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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>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 VACATION PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>501</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 VACATION PL</u></p> <p><u>12200 N. AMBASSADOR DRIVE SUITE 40</u> <u>KANSAS CITY, MO 64163</u></p> | <p>1c Effective date of plan <u>04/01/1973</u></p> <p>2b Employer Identification Number (EIN) <u>48-6200960</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 VACATION PLAN</p> <p>12200 N. AMBASSADOR DRIVE SUITE 400 KANSAS CITY, MO 64163</p> | <p>3b Administrator's EIN 48-6200960</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 4017</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) 4017</p> <p>a(2) Total number of active participants at the end of the plan year 6a(2) 4269</p> <p>b Retired or separated participants receiving benefits 6b</p> <p>c Other retired or separated participants entitled to future benefits 6c</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c. 6d 4269</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 6e</p> <p>f Total. Add lines 6d and 6e. 6f</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</p> | |
| <p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p> | <p>7 315</p> |

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4Q

| | |
|--|--|
| <p>9a Plan funding 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> | <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> |
|--|--|

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 type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p> |
|--|--|

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 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. |
|--|--|---|

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 VACATION PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS VACATION PL | D Employer Identification Number (EIN) 48-6200960 | |

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

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

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

WILSON-MCSHANE CORPORATION

41-0956552

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 14 15 50 | CONTRACT ADMINISTRATOR | 120000 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ARNOLD, NEWBOLD, SOLLARS & HOLLINS

43-1174269

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | ATTORNEY | 23171 | 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? |
|------------------------|---|--|--|--|---|--|
| 10 13 14 15 36 50 | CONTRACT ADMINISTRATOR | 18392 | 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 | 17300 | 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)

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 | 12773 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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 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. | <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 VACATION PLAN | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS VACATION PL | D Employer Identification Number (EIN) 48-6200960 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 1373664 | 3623405 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 758659 | 2835410 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 2298 | 2298 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 6676819 | 2827025 |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | 1137 | 1137 |

| 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 | 8812577 | 9289275 |
| Liabilities | | | |
| g Benefit claims payable | 1g | 7316236 | 7202101 |
| h Operating payables | 1h | 23841 | 14587 |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 7340077 | 7216688 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 1472500 | 2072587 |

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) | 7005599 | |
| (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) | | 7005599 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 163285 | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 163285 |
| (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) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) | 2b(2)(D) | | |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (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) | | |
| (7) Net investment gain (loss) from pooled separate accounts..... | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts..... | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | 3898 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 7172782 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 6354342 | |
| (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) | | 6354342 |
| 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) | 151165 | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | 17300 | |
| (5) Investment advisory and investment management fees | 2i(5) | 13079 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 1075 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 23171 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 12563 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 218353 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 6572695 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 600087 |
| 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.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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

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

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

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

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

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

Contents

| | Page |
|--|-------------|
| Independent Auditors' Report | 1 - 3 |
| Financial Statements | |
| Statement Of Net Assets Available For Benefits | 4 |
| Statement Of Changes In Net Assets Available For Benefits | 5 |
| Notes To Financial Statements..... | 6 - 12 |
| Supplemental Schedules | |
| Schedule Of Assets Held At End Of Year | 13 |
| Schedule Of Reportable Transactions | 14 - 15 |

Independent Auditors' Report

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

Opinion

We have audited the financial statements of the Greater Kansas City Laborers Vacation 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 Vacation 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 Vacation 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 Vacation 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 Vacation 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 Vacation 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 VACATION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

| | October 31, | |
|--|---------------------|---------------------|
| | 2024 | 2023 |
| Assets | | |
| Investments - At Fair Value | | |
| Money market fund | \$ 1,765,025 | \$ 4,677,819 |
| Certificates of deposit | 1,062,000 | 1,999,000 |
| Total Investments - At Fair Value | 2,827,025 | 6,676,819 |
| | | |
| Receivables | | |
| Employer contributions | 2,835,410 | 758,659 |
| Other | 2,298 | 2,298 |
| Total Receivables | 2,837,708 | 760,957 |
| | | |
| Other Assets | 1,137 | 1,137 |
| | | |
| Cash | 3,623,405 | 1,373,664 |
| | | |
| Total Assets | 9,289,275 | 8,812,577 |
| | | |
| Liabilities | | |
| Accounts payable | 14,587 | 23,841 |
| Total Liabilities | 14,587 | 23,841 |
| | | |
| Net Assets Available For Benefits | \$ 9,274,688 | \$ 8,788,736 |

