/01/2008	\$3.55	\$0.80	\$4.35
04/01/2009	\$3.05	\$2.05 ¹	\$5.10
04/01/2010	\$3.05	\$2.55 ²	\$5.60
04/01/2012	\$3.15	\$2.55 ²	\$5.70
04/01/2013	\$3.42	\$2.63 ³	\$6.05
06/01/2014	\$3.42	\$2.93 ⁴	\$6.35
04/01/2015	\$3.42	\$3.23 ⁵	\$6.65
04/01/2016	\$3.57	\$3.23 ⁵	\$6.80
04/01/2017	\$3.67	\$3.33 ⁶	\$7.00
04/01/2018	\$3.72	\$3.38 ⁷	\$7.10
04/01/2019	\$3.82	\$3.48 ⁸	\$7.30
04/01/2020	\$3.92	\$3.58 ⁹	\$7.50
04/01/2021	\$4.02	\$3.58 ⁹	\$7.60
04/01/2022	\$4.06	\$3.58 ⁹	\$7.64
04/01/2023	\$4.11	\$3.58 ⁹	\$7.69
04/01/2024	\$4.16	\$3.58 ⁹	\$7.74

¹ \$0.60 applied to the Supplemental Benefits and \$1.45 in non-credited contributions

² \$0.60 applied to the Supplemental Benefits and \$1.95 in non-credited contributions

³ \$0.68 applied to the Supplemental Benefits and \$1.95 in non-credited contributions

⁴ \$0.68 applied to the Supplemental Benefits and \$2.25 in non-credited contributions

⁵ \$0.68 applied to the Supplemental Benefits and \$2.55 in non-credited contributions

⁶ \$0.68 applied to the Supplemental Benefits and \$2.65 in non-credited contributions

⁷ \$0.68 applied to the Supplemental Benefits and \$2.70 in non-credited contributions

⁸ \$0.68 applied to the Supplemental Benefits and \$2.80 in non-credited contributions

⁹ \$0.68 applied to the Supplemental Benefits and \$2.90 in non-credited contributions

Schedule of active participant data (Schedule MB, Line 8b(2))

The participant data is for the year ended October 31, 2023.

Pension Credits

Age	Total	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39
Under 25	76	68	8	0	0	0	0	0	0
25 – 29	75	49	23	3	0	0	0	0	0
30 – 34	102	61	34	7	0	0	0	0	0
35 – 39	92	29	36	13	14	0	0	0	0
40 – 44	98	22	16	15	24	17	4	0	0
45 – 49	134	18	15	15	26	24	35	1	0
50 – 54	151	16	19	16	24	32	42	2	0
55 – 59	92	9	15	12	14	19	19	3	1
60 – 64	65	5	8	4	11	11	17	8	1
65 – 69	9	2	0	1	2	2	2	0	0
Unknown	6	5	1	0	0	0	0	0	0
Total	900	284	175	86	115	105	119	14	2

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	04/01/1994	\$34,334	0.42	\$34,334
Plan Amendment	11/01/1995	431,452	2	223,021
Change in Assumptions	11/01/1996	50,640	3	18,034
Plan Amendment	04/01/1997	1,770,840	3.41	561,738
Plan Amendment	11/01/1997	313,805	4	86,583
Change in Assumptions	11/01/1997	1,027,589	4	283,526
Change in Assumptions	11/01/1998	221,453	5	50,477
Plan Amendment	11/01/1999	932,981	6	182,930
Change in Assumptions	11/01/1999	3,370,033	6	660,765
Plan Amendment	02/01/2000	4,580,814	6.25	869,054
Plan Amendment	04/01/2001	746,204	7.42	123,682
Plan Amendment	11/01/2001	865,341	8	135,436
Plan Amendment	04/01/2002	1,848,105	8.42	278,390
Plan Amendment	11/01/2003	535,659	10	71,276
Plan Amendment	11/01/2005	1,518,651	12	178,693
Plan Amendment	11/01/2006	1,095,817	13	122,538
Change in Assumptions	11/01/2006	2,171,664	13	242,842
Plan Amendment	11/01/2007	2,518,299	14	269,117
Experience Loss	11/01/2009	130,651	1	130,651
Experience Loss	11/01/2011	1,329,195	3	473,357
Plan Amendment	04/01/2012	167,120	3.42	52,926
Experience Loss	11/01/2012	3,007,454	4	829,799
Plan Amendment	04/01/2013	585,950	4.42	148,303
Plan Amendment	06/01/2013	404,494	4.58	99,309

