

<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;">2024</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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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>CONNECTICUT LABORERS' ANNUITY 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>CONNECTICUT LABORERS ANNUITY FUND BOARD OF TRUSTEES</u></p> <p><u>435 CAPTAIN THOMAS BOULEVARD</u> <u>WEST HAVEN, CT 06516</u></p>	<p>1c Effective date of plan <u>05/01/1986</u></p> <p>2b Employer Identification Number (EIN) <u>06-1175481</u></p> <p>2c Plan Sponsor's telephone number <u>203-934-7991</u></p> <p>2d Business code (see instructions) <u>237990</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.	09/09/2025	KEITH BROTHERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2025	MICHAEL ROY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7124
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3043
	6a(2)	2888
	6b	1196
	6c	2629
	6d	6713
	6e	384
	6f	7097
	6g(1)	7124
	6g(2)	7097
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	257

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

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CONNECTICUT LABORERS' ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS ANNUITY FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 06-1175481	

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

SEI TRUST COMPANY

06-1271230

(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)

STACEY BRAUN ASSOCIATES, INC.

13-2889432

(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 68	NONE	206277	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)

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	139501	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)

ZIEGLER CAPITAL MANAGEMENT, LLC

43-1273600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	124277	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)

LOOMIS SAYLES TRUST COMPANY

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	109226	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)

EMPLOYEE G

06-1175481

(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?
30 50	EMPLOYEE	57407	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)

EMPLOYEE F

06-1175481

(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?
30 50	EMPLOYEE	56692	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)

EMPLOYEE B

06-1175481

(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?
30 50	EMPLOYEE	54293	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)

ROBERT M. CHEVERIE & ASSOCIATES

06-1335139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	52553	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)

EMPLOYEE I

06-1175481

(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?
30 50	EMPLOYEE	40062	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)

EMPLOYEE D

06-1175481

(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?
30 50	EMPLOYEE	40041	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)

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	34544	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)

EMPLOYEE C

06-1175481

(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?
30 50	EMPLOYEE	34088	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)

EMPLOYEE J

06-1175481

(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?
30 50	EMPLOYEE	31567	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)

EMPLOYEE E

06-1175481

(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?
30 50	EMPLOYEE	30656	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 MARCO ADVISORS

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	NONE	28000	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)

EMPLOYEE H

06-1175481

(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?
30 50	EMPLOYEE	27079	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)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26716	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)

EMPLOYEE A

06-1175481

(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?
30 50	EMPLOYEE	26122	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)

PRINCIPAL CUSTODY SOLUTION

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 28	NONE	11455	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

06-1175481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52 99	NONE	9270	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CONNECTICUT LABORERS' ANNUITY 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>CONNECTICUT LABORERS ANNUITY FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>06-1175481</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>S&P 500 (R) FLAGSHIP NL FUND (CM13)</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-004</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>23413098</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PIMCO COLLECTIVE INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>SEI TRUST COMPANY</u>		
c EIN-PN <u>27-0834899-035</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>41018107</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LOOMIS SAYLES MULTISECTOR FULL DISC</u>		
b Name of sponsor of entity listed in (a):	<u>LOOMIS SAYLES TRUST COMPANY LLC</u>		
c EIN-PN <u>84-6391546-007</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>35295353</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)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CONNECTICUT LABORERS' ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS ANNUITY FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 06-1175481

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	5167744	5456252
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2186191	2351001
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	616354	1060363
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1120917	1976253
(2) U.S. Government securities	1c(2)	28039053	28504032
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	12768414	13189607
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	56571076	60047728
(5) Partnership/joint venture interests	1c(5)	44576714	61903983
(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)	93889517	99726558
(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)		

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	244935980	274215777
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	180684	146482
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13817	24310
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	194501	170792
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	244741479	274044985

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)	23590653	
(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)		23590653
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	69485	
(B) U.S. Government securities.....	2b(1)(B)	794737	
(C) Corporate debt instruments.....	2b(1)(C)	459303	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	22101	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1345626
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	597749	
(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)		597749
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	51760886	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	43186072	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		8574814
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	8556005	
(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)		10954600
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		53619447

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22912950	
(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)		22912950
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)	481556	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	11216	
(4) IQPA audit fees	2i(4)	15500	
(5) Investment advisory and investment management fees	2i(5)	612609	
(6) Bank or trust company trustee/custodial fees	2i(6)	16896	
(7) Actuarial fees	2i(7)	34544	
(8) Legal fees	2i(8)	52553	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	178117	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1402991
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24315941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29303506
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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		5000000
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 _____.