GREATER KANSAS CITY LABORERS VACATION 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 | \$ 7,005,599 | \$ 6,678,000 |
| Other income | 3,898 | 775 |
| Total Additions | 7,009,497 | 6,678,775 |
| Deductions From Net Assets Available For | | |
| Benefits Attributed To: | | |
| Benefits paid | 6,468,477 | 5,719,428 |
| Expenses | | |
| Administrative fees | 138,392 | 108,369 |
| Legal fees | 23,171 | 18,032 |
| Financial audit fees | 17,300 | 16,500 |
| Investment fees | 13,079 | 8,109 |
| Employer audits | 12,773 | 16,908 |
| Printing and postage | 8,021 | 5,148 |
| Advertising | 3,200 | — |
| Bank fees | 1,075 | 2,188 |
| Other expenses | 870 | 894 |
| Insurance | 472 | 1,359 |
| Total Expenses | 218,353 | 177,507 |
| Total Deductions | 6,686,830 | 5,896,935 |
| Investment Income | | |
| Interest | 163,285 | 172,743 |
| Net Investment Income | 163,285 | 172,743 |
| Net Increase | 485,952 | 954,583 |
| Net Assets Available For Benefits - Beginning Of Year | 8,788,736 | 7,834,153 |
| Net Assets Available For Benefits - End Of Year | \$ 9,274,688 | \$ 8,788,736 |

GREATER KANSAS CITY LABORERS VACATION 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 Vacation 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 formed April 1, 1973 pursuant to a collective bargaining agreement between Laborers Local Unions No. 264, 555 and 1290 of the Western Missouri and Kansas Laborers District Council of the International Laborers Union of North America and The Builders' Association. The Greater Kansas City Laborers Vacation Plan and Construction Industry Laborers Vacation Fund merged pursuant to the terms and conditions of a Merger Agreement effective October 31, 2008. The Plan is now maintained pursuant to collective bargaining agreements between Laborers Local Unions No. 264 and 1290 of the Western Missouri and Kansas Laborers District Council of the International Laborers Union of North America (Laborers) and The Builders' Association and Heavy Construction Laborers' Local Union No. 663 of the Western Missouri and Kansas Laborers District Council of the International Laborers Union of North America and Heavy Constructors' Association of Greater Kansas City Area. Pursuant to contract stipulations, other employers who are non-members of The Builders' Association or the Heavy Constructors Association also make contributions to the Plan on behalf of employees represented by Laborers Local Unions No. 264 and 1290 and 663. Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is a defined contribution plan designed to provide for vacation benefits for eligible employees on whose behalf contributions are made. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions And Benefits

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 \$0.75 to \$4.95 for each hour worked. The contribution rates from April 1, 2023 to April 1, 2024 ranged from \$0.75 to \$4.00 for each hour worked. The contribution rates from April 1, 2022 to April 1, 2023 ranged from \$0.65 to \$3.50 for each hour worked. Amounts remitted to the Plan are allocated to each participant's vacation account. Participants are fully and immediately vested in all employers' contributions.

GREATER KANSAS CITY LABORERS VACATION PLAN

Notes To Financial Statements (*Continued*)

Benefits accumulate in each participant's vacation account during the period from October 1st to the following September 30th. Each participant is entitled to receive the accumulated benefits with an initial payout date in mid-November and a second payout date in December of each year. Delinquent employer contributions for work performed prior to September 30th of any year which are received by the Plan after the close of the books for that Plan year are paid to participants during the month following the month the delinquent or late contributions are received. Benefit obligations to participants at October 31, 2024 and 2023 were \$7,202,101 and \$7,316,236, respectively.