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	11/01/2013	1,058,966	5	241,376
Experience Loss	11/01/2014	2,194,122	6	430,203
Plan Amendment	11/01/2015	67,284	7	11,668
Experience Loss	11/01/2015	5,038,225	7	873,700
Change in Assumptions	11/01/2015	8,315,598	7	1,442,043
Plan Amendment	04/01/2016	505,868	7.42	83,847
Experience Loss	11/01/2016	4,412,902	8	690,672
Plan Amendment	11/01/2017	167,734	9	24,061
Experience Loss	11/01/2017	328,544	9	47,128
Experience Loss	11/01/2018	2,855,631	10	379,979
Change in Assumptions	11/01/2018	7,139,343	10	949,983
Experience Loss	11/01/2019	1,000,520	11	124,697
Change in Assumptions	11/01/2019	2,576,128	11	321,070
Experience Loss	11/01/2022	4,208,790	14	449,770
Experience Loss	11/01/2023	7,337,759	15	752,941
Change in Assumptions	11/01/2023	6,994,337	15	717,702
Total		\$83,860,296		\$13,667,621

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined base	11/01/2023	\$27,390,311	5.08	\$6,155,712
Total		\$27,390,311		\$6,155,712

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	11/01/2009	562,485	1	562,485
Experience Gain	11/01/2010	807,314	2	417,307
Change in Assumptions	11/01/2013	362,047	5	82,523
Change In Funding method	11/01/2016	8,918,754	3	3,176,174
Change in Assumptions	11/01/2017	1,320,319	9	189,394
Experience Gain	11/01/2020	613,176	12	72,150
Change in Assumptions	11/01/2021	386,858	13	43,260
Experience Gain	11/01/2021	14,419,358	13	1,612,419
Total		\$27,390,311		\$6,155,712

Investment return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

- PBGC Interest Rates as of October 31, 2023:
 - First 20 years 5.06%
 - After 20 years 4.37%

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.00%.

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$1,457,426	\$3,027,110	\$21,921,297	\$26,405,833
2024	2,655,065	3,218,526	21,334,372	27,207,963
2025	3,749,946	3,364,109	20,731,930	27,845,985
2026	4,826,868	3,408,127	20,170,083	28,405,078
2027	5,925,856	3,669,917	19,636,412	29,232,185
2028	6,956,816	3,905,958	19,098,512	29,961,286
2029	7,833,430	4,300,685	18,515,298	30,649,413
2030	8,537,321	4,623,142	17,947,334	31,107,797
2031	9,156,621	4,979,570	17,357,350	31,493,541
2032	9,681,298	5,376,082	16,750,516	31,807,896
2033	10,082,344	5,706,027	16,142,917	31,931,288
2034	10,361,021	6,123,266	15,510,977	31,995,264
2035	10,616,514	6,453,636	14,852,180	31,922,330
2036	10,843,683	6,790,491	14,178,452	31,812,626
2037	11,024,098	7,100,837	13,486,644	31,611,579
2038	11,147,635	7,303,512	12,776,155	31,227,302
2039	11,269,974	7,538,192	12,058,389	30,866,555
2040	11,306,698	7,705,641	11,335,769	30,348,108

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	\$11,312,433	\$7,863,381	\$10,606,443	\$29,782,257
2042	11,314,933	7,962,281	9,874,234	29,151,448
2043	11,271,202	8,019,392	9,143,223	28,433,817
2044	11,232,842	8,071,048	8,416,295	27,720,185
2045	11,143,326	8,051,450	7,700,806	26,895,582
2046	11,036,629	7,998,710	6,999,906	26,035,245
2047	10,967,740	7,896,610	6,318,280	25,182,630
2048	10,848,577	7,790,409	5,660,591	24,299,577
2049	10,641,448	7,671,203	5,031,414	23,344,065
2050	10,411,662	7,485,962	4,435,145	22,332,769
2051	10,189,162	7,301,644	3,875,821	21,366,627
2052	9,910,828	7,082,999	3,356,833	20,350,660
2053	9,641,677	6,831,766	2,880,721	19,354,164
2054	9,327,033	6,564,313	2,449,028	18,340,374
2055	8,997,797	6,286,913	2,062,262	17,346,972
2056	8,624,709	5,994,821	1,719,946	16,339,476
2057	8,271,495	5,693,733	1,420,665	15,385,893
2058	7,867,727	5,384,274	1,162,226	14,414,227