**CONNECTICUT LABORERS'
ANNUITY FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**CONNECTICUT LABORERS'
ANNUITY FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Connecticut Laborers' Annuity Fund

Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses, Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Killingworth, Connecticut
October 3, 2025

**CONNECTICUT LABORERS'
ANNUITY FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
US Government and Agency securities	\$ 28,504,032	\$ 28,039,053
Corporate bonds and notes	13,189,607	12,768,414
Common stock	60,047,728	56,571,076
Common collective trusts	99,726,558	93,889,517
Limited liability company	61,903,983	44,576,714
Cash and cash equivalents	1,976,253	1,120,917
Total investments at fair value	<u>265,348,161</u>	<u>236,965,691</u>
RECEIVABLES		
Employer contributions	2,351,001	2,186,191
Accrued interest and dividends receivable	321,213	317,305
Due from Connecticut Laborers' Health fund	727,061	290,678
Prepaid expenses and other	12,089	8,371
Total receivables and prepayments	<u>3,411,364</u>	<u>2,802,545</u>
CASH	<u>5,456,252</u>	<u>5,167,744</u>
Total assets	<u>274,215,777</u>	<u>244,935,980</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Account payable	146,482	180,684
Due to Pension Fund	17,807	-
Due to Connecticut Laborers' Health fund	6,503	13,817
Total liabilities	<u>170,792</u>	<u>194,501</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 274,044,985</u>	<u>\$ 244,741,479</u>

See accompanying notes to financial statements.

**CONNECTICUT LABORERS'
ANNUITY PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 28,085,419	\$ 27,895,508
Interest and dividends	1,921,274	1,742,639
Other investment income	22,101	8,385
	30,028,794	29,646,532
Less investment fees	(629,505)	(596,552)
Investment income - net	29,399,289	29,049,980
Contributions		
Employer	23,590,653	20,452,276
Total contributions	23,590,653	20,452,276
Total additions	52,989,942	49,502,256
DEDUCTIONS		
Benefits paid directly to participants	22,912,950	19,196,805
Administrative expenses	773,486	782,724
Total deductions	23,686,436	19,979,529
NET INCREASE	29,303,506	29,522,727
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	244,741,479	215,218,752
End of year	\$ 274,044,985	\$ 244,741,479

See accompanying notes to financial statements.

**CONNECTICUT LABORERS’
ANNUITY FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Connecticut Laborers’ Annuity Fund (the Plan) is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

General - The Plan was created on May 1, 1986, pursuant to an Agreement and Declaration of Trust adopted by the Trustees of the Labor Relations Division, the Associated General Contractors of Connecticut, Inc. Connecticut Construction Industries Association, Inc and Connecticut Laborers’ District Council Affiliated with Laborers’ International Union of North America. The Plan was amended and restated effective January 1, 2014. The Plan is maintained pursuant to collective bargaining agreements which provide for the rate of employer contributions, they type of work and areas of work for which contributions are payable and certain other terms of governing contributions. The purpose of the Plan is to provide supplemental retirement, disability, and death benefits for eligible participants and their beneficiaries. The Plan is administered by the Board of Trustees (Trustees) consisting of an equal number of employer and union representatives.

The Plan is a non-contributory, defined contribution plan, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (EISA).

Plan Amendment - on May 25, 2023, the Board of Trustees approved the 4th amendment to the Plan to not allow participants who worked in disqualified employment to be eligible for a distribution based on certain criteria.