If a participant fails to make an application for benefits between September 1st and November 1st of any year, the participant may request such benefits by writing to the Board of Trustees after February 10th.

If a participant dies prior to receiving vacation benefits, the participant's designated beneficiary may make a written application to the Board of Trustees for payment of such benefits within six months of the death of the participant.

Administrative Expenses

Investment income and monies accumulated through participant checks being returned undeliverable and from uncashed checks that have been voided are available to pay administrative expenses. If these sources are not adequate to pay the administrative expenses of the Plan, the Board of Trustees may charge each participant's account with a proportionate share of such expenses.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

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

GREATER KANSAS CITY LABORERS VACATION PLAN

Notes To Financial Statements (*Continued*)

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 3 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. 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. 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.

Payment Of Benefits

Benefits are recorded when paid. Unclaimed benefit checks revert to the Plan after one year, are recorded as an addition to net assets available for benefits and may be used for the payment of administrative expenses or paid to the Greater Kansas City Laborers Welfare Fund to provide benefits to eligible participants of that plan.

Unclaimed Benefit Checks

Benefit checks not presented for payment after 90 days are voided and the funds are deposited into the general account of the Plan.

3. 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:

GREATER KANSAS CITY LABORERS VACATION PLAN

Notes To Financial Statements (*Continued*)

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

Money Market Fund

Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end investment company that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

GREATER KANSAS CITY LABORERS VACATION PLAN

Notes To Financial Statements (Continued)

Certificates 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.

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

| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|-------------------------|---------------------|---------------------|----------------|---------------------|
| Money market fund | \$ 1,765,025 | \$ — | \$ — | \$ 1,765,025 |
| Certificates of deposit | — | 1,062,000 | — | 1,062,000 |
| | <u>\$ 1,765,025</u> | <u>\$ 1,062,000</u> | <u>\$ —</u> | <u>\$ 2,827,025</u> |

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

| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|-------------------------|---------------------|---------------------|----------------|---------------------|
| Money market fund | \$ 4,677,819 | \$ — | \$ — | \$ 4,677,819 |
| Certificates of deposit | — | 1,999,000 | — | 1,999,000 |
| | <u>\$ 4,677,819</u> | <u>\$ 1,999,000</u> | <u>\$ —</u> | <u>\$ 6,676,819</u> |

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

GREATER KANSAS CITY LABORERS VACATION PLAN

Notes To Financial Statements (*Continued*)

4. Termination Of The Plan

Although they have not expressed intent to do so, the Trustees have the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of the termination of the Plan, the Trustees shall apply the Plan's assets to pay or provide for the payment of any and all obligations of the Plan and shall distribute and apply any remaining surplus in such a manner that will, in the Trustees' opinion, best effectuate the purpose of the Plan. In no event shall any remaining surplus revert to the employers who contributed to the Plan.

5. Tax Status

The Plan has received an exemption letter from the Internal Revenue Service (IRS) dated February 26, 1980 stating that the VEBA Trust established under the Plan to hold the Plan's assets was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC); and accordingly, the Trust's net investment income is exempt from income taxes. The Plan Administrator and the Plan's counsel believe that the Plan, as amended, continues to qualify and to operate as designed in accordance with applicable provisions 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. 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 Bank of Labor to provide cash management services.

These transactions qualify as exempt party in interest transactions under ERISA.

GREATER KANSAS CITY LABORERS VACATION PLAN

Notes To Financial Statements (Continued)

7. Concentration Of Credit Risk

The Plan maintains non-interest bearing bank accounts with a federally insured bank. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (without regard to outstanding items). The balance at the bank may, at times and without regard to in-transit items, exceed the FDIC limit of \$250,000. The Plan has not experienced any losses on such accounts.