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	\$7,458,480	\$5,067,798	\$941,777	\$13,468,055
2060	7,040,772	4,749,563	755,967	12,546,302
2061	6,640,151	4,427,555	601,186	11,668,892
2062	6,217,198	4,106,437	473,696	10,797,331
2063	5,804,452	3,788,973	369,813	9,963,238
2064	5,394,519	3,478,726	286,066	9,159,311
2065	4,989,408	3,177,727	219,260	8,386,395
2066	4,596,067	2,887,846	166,532	7,650,445
2067	4,217,312	2,610,659	125,358	6,953,329
2068	3,855,131	2,347,493	93,542	6,296,166
2069	3,511,174	2,099,419	69,209	5,679,802
2070	3,186,710	1,867,249	50,785	5,104,744
2071	2,882,617	1,651,520	36,966	4,571,103
2072	2,599,401	1,452,466	26,699	4,078,566

This assumes the following:

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

Greater Kansas City Laborers Pension Plan
EIN: 43-6141953/PN: 001

2024 Form 5500

Plan Year November 1, 2023 – October 31, 2024

Schedule R Line 13e – Information on Contribution Rates and Base Units

For the period from April 1, 2024 to October 31, 2024, the following rates apply:

- \$7.74/hour
- \$3.87/hour
- \$3.43/hour

For the period from November 1, 2023 to March 31, 2024, the following rates apply:

- \$7.69/hour
- \$3.85/hour
- \$3.43/hour

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2024

Description Of Investment	Par Value	Cost	Fair Value
U.S. Government and Municipal Securities			
FED HM LN PC POOL 4% DUE 6/1/42	\$ 48,812	\$ 52,694	\$ 46,503
FED HM LN PC POOL 5% DUE 5/1/33	6,295	6,394	6,329
FED HM LN PC POOL 7% DUE 3/1/27	111	111	115
FED HM LN PC POOL 6% DUE 9/1/28	332	321	340
FED HM LN PC POOL 7% DUE 6/1/29	338	334	351
FED HM LN PC POOL 7.5% DUE 12/1/29	291	290	301
FED HM LN PC POOL 5.5% DUE 6/1/33	2,117	2,163	2,142
FED HM LN PC POOL 2.5% DUE 4/1/28	18,823	19,276	18,280
FED HM LN PC POOL 3.5% 10/1/44	34,327	34,628	31,184
FED HM LN PC POOL 4% DUE 12/1/45	60,185	61,454	56,666
FED HM LN PC POOL 2% DUE 11/1/50	173,431	178,986	138,679
FED HM LN PC POOL 6% DUE 6/1/54	374,054	376,275	376,492
FED HM LN PC POOL 3% DUE 5/1/51	494,798	436,698	426,822
FED HM LN PC POOL 5.5% DUE 7/1/53	342,982	340,517	341,819
FED HM LN PC POOL 3% DUE 7/1/52	366,040	313,365	315,234
FED HM LN PC POOL 3% DUE 7/1/52	345,413	298,026	297,832
FED HM LN PC POOL 2.824% DUE 11/1/46	31,129	32,282	30,009
FED HM LN PC POOL 4.73% DUE 5/1/34	1,071	1,034	1,107
FANNIE MAE 3% DUE 12/25/48	521,920	480,085	479,118
FANNIE MAE 1.5% DUE 9/25/51	433,759	435,436	350,312
FANNIE MAE 3% DUE 12/25/44	14,092	14,116	13,461
FANNIE MAE 2% DUE 2/25/47	43,826	42,512	36,072
FANNIE MAE 3% DUE 10/25/42	28,517	29,746	25,672
FANNIE MAE 2.25% DUE 3/25/44	32,596	32,998	30,770
FANNIE MAE 4% DUE 11/25/48	25,819	26,013	24,098
FANNIE MAE 2.5% DUE 11/25/49	178,745	177,516	149,917
FREDDIE MAC 4% DUE 8/15/54	56,160	59,521	53,586
FREDDIE MAC 3.5% DUE 9/15/44	240,000	247,950	229,438
FREDDIE MAC 3% DUE 4/15/43	9,383	9,547	9,063
FREDDIE MAC 2% DUE 8/25/46	389,032	398,515	329,763
FREDDIE MAC 2% DUE 11/25/50	244,631	246,925	170,787
FREDDIE MAC 1.5% DUE 3/25/51	371,019	371,250	308,049
FREDDIE MAC 2.5% DUE 7/15/47	25,509	25,182	21,789
FREDDIE MAC 3.5% DUE 5/15/48	29,677	29,700	26,528
FNMA POOL 3% DUE 10/1/26	4,893	5,050	4,812
FNMA POOL 2.5% DUE 9/1/28	17,512	17,906	16,982
FNMA POOL 6.5% DUE 8/1/28	153	153	158
FNMA POOL 6% DUE 10/1/28	409	403	418
FNMA POOL 6.5% DUE 3/1/29	212	211	217
FNMA POOL 6.5% DUE 12/1/31	507	507	519
FNMA POOL 6% DUE 12/1/32	1,047	1,076	1,066
FANNIE MAE 6% DUE 12/25/33	38,989	40,963	40,212
FNMA POOL 5% DUE 8/1/48	16,956	17,910	17,018
FNMA POOL 2% DUE 8/1/51	383,342	391,428	308,398
FNMA POOL 4.04% DUE 8/1/30	350,000	330,914	337,754