Contributions - Depending on the computation and pursuant to the collective bargaining agreement, the Plan provides for contributing employers to contribute a specified amount per hour worked by each of their employees who is a participant in the Plan. The hourly contribution rate was \$5.66 and \$4.74 at December 31, 2024 and 2023, respectively. Participant contributions are not permitted.

Participant Accounts - Individuals become participants in the Plan when working on jobs covered under the collective bargaining agreements between the Connecticut Laborers’ District Council of the Laborers’ International Union of North American AFL-CIO and either the Connecticut Construction Industries, Inc. or the AGC/CCIA Building Contractors Labor Division of Connecticut, Inc.

Participants’ accounts are credited with payments as they are received on their behalf from a contributing employer. Participants are immediately vested in these contributions. Investment income earned and administrative expenses incurred during the year are allocated to participants’ accounts at plan year end.

NOTE 1. DESCRIPTION OF PLAN (continued)

Forfeited Accounts - The Plan provides that for instances where a participant who attains age 72 and cannot be located or a beneficiary of a deceased participant who cannot be located, that participant's account will be used to offset the administration expenses of the Plan. Should the participant or beneficiary subsequently make a claim, such benefits will be reinstated at that time. For the years ended December 31, 2024 and 2023, accounts forfeited totaled \$7,379 and \$4,890, respectively.

PAYMENT OF BENEFITS - Participants are eligible to receive distributions from their account upon retirement or when they are no longer working as a laborer and have had no contributions credited to their account for at least three consecutive months. Participants or their beneficiaries are also eligible to receive distributions due to death or disability. Participants or their beneficiaries may elect, depending upon the value of their account, benefits in the form of a 50% (or 75% or 100%) Husband and Wife Benefit, a Life Annuity, periodic annual payments not to exceed 15 years or a lump-sum payment equal to the value of participant's account as of the preceding December 31st.

Participants may also receive one in-service-distribution per year. The amount of an in-service-distribution is limited by the lesser of 50% of the participant's account balance or \$20,000. Participants must have a minimum balance of \$5,000 to be eligible.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting. Employer contributions and investment income are recognized when earned and expenses are recognized when incurred.

Use of Estimates - The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Reciprocal Agreements - The Plan is a party to reciprocal agreements with other annuity funds of the Laborers International Union of North America.

Contributions Receivable - Contributions receivable represent employer contributions that were collected subsequent to December 31 which relate to participant hours worked on or prior to that date. The balance is based on actual collections subsequent to year end and amounts due to the Plan pursuant to signed settlement agreements. See Note 3.

Employer Contributions - The Plan is funded by contributions made by employers on behalf of eligible employees. These contributions are based on hourly rates set through collective bargaining agreements. For both years presented, the minimum funding requirements of ERISA have been met. Employer contributions are accounted for as exchange transactions.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Valuation of Investments and Income Recognition - The Plan's investments are stated 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 6 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investment bought and sold as well as held during the year.

Benefits - Benefits payments are recorded when paid.

NOTE 3. EMPLOYERS' CONTRIBUTIONS RECEIVABLE

Contributions receivable from employers in the amount of \$1,893,822 and \$2,186,191 at December 31, 2024 and 2023, respectively, have been shown on the statements of net assets available for benefits and the changes in these amounts have been reflected in the statements of changes in net assets available for benefits. The receivable balance at December 31, 2024 and 2023 consists of amounts known to be due from employers for work performed through December 31, 2024 and 2023, respectively. The receivable balance includes actual collections subsequent to year end and delinquent amounts owed under settlement agreements, net of allowances for credit losses. Allowances for credit losses under settlement agreements were \$0 for the years ended December 31, 2024 and 2023. Additional amounts due for unreported hours or disputed amounts are not subject to reasonable estimation and are recorded when collected.

	<u>2024</u>	<u>2023</u>
Current accounts	\$ 1,893,822	\$ 2,186,191
Amounts owed under settlement agreements - net	<u>-</u>	<u>-</u>
Total	<u>\$ 1,893,822</u>	<u>\$ 2,186,191</u>

NOTE 4. TAX STATUS

The Plan is qualified under Section 401(a) of the Internal Revenue Code and the related trust is exempt from federal income tax under Section 501(a).