8. Reconciliation Of The Financial Statements To Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at October 31:

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 9,274,688 | \$ 8,788,736 |
| Vacation benefits payable | (7,202,101) | (7,316,236) |
| Net Assets Per Form 5500 | \$ 2,072,587 | \$ 1,472,500 |

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the Plan year ended October 31, 2024:

| | |
|--|---------------------|
| Vacation benefits paid to participants per the financial statements | \$ 6,468,477 |
| Add: Vacation benefits payable to participants - end of year | 7,202,101 |
| Less: Vacation benefits payable to participants - beginning of year | <u>(7,316,236)</u> |
| Benefits Paid To Participants Per Form 5500 | \$ 6,354,342 |

Vacation benefits payable to participants on Form 5500 include vacation benefits that have been earned prior to October 31, but not yet paid as of that date.

9. Subsequent Events

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

Supplemental Schedules

GREATER KANSAS CITY LABORERS VACATION PLAN

EIN: 48-6200960 PLAN NUMBER: 501
SCHEDULE OF ASSETS HELD AT END OF YEAR
October 31, 2024

| Identity Of Issuer, Borrower, Lessor Or Similar Party | Par Value / No. Of Units | Cost | Fair Value |
|--|-------------------------------------|--------------|-----------------------|
| Money Market Fund | | | |
| Goldman Sachs Financial Square Government Fund 465 | 1,765,025 | 1,765,025 | \$ 1,765,025 |
| Certificates Of Deposit | | | |
| Bradesco Bank, 5.3%, maturing 11/3/24 | 250,000 | 250,000 | 250,000 |
| Community First Bank, 5.97%, maturing 11/9/24 | 70,000 | 70,000 | 70,000 |
| Crossfirst Bank, 5.26%, maturing 11/3/24 | 249,000 | 249,000 | 249,000 |
| First National Bank, 5.251%, maturing 11/3/24 | 250,000 | 250,000 | 250,000 |
| Western Alliance Bank, 5.25%, maturing 11/3/24 | 243,000 | 243,000 | 243,000 |
| Total Certificates Of Deposit | | 1,062,000 | 1,062,000 |
| Total Investments | | \$ 2,827,025 | \$ 2,827,025 |

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

GREATER KANSAS CITY LABORERS VACATION PLAN

EIN: 48-6200960 PLAN NUMBER: 501 SCHEDULE OF REPORTABLE TRANSACTIONS For The Year Ended October 31, 2024

Page 1 Of 2

| 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 Prime Obligations Fund 465 | 97 | — | \$ 4,834,908 | \$ — | \$ — | \$ — | \$ 4,834,908 | \$ — |
| Financial Square Prime Obligations Fund 465 | — | 21 | — | 7,747,702 | — | 7,747,702 | 7,747,702 | — |
| Bradesco Bank 5.8% 8/5/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Bradesco Bank 5.8% 8/5/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Gbank 5.86% 8/5/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Gbank 5.86% 8/5/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Nano Banc 5.75% 8/5/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Nano Banc 5.75% 8/5/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Nano Banc 5.45% 9/14/24 | 1 | — | 186,000 | — | — | — | 186,000 | — |
| Nano Banc 5.45% 9/14/24 | — | 1 | — | 186,000 | — | 186,000 | 186,000 | — |
| Northpointe Bank 5.56% 10/15/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Northpointe Bank 5.56% 10/15/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |

GREATER KANSAS CITY LABORERS VACATION PLAN

EIN: 48-6200960 PLAN NUMBER: 501 SCHEDULE OF REPORTABLE TRANSACTIONS For The Year Ended October 31, 2024

Page 2 Of 2

| 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% | | | | | | | | |
| Poppy Bank 5.6% 9/7/24 | 1 | — | \$ 250,000 | \$ — | \$ — | \$ — | \$ 250,000 | \$ — |
| Poppy Bank 5.6% 9/7/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Security State Bank 5.491% 10/16/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Security State Bank 5.491% 10/16/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| T Bank NA 5.65% 9/7/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| T Bank NA 5.65% 9/7/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Veritex Community Bank 5.503% 10/16/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Veritex Community Bank 5.503% 10/16/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| West Pointe Bank 5.7% 8/5/24 | 1 | — | 190,000 | — | — | — | 190,000 | — |
| West Pointe Bank 5.7% 8/5/24 | — | 1 | — | 190,000 | — | 190,000 | 190,000 | — |