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2024

Description Of Investment	Par Value	Cost	Fair Value
U.S. Government and Municipal Securities (Continued)			
FNMA POOL 5% DUE 8/1/52	\$ 340,130	\$ 331,573	\$ 331,443
FNMA POOL 5% DUE 3/1/53	345,341	333,093	335,789
FNMA POOL 6% DUE 4/1/53	664,592	671,572	669,071
FNMA POOL 4% DUE 10/1/52	358,932	331,368	331,736
FNMA POOL 3% DUE 5/1/52	187,525	161,711	161,635
FNMA POOL 6% DUE 10/1/53	305,381	308,482	307,372
FNMA POOL 5.5% DUE 8/1/54	442,685	441,647	438,550
FNMA POOL 5% DUE 2/1/34	5,893	5,893	5,882
FNMA POOL 4.84% DUE 2/1/35	304	308	308
FNMA POOL 4.139% DUE 2/1/35	3,944	3,933	3,928
FNMA POOL 3.925% DUE 7/1/35	1,772	1,775	1,758
FNMA POOL 3% DUE 5/1/28	14,725	15,171	14,364
FNMA POOL 3.5% DUE 6/1/43	75,147	73,597	68,793
FNMA POOL 3% DUE 7/1/43	42,622	42,782	36,933
FNMA POOL 4.5% DUE 6/1/38	54,088	56,598	53,568
FNMA POOL 2% DUE 7/01/35	103,239	107,248	92,663
FNMA POOL 2% DUE 9/1/50	173,682	177,128	135,206
FNMA POOL 2% DUE 11/1/50	214,707	218,834	166,080
FNMA POOL 2% DUE 6/1/36	279,312	289,350	249,529
FNMA POOL 2% DUE 8/1/41	375,506	385,304	315,602
FREDDIE MAC 3% DUE 7/25/56	80,888	82,928	75,981
FREDDIE MAC 3% DUE 5/25/57	64,818	64,150	60,253
GNMA II POOL 4.5% DUE 5/20/47	58,392	61,512	56,103
GNMA POOL 6.5% DUE 10/15/28	1,119	1,114	1,137
GNMA POOL 6% DUE 12/15/31	4,334	4,298	4,524
GNMA POOL 5.5% DUE 10/15/33	8,894	9,215	8,944
GNMA POOL 5.5% DUE 8/20/53	356,878	352,194	358,441
US TREASURY N/B 2.5% DUE 2/15/46	500,000	589,589	356,075
US TREASURY N/B 2.875% DUE 5/15/43	800,000	691,750	627,784
US TREASURY N/B 1.75% DUE 8/15/41	750,000	489,463	503,055
US TREASURY N/B 2.75% DUE 11/15/47	470,000	378,001	345,027
US TREASURY N/B 2.875% DUE 5/15/49	505,000	383,978	375,947
US TREASURY N/B 3.125% DUE 5/15/48	870,000	739,092	682,236
US TREASURY NOTE 2.25% DUE 8/15/49	425,000	436,239	277,113
US TREASURY NOTE 0.375% DUE 7/31/27	1,000,000	967,930	903,050
US TREASURY NOTE 0.875% DUE 11/15/30	1,000,000	949,570	825,430
US TREASURY NOTE 1.125% DUE 8/15/40	450,000	431,754	278,262
US TREASURY NOTE 1.375% DUE 1/31/25	400,000	417,937	396,852
US TREASURY NOTE 3.375% DUE 5/15/33	1,590,000	1,456,328	1,489,385
US TREASURY NOTE 3.875% DUE 8/15/33	665,000	649,674	645,702
AUSTIN TEXAS ELEC	250,000	250,000	240,430
BIRMINGHAM ALABAMA	250,000	250,000	234,168
BROWNSVILLE TEXAS SYSTEM	415,000	415,000	408,028
CALIFORNIA MUN FIN AUTH REV	270,000	270,000	258,587