The Plan obtained its latest determination letter on May 31, 2016 in which the Internal Revenue Service (IRS) stated 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's legal counsel believes that the Plan is currently designed, and the plan administrator believes that the Plan is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date.

NOTE 4. TAX STATUS (continued)

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 it 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.

NOTE 5. UNALLOCATED ASSETS

Assets not allocated to participants' accounts total \$1,893,822 and \$2,186,191 at December 31, 2024 and 2023, respectively. These amounts are composed of contributions receivable from employers at December 31, 2024 and 2023. Contributions are not credited to individual participants' accounts until received by the Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well, as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Short-term income funds: Short-term income funds consist of cash and money market mutual funds held for investment that are not debt securities and are included in investments on the statements of net assets available for benefits valued at fair-value.

Corporate and foreign bonds, U.S. Government and Municipal obligations: Investment include asset backed securities, corporate bonds, federal agency obligations, government securities and mortgage securities. Fair values based on third-party pricing sources obtained by the custodians (Level 2 inputs).

Equity securities: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1 inputs).

Common collective trusts: Pimco All Asset Collective Trust is a global tactical asset allocation fund offered to institutional investors. The Trustee of the Trust has the discretion to limit the maximum withdrawal as of any date to the greater of \$2,000,000 or 5% of the value of the assets in the Trust. The fair value of the units held are based on the net asset value per unit as reported by the Fund's managers.

Loomis Sayles Multisector Full Discretion Trust is a collective trust with an investment objective to outperform the Bloomberg Barclays Capital U.S. Government/Credit Index. The Trust was invested primarily in convertible and non-convertible bonds including ABS home equity; finance companies and corporate bonds. The fair value of the units held are based on the net asset value per unit as reported by the Trust's managers.

The State Street S&P 500(R) Flagship NL Fund seeks to approximate the performance of the S&P 500 index over the long term. The fair value of the units held are based on the net asset value per unit as reported by the Fund's managers.

Limited liability company: Income Research & Management Intermediate Fund, LLC is an unregistered investment company that invests primarily in investment-grade fixed income securities. The Fund's investments include obligations issued by the U.S. Government, its agencies, or instrumentalities; corporate securities; municipal securities; convertible securities; inflation-indexed securities; mortgage pass-throughs and collateralized mortgage obligations; preferred and hybrid capital securities and money market instruments.

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2024:

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
US Government and Agency securities	\$ 28,504,032	\$ -	\$ 28,504,032	\$ -
Corporate bonds and notes	13,189,607	-	13,189,607	-
Common stock	60,047,728	60,047,728	-	-
Cash and cash equivalents	1,976,253	1,976,253	-	-
Total assets in the fair value hierarchy	103,717,620	<u>\$ 62,023,981</u>	<u>\$ 41,693,639</u>	<u>\$ -</u>
Investments measured at NAV	161,630,541			
Total investments at fair value	<u>\$ 265,348,161</u>			

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2023:

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
US Government and Agency securities	\$ 28,039,053	\$ -	\$ 28,039,053	\$ -
Corporate bonds and notes	12,768,414	-	12,768,414	-
Common stock	56,571,076	56,571,076	-	-
Cash and cash equivalents	1,120,917	1,120,917	-	-
Total assets in the fair value hierarchy	98,499,460	<u>\$ 57,691,993</u>	<u>\$ 40,807,467</u>	<u>\$ -</u>
Investments measured at NAV	138,466,231			
Total investments at fair value	<u>\$ 236,965,691</u>			

In accordance with Subtopic 820-10, certain investments that were measured in net asset value per share (or its equivalent) 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 line items in the statements of net assets for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)Fair Value of Investments in Entities that are NAV

The following table summarized investments measured at fair value based on NAV per share as of December, 2024 and 2023:

Investment	Fair Value at December 31, 2024	Fair Value at December 31, 2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pimco All Asset Collective Trust	\$ 35,295,353	\$ 33,937,283	N/A	Daily	1 day
State Street S&P 500 (R) Flagship	41,018,107	37,731,132	N/A	Daily	7 days
Loomis Sayles Multisector Full Discretion Trust	23,413,098	22,221,102	N/A	Daily	1 day
IR&M Intermediate Fund LLC	61,903,983	44,576,714	N/A	Daily	2 days
	\$ 161,630,541	\$ 138,466,231			

NOTE 7. RISKS AND UNCERTAINTIES

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

NOTE 8. RELATED - PARTY AND PARTY-IN- INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the contributing employers, and certain others.