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

GREATER KANSAS CITY LABORERS VACATION PLAN

EIN: 48-6200960 PLAN NUMBER: 501
SCHEDULE OF ASSETS HELD AT END OF YEAR
October 31, 2024

| Identity Of Issuer, Borrower, Lessor Or Similar Party | Par Value / No. Of Units | Cost | Fair Value |
|--|-------------------------------------|--------------|-----------------------|
| Money Market Fund | | | |
| Goldman Sachs Financial Square Government Fund 465 | 1,765,025 | 1,765,025 | \$ 1,765,025 |
| Certificates Of Deposit | | | |
| Bradesco Bank, 5.3%, maturing 11/3/24 | 250,000 | 250,000 | 250,000 |
| Community First Bank, 5.97%, maturing 11/9/24 | 70,000 | 70,000 | 70,000 |
| Crossfirst Bank, 5.26%, maturing 11/3/24 | 249,000 | 249,000 | 249,000 |
| First National Bank, 5.251%, maturing 11/3/24 | 250,000 | 250,000 | 250,000 |
| Western Alliance Bank, 5.25%, maturing 11/3/24 | 243,000 | 243,000 | 243,000 |
| Total Certificates Of Deposit | | 1,062,000 | 1,062,000 |
| Total Investments | | \$ 2,827,025 | \$ 2,827,025 |

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

GREATER KANSAS CITY LABORERS VACATION PLAN

EIN: 48-6200960 PLAN NUMBER: 501 SCHEDULE OF REPORTABLE TRANSACTIONS For The Year Ended October 31, 2024

Page 1 Of 2

| 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 Prime Obligations Fund 465 | 97 | — | \$ 4,834,908 | \$ — | \$ — | \$ — | \$ 4,834,908 | \$ — |
| Financial Square Prime Obligations Fund 465 | — | 21 | — | 7,747,702 | — | 7,747,702 | 7,747,702 | — |
| Bradesco Bank 5.8% 8/5/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Bradesco Bank 5.8% 8/5/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Gbank 5.86% 8/5/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Gbank 5.86% 8/5/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Nano Banc 5.75% 8/5/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Nano Banc 5.75% 8/5/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Nano Banc 5.45% 9/14/24 | 1 | — | 186,000 | — | — | — | 186,000 | — |
| Nano Banc 5.45% 9/14/24 | — | 1 | — | 186,000 | — | 186,000 | 186,000 | — |
| Northpointe Bank 5.56% 10/15/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Northpointe Bank 5.56% 10/15/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |

GREATER KANSAS CITY LABORERS VACATION PLAN

EIN: 48-6200960 PLAN NUMBER: 501
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended October 31, 2024
Page 2 Of 2

| 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% | | | | | | | | |
| Poppy Bank 5.6% 9/7/24 | 1 | — | \$ 250,000 | \$ — | \$ — | \$ — | \$ 250,000 | \$ — |
| Poppy Bank 5.6% 9/7/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Security State Bank 5.491% 10/16/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Security State Bank 5.491% 10/16/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| T Bank NA 5.65% 9/7/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| T Bank NA 5.65% 9/7/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| Veritex Community Bank 5.503% 10/16/24 | 1 | — | 250,000 | — | — | — | 250,000 | — |
| Veritex Community Bank 5.503% 10/16/24 | — | 1 | — | 250,000 | — | 250,000 | 250,000 | — |
| West Pointe Bank 5.7% 8/5/24 | 1 | — | 190,000 | — | — | — | 190,000 | — |
| West Pointe Bank 5.7% 8/5/24 | — | 1 | — | 190,000 | — | 190,000 | 190,000 | — |

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