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2024

Description Of Investment	Par Value	Cost	Fair Value
U.S. Government and Municipal Securities (Continued)			
CHARTIERS VALLEY PA	\$ 370,000	\$ 370,000	\$ 372,072
CONNECTICUT STATE HIGHER ED SUPP	295,000	295,000	276,598
LAKE COUNTY ILLINOIS	235,000	238,259	227,252
LAREDO TEXAS WATERWORKS	300,000	300,000	280,350
MISSOURI ST HEALTH & EDL FACS	275,000	275,000	253,074
NORTH CAROLINA ST UNIV N C RAL	250,000	250,000	224,488
OMAHA NEBRASKA SEW REV	250,000	250,000	227,245
SAN JUAN CALIFORNIA UNIF	260,000	260,000	226,270
STAFFORD TX ECONOMIC	500,000	500,000	446,890
TENNESSEE VALLEY AUTH	210,000	227,767	232,655
UNIVERSITY OF SOUTH ALABAMA	420,000	420,000	425,166
WASHINGTON ST HIGHER ED FACS A	270,000	270,000	261,689
Total U.S. Government And Municipal Securities		23,543,490	21,662,654
Fixed Income Securities			
ABFS MORTGAGE LOAN TR 2001-2	1,194	1,272	1,052
AIR LEASE CORP	200,000	197,522	201,330
ALTERNATIVE LOAN TRUST 2004-18CB	495	474	99
AMERICAN EXPRESS	430,000	478,814	417,805
AMERIPRISE FINL	450,000	452,646	455,089
AON NORTH AMERICA	235,000	237,742	238,565
APPLE INC	250,000	248,357	160,882
AT&T INC	220,000	214,881	216,990
AUTOMATIC DATA PROCESSING INC	320,000	319,821	309,574
AVALONBAY CMNTYS	450,000	454,153	397,336
BAKER HUGHES INC	170,000	208,299	183,047
BANK AMER CORP	220,000	220,000	191,437
BANK OF NY MELLON	410,000	410,000	447,962
BAXTER INTL INC	100,000	99,840	104,356
BEAR STEARNS ALT-A 2005-9	21,757	24,104	14,358
BELL CANADA	210,000	209,429	151,840
BERKSHIRE HATHAWAY FIN CORP	240,000	237,125	258,516
BOEING CO	250,000	296,138	246,735
BP CAP MKTS AMER INC	240,000	231,632	234,593
BURLINGTON NORTH SANTA FE MTN	190,000	203,754	205,798
CANADIAN NATL RY CO	200,000	283,345	219,190
CAPITAL ONE FIN	250,000	250,000	252,060
CELGENE CORP	98,000	90,680	75,281
CENTERPOINT ENERGY	225,000	224,793	217,516
CHARLES SCHWAB CORP	355,000	355,000	369,388
CHUBB INA HLDGS	500,000	478,020	417,440
CITIGROUP INC	95,000	122,496	102,575
CITIGROUP MTG LN TR 2005-WF2	1,373	1,032	1,229