The Plan's activities are administered by employees of the Connecticut Laborers' Health Fund (Health Fund). An allocation of costs is made annually by the Health Fund. Allocated expenses for the years ended December 31, 2024 and 2023 were \$579,603 and \$601,817, respectively.

The cost of certain administrative functions is incurred by the Connecticut Laborers' Pension Fund on behalf of other funds. A share of these costs is allocated to the Annuity Fund. The following professional fees were allocated from the Pension Fund for the years ended December 31, 2024 and 2023:

	2024	2023
Field audit costs	\$ 11,216	\$ 9,841
Legal collection fees	21,553	15,840
	\$ 32,769	\$ 25,681

NOTE 8. RELATED - PARTY AND PARTY-IN- INTEREST TRANSACTIONS (continued)

The Plan rents office space from the Connecticut Laborers' Pension Fund under an operating type lease. The annual rental expense was \$12,504 for the years ended December 31, 2024 and 2023. The lease term is for a three-year period beginning August 1, 2022 and ending July 31, 2025; however, it may be terminated by either the landlord or the tenant upon 60 days' notice.

Contributing employers are generally required to remit contributions to the Connecticut Laborers' Health, Pension, Annuity and other related funds. Typically, employers remit the total amount due for contributions due all Funds in a single check payable to the Health Fund. Distributions of the contributions due to the other Funds from the Health Fund are accomplished by a process referred to as "internal transfers". The net amount of internal transfers due from the Connecticut Laborers' Health Fund at December 31, 2024 and 2023 was \$706,664 and \$290,678, respectively.

The amount due to the Connecticut Laborer's Health Fund at December 31, 2024 and 2023 was \$6,503 and \$13,817, respectively. The amount due from the Connecticut Laborer's Health Fund at December 31, 2024 and 2023 was \$20,397 and \$-0-, respectively.

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan paid fees during the year for legal, accounting, investment management and other services rendered by parties in interest. These transactions are considered exempt party-in-interest transactions under ERISA.

NOTE 9. PLAN TERMINATION

Although they have not expressed any intent to do so, the Trustees, the Union and the Association, by mutual agreement, reserve the right to terminate the Plan at any time in accordance with the terms and provisions of the Trust Agreement. In the event of Plan termination, the amount credited to the accounts of each participant, after all charges and credits have been made in accordance with the Trust Agreement, shall be fully vested and nonforfeitable.

NOTE 10. CONTINGENCIES, RISKS AND UNCERTAINTIES

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

The Plan provides that for instances where a participant who attains 72 and cannot be located or a beneficiary of a deceased participant who cannot be located, that participant's account will be used to offset the administration expenses of the Plan. Should the participant or beneficiary subsequently make a claim, such benefits will be reinstated at that time. The cumulative total of forfeited accounts since plan inception is \$710,405 and \$703,026 at December 31, 2024 and 2023, respectively. Plan management believes, after attempts to locate the participants or their beneficiaries, that it is doubtful that claims will be made on these accounts and therefore no liability has been accrued in the financial statements.

NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 3, 2025, which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**CONNECTICUT LABORERS'
ANNUITY FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024			2023		
	Direct Expenses	Allocated From Health Fund	Total	Direct Expenses	Allocated From Health Fund	Total
Salaries	\$ -	\$ 264,541	\$ 264,541	\$ -	\$ 293,403	\$ 293,403
Employee benefits	-	195,547	195,547	-	201,007	201,007
Actuarial and consultants' fees	34,544	-	34,544	28,308	-	28,308
General insurance	34,626	2,291	36,917	34,807	2,353	37,160
Repairs and maintenance	1,090	31,625	32,715	1,011	30,856	31,867
Legal services	31,000	-	31,000	31,000	-	31,000
Legal collection fees	21,553	-	21,553	15,840	-	15,840
Rent	12,504	-	12,504	12,504	-	12,504
Office supplies and miscellaneous expense	11,126	39,641	50,767	12,972	27,523	40,495
Depreciation	-	14,178	14,178	-	10,885	10,885
Accounting services	15,500	-	15,500	16,000	-	16,000
Payroll taxes	-	21,468	21,468	-	24,581	24,581
Utilities	13,617	-	13,617	11,613	-	11,613
Field audit fees	11,216	-	11,216	9,841	-	9,841
Property taxes	6,859	2,968	9,827	6,748	2,906	9,654
Auto expenses	-	2,456	2,456	-	3,517	3,517
Telephone	-	4,888	4,888	-	4,786	4,786
Meeting expense	248	-	248	263	-	263
Total administrative expenses	\$ 193,883	\$ 579,603	\$ 773,486	\$ 180,907	\$ 601,817	\$ 782,724

**CONNECTICUT LABORERS'
ANNUITY FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Item 4i

EIN 06-1175481
Plan No. 001

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type Principal	Interest Rate	Maturity Date			
	<u>Government and Agency securities:</u>					
United States Treasury Notes	700,000	4.125 %	07/31/28	\$ 692,797	\$ 695,170	
United States Treasury Notes	800,000	2.625	04/15/25	794,875	796,272	
United States Treasury Notes	2,300,000	2.875	05/15/32	2,231,492	2,065,630	
United States Treasury Notes	500,000	2.750	05/15/25	499,961	497,250	
United States Treasury Notes	550,000	2.750	05/31/29	543,016	514,233	
United States Treasury Notes	800,000	3.250	06/30/29	786,348	763,384	
United States Treasury Notes	350,000	3.250	06/30/27	344,764	341,792	
United States Treasury Notes	300,000	2.750	07/31/27	297,938	288,921	
United States Treasury Notes	250,000	3.125	08/31/27	244,570	242,800	
United States Treasury Notes	950,000	4.125	09/30/27	939,445	946,247	
United States Treasury Notes	250,000	4.250	10/15/25	248,828	250,062	
United States Treasury Notes	300,000	4.125	10/31/27	297,516	298,815	
United States Treasury Notes	1,100,000	4.125	11/15/32	1,076,255	1,072,852	
United States Treasury Notes	400,000	3.875	11/30/27	398,375	395,484	
United States Treasury Notes	100,000	3.500	01/31/28	100,159	97,708	
United States Treasury Notes	1,600,000	3.500	02/15/33	1,591,433	1,488,464	
United States Treasury Notes	300,000	4.000	02/29/28	298,969	297,273	
United States Treasury Notes	200,000	3.500	04/30/28	199,219	194,956	
United States Treasury Notes	300,000	3.750	06/30/30	298,406	290,214	
United States Treasury Notes	400,000	4.000	06/30/28	398,750	395,864	
United States Treasury Notes	200,000	3.875	08/15/33	193,828	190,344	
United States Treasury Notes	700,000	4.375	08/31/28	698,472	700,560	
United States Treasury Notes	175,000	4.500	11/15/33	175,734	174,207	
United States Treasury Notes	150,000	4.375	11/30/28	149,253	150,061	
United States Treasury Notes	300,000	3.750	12/31/28	298,559	293,265	
United States Treasury Notes	300,000	4.000	01/31/29	298,570	295,890	
United States Treasury Notes	200,000	4.000	02/15/34	195,359	191,472	
United States Treasury Notes	246,802	0.250	07/15/29	255,275	228,571	
United States Treasury Notes	517,079	0.125	07/15/30	494,722	466,038	
United States Treasury Notes	455,484	0.125	01/15/32	422,680	394,800	
United States Treasury Notes	450,000	1.500	08/15/26	437,391	430,776	
United States Treasury Notes	870,000	2.250	11/15/27	839,907	822,559	
United States Treasury Notes	1,350,000	2.750	02/15/28	1,329,285	1,289,048	
United States Treasury Notes	200,000	2.625	03/31/25	198,469	199,212	
United States Treasury Notes	200,000	2.875	05/15/28	199,313	191,040	
United States Treasury Notes	100,000	2.875	05/31/25	99,425	99,421	
United States Treasury Notes	490,000	2.750	08/31/25	488,387	485,193	
United States Treasury Notes	200,000	3.000	10/31/25	199,156	197,970	
United States Treasury Notes	600,000	3.125	11/15/28	592,158	574,134	