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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Description Of Investment	Par Value	Cost	Fair Value
Fixed Income Securities (Continued)			
CITIGRP COML	\$ 90,871	\$ 93,596	\$ 87,875
COMCAST CORP NEW	50,000	49,893	53,496
CORPORATION GONZAGA UNIV	125,000	125,000	98,666
CSMC MTG TR 2006-9	45,371	33,658	38,877
CUMMINS INC	500,000	489,485	420,950
CVS HEALTH CORP	250,000	252,625	251,162
CWMBS INC 2005-6	7,447	6,340	6,202
DELMARVA PWR & LT	340,000	400,013	281,149
DISCOVER FINL SVCS	255,000	287,130	250,711
DOMINION ENERGY	240,000	239,657	202,085
ECOLAB INC	350,000	369,978	361,298
EMERSON ELEC CO	270,000	269,671	176,885
EMORY UNIVERSITY	270,000	270,000	262,850
ENTERGY TRANSFER L P	180,000	170,003	176,870
ENTERGY GULF STS LA LLC	215,000	214,822	214,106
ESSENTIAL UTILS	190,000	186,118	191,300
ESSEX PORTFOLIO L P	205,000	203,817	185,308
EVERGY INC	130,000	112,242	118,579
EXXON MOBIL	225,000	245,259	223,510
FIDELITY NATL INFO SE	215,000	213,759	194,588
FLORIDA POWER CORP	250,000	269,973	255,932
FORTIVE CORP	180,000	214,310	150,613
GE HEALTHCARE	250,000	261,115	263,812
GENERAL MTRS FINL CO INC	225,000	224,748	225,302
GOLDMAN SACHS GROUP INC	175,000	175,000	170,142
HONEYWELL INTL INC	480,000	479,986	483,144
HONEYWELL INTL INC	480,000	478,594	480,269
IMPAC CMB TR 2004-4	13,698	13,084	15,381
INDIANA MICH PWR CO	240,000	238,627	195,403
INGERSOL RAND LUXEMBO	170,000	188,299	170,000
JOHN DEERE CAP COR	420,000	380,940	396,157
JOHNSON & JOHNSON	105,000	104,950	115,012
JP MORGAN ACCEPT 2005-A3	6,082	3,534	6,064
JP MORGAN ALT LN TR 2006-A1	16,021	15,623	12,043
JP MORGAN CHASE	425,000	425,000	420,657
KEYBANK NATIONAL ASSOCIATION	150,000	167,444	145,980
KINDER MORGAN PARTNR	280,000	279,112	275,568
MASTERCARD INC	420,000	419,462	359,365
MID-AMERICA APTS	230,000	226,752	147,529
MIDAMERICAN ENERGY CO	455,000	349,162	386,418
MORGAN STANLEY	500,000	398,735	412,115
MORGAN STANLEY	130,000	130,000	131,697
MPLX LP	260,000	252,450	253,976
MS MTG LN TR 2005-7	14,468	10,105	8,231

GREATER KANSAS CITY LABORERS PENSION PLAN

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SCHEDULE OF ASSETS HELD AT END OF YEAR

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Description Of Investment	Par Value	Cost	Fair Value
Fixed Income Securities (Continued)			
NATIONAL RURAL UTILS COOP FIN	\$ 265,000	\$ 264,825	\$ 257,516
NATL FUEL GAS CO	180,000	210,247	180,929
NORFOLK SOUTHERN	250,000	248,015	160,623
NORTHERN STS PWR CO	300,000	400,611	325,545
NORTHROP GRUMMAN CORP	125,000	124,981	124,433
PACCAR FINANCIAL	480,000	479,362	480,960
PAYPAL HLDGS INC	130,000	129,678	125,644
PEPSICO INC	415,000	413,942	416,880
PNC FINL SVCS GROUP	330,000	330,000	332,459
PRECISION CASTPARTS CORP	240,000	242,098	237,650
PROGRESSIVE CORP OHIO	400,000	434,712	437,792
PROLOGIS LP	250,000	278,299	247,645
PRUDENTIAL FINL	360,000	468,904	325,512
PUBLIC STORAGE	370,000	369,323	353,198
RBSGC MTG LN TR 2007-B	7,087	8,372	4,319
RBSGC MTG LN TR 2007-B	675	549	668
REINSURANCE GROUP	275,000	286,723	286,930
SOUTHERN CALIF EDISON CO	170,000	169,045	136,614
SOUTHERN CO	215,000	211,788	195,209
SSM HEALTH CARE CORP	200,000	200,000	195,644
STATE STR CORP	240,000	240,000	253,193
STEEL DYNAMICS	115,000	114,198	105,170
STRUCTURED ASSET ADJ 2005-11	10,807	11,170	9,341
SUNTRUST BK ATL	243,000	265,213	237,287
TENNESSEE VALLEY	475,000	470,768	467,372
TEXAS INSTRS INC	250,000	249,222	225,613
TORCHMARK CORP	196,000	234,606	193,336
TOSCO CORP	95,000	123,384	110,243
TRANSCANADA PIPELINES	210,000	292,763	230,845
TRAVELERS COMPANIES INC	225,000	224,152	185,882
TYCO ELECTRONICS	470,000	467,457	467,063
US BANCORP	230,000	258,163	224,383
UDR INC MEDIUM TERM NTS BK ENT	125,000	124,577	115,165
UNILEVER CAP CORP	350,000	353,248	312,869
UNION PACIFIC CORP	185,000	221,933	188,696
UNITEDHEALTH GROUP	430,000	429,024	430,989
VANDERBILT UNIV MED CTR	205,000	205,000	179,340
VERIZON COMM INC	225,000	171,837	187,594
WAKE FST UNIV	250,000	250,000	243,573
WELLS FARGO & CO	250,000	250,000	248,515
WELLTOWER INC	125,000	124,444	121,921
WISCONSIN ENERGY CORP	30,000	33,593	29,708
WYETH	410,000	440,123	435,912
Total Fixed Income Securities		27,317,789	25,399,500