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type	Principal	Interest Rate	Maturity Date		
	<u>Government and Agency securities (continued):</u>					
United States Treasury Notes	250,000		2.625 %	12/31/25	\$ 248,652	\$ 246,188
United States Treasury Notes	200,000		2.625	02/15/29	199,867	186,986
United States Treasury Notes	350,000		2.500	02/28/26	346,555	343,130
United States Treasury Notes	250,000		2.250	11/15/25	240,898	245,722
United States Treasury Notes	750,000		2.000	11/15/26	741,030	719,820
United States Treasury Notes	500,000		2.250	02/15/27	495,781	479,830
United States Treasury Notes	1,725,000		2.375	05/15/27	1,692,016	1,651,981
United States Treasury Notes	450,000		2.750	06/30/25	448,736	446,774
United States Treasury Notes	1,500,000		1.625	08/15/29	1,506,882	1,331,310
United States Treasury Notes	200,000		1.375	01/31/25	200,102	199,530
United States Treasury Notes	50,000		1.500	02/15/30	51,649	43,416
United States Treasury Notes	150,000		1.125	02/28/25	154,790	149,237
United States Treasury Notes	400,000		0.500	04/30/27	400,313	366,912
United States Treasury Notes	350,000		0.625	05/15/30	351,935	287,189
United States Treasury Notes	500,000		0.250	07/31/25	500,996	488,630
United States Treasury Notes	1,365,000		1.125	02/15/31	1,339,283	1,126,466
United States Treasury Notes	200,000		0.500	02/28/26	198,882	191,614
United States Treasury Notes	500,000		1.250	08/16/21	499,492	408,040
United States Treasury Notes	300,000		0.750	08/31/26	300,082	283,305
	Total Government and Agency securities				<u>29,767,000</u>	<u>28,504,032</u>
	<u>Common stock:</u>					
3M Co Com	2,100				250,160	271,089
Abbvie Inc	1,636				293,188	290,717
Adobe Inc	503				113,219	223,674
Advanced Micro Devices Inc	2,119				168,324	255,954
Alphabet Inc Cl A	2,565				246,442	485,554
Alphabet Inc Cl A	7,039				397,311	1,332,483
Alphabet Inc Cl C	2,680				157,512	510,379
Amazon Com Inc Com	6,194				534,642	1,358,902
Amazon Com Inc Com	5,300				583,978	1,162,767
American Express Co	1,125				213,170	333,889
American Express Co	948				135,999	281,357
Amgen Inc	425				123,046	110,772
Apple Inc	6,500				644,776	1,627,730
Apple Inc	9,261				305,216	2,319,140
Applovin Corp	1,100				60,909	356,213
Arch Capital Group Ltd	2,350				154,152	217,022
Arista Networks Inc	3,000				102,590	331,590
Automatic Data Processing Inc	1,011				238,130	295,950
Autozone Inc	90				240,503	288,180
Bank Of America Corp	7,600				226,598	334,020
Bellring Brands Inc	4,100				241,507	308,894
Berkshire Hathaway Inc.	840				210,039	380,755
Blackrock Inc	250				156,120	256,278
Boston Scientific Corp Com	3,300				228,474	294,756
Bristol Myers Squibb Co	3,300				192,159	186,648
Broadcom Inc	2,650				151,589	614,376
Broadcom Inc	5,640				165,766	1,307,578
Caterpillar Inc	450				155,551	163,242
Caterpillar Inc	1,156				149,172	419,351
Celsius Holdings Inc	7,000				317,394	184,380