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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Description Of Investment	Par Value / Number Of Shares/Units	Cost	Fair Value
Common/Collective Trusts			
RUSSELL 3000 INDEX SL FUND	2,218,692	\$ 36,102,746	\$ 148,168,710
NHIT: WORLD BOND TRUST	1,655,636	22,293,907	23,327,904
STATE STREET MSCI ACWI IMI INDEX NON-LENDING FUND	1,227,924	18,930,235	65,063,992
Total Common / Collective Trusts		77,326,888	236,560,606
Pooled Separate Account			
PRUDENTIAL PRISA ACCOUNT	229	16,238,977	17,547,680
Mutual Fund			
PRINCIPAL HIGH YIELD R6 FUND	2,816,289	19,934,405	19,038,112
Limited Partnerships			
STARWOOD DISTRESSED OPPORTUNITIES FUND IX	Not applicable	725,176	409,143
HIGHBRIDGE PRINCIPAL STRATEGIES-IRISH			
SPECIALTY LOAN FUND III PLC	389	48,929	45,403
WARBURG PINCUS PRIVATE EQUITY XI	Not applicable	420,723	1,043,507
STONEPEAK INFRASTRUCTURE FUND	Not applicable	940,907	995,691
AMERICAN CORE REALTY FUND	121	12,210,902	14,418,698
APOLLO INVESTMENT FUND VIII, L.P.	Not applicable	598,224	844,992
ROCKPOINT REAL ESTATE PARALLEL FUND VI FR, L.P.	Not applicable	4,683,115	5,706,351
CROSSLINK ENDEAVOUR FUND I, L.P.	Not applicable	4,800,000	3,592,065
ARES US REAL ESTATE FUND VIII	Not applicable	475,742	323,935
AG CAPITAL RECOVERY VIII HOLDINGS	Not applicable	—	52,100
BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.	Not applicable	5,225,805	7,178,632
ISQ GLOBAL INFRASTRUCTURE FUND III, L.P.	Not applicable	3,999,160	4,629,813
Total Limited Partnerships		34,128,683	39,240,330
103-12 Investment Entities			
ULLICO DIVERSIFIED INTERNATIONAL EQUITY FUND	757,866	10,806,053	16,793,794
ULLICO INFRASTRUCTURE TAX EXEMPT FUND	20,282	3,944,810	5,895,855
Total 103-12 Investment Entities		14,750,863	22,689,649
Money Market Funds			
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT			
CAPITAL FUND #1859	7,263,129	7,263,129	7,263,129
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT			
CAPITAL FUND #465	2,063,889	2,063,889	2,063,889
Total Money Market Funds		9,327,018	9,327,018
Total Investments		\$ 222,568,113	\$ 391,465,549

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

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended October 31, 2024

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain
Series Of Transactions In Excess Of 5%								
Goldman Sachs								
Financial Square Government Capital Fund #1859	72	—	\$ 26,895,003	\$ —	\$ —	\$ —	\$ 26,895,003	\$ —
Financial Square Government Capital Fund #1859	—	151	—	23,858,417	—	23,858,417	23,858,417	—
Financial Square Government #465	181		\$ 20,347,177				\$ 20,347,177	\$ —
Financial Square Government #465		39		19,827,900		19,827,900	19,827,900	—

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