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type	Principal	Interest Rate	Maturity Date		
	<u>Common stock (continued):</u>					
Chart Industries	800				\$ 156,952	\$ 152,672
Chipotle Mexican Grill Inc Cl A	6,750				206,646	407,025
Cisco Systems Inc	4,653				251,588	275,458
Coca Cola Co	800				52,280	49,808
Coca Cola Co	3,347				241,345	208,384
Colgate Palmolive Co	2,400				232,828	218,184
Conocophillips	1,375				121,901	136,359
Corcept Therapeutics Inc Com	3,000				156,665	151,170
Costco Wholesale Corp	375				164,856	343,601
Costco Wholesale Corp	527				114,663	482,874
Danaher Corp	925				157,291	212,334
Digital RLT Y TR Inc Com	1,800				343,234	319,194
DraftKings Inc Cl A	3,450				148,314	128,340
Dycom INDS INC COM	800				157,109	139,248
Dynatrace Inc	6,229				332,828	338,546
Eastgroup PPTY Inc Com	1,433				262,902	229,982
Eaton Corp	1,526				124,321	506,434
Eaton Corp Plc	570				164,601	189,166
Eli Lilly & Co Com	782				184,874	603,704
Eli Lilly & Co Com	500				130,913	386,000
Encompass Health Corp	1,500				148,407	138,525
Entergy Corp New Com	4,400				228,788	333,608
Evercore Inc	1,375				258,806	381,136
Exxon Mobil Corporation	4,766				241,531	512,679
Exxon Mobil Corporation	4,300				325,865	462,551
Freeport-Mcmoran Inc. Common	4,175				156,375	158,984
Ge Healthcare Technologies Inc	1,800				140,244	140,724
GE Vernova LLC	525				73,924	172,688
Hartford Financial Services Group	4,133				340,293	452,150
Home Depot Inc	400				98,422	155,596
Home Depot Inc	1,068				329,855	415,441
Howmet Aerospace Inc	3,550				125,818	388,263
International Business Machs Corp	2,643				475,400	581,011
International Flavors & Fragrances	2,261				214,830	191,168
Intuitive Surgical Inc	855				236,306	446,276
Itron Inc Com	2,000				139,894	217,160
Johnson & Johnson	1,977				172,627	285,914
Jpmorgan Chase & Co	1,875				177,607	449,456
Jpmorgan Chase & Co	3,572				480,531	856,244
Lam Research Corp Com	3,770				140,258	272,307
Lam Research Corp Com	3,050				136,646	220,301
Leidos Holdings, Inc	1,775				193,547	255,706
Liberty Media Corp-Formula One Cl	4,050				289,438	375,273
Life Time Group Holdings Inc	12,600				251,240	278,712
Linde Plc	225				88,660	94,201
Manhattan Associates, Inc Com	1,100				171,802	297,264
Marathon Petroleum Corp	1,458				80,196	203,391
Marriott International Inc Class A	650				121,767	181,311
Marriott International Inc Class A	1,163				295,092	324,407
Martin Marietta Matls Inc Com	520				172,442	268,580
Marvell Technology Inc	3,050				225,629	336,872

(a)	(b)	(c)	(d)	(e)	
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
	Share/ Type	Interest Principal Rate	Maturity Date		
	<u>Common stock (continued):</u>				
Mastercard Inc Cl A	1,161			\$ 233,459	\$ 611,348
Mastercard Inc Cl A	705			169,709	371,232
Mckesson Corp	275			70,486	156,725
Medtronic, PLC	3,740			336,114	298,751
Meta Platforms Inc Cl A	1,430			435,429	837,279
Meta Platforms Inc Cl A	1,467			335,059	858,943
Metlife Inc	3,539			205,587	289,773
Micron Technology Inc	2,075			159,506	174,633
Microsoft Corp	3,350			459,207	1,412,025
Microsoft Corp	4,904			417,168	2,067,036
Morgan Stanley Com	3,898			258,788	490,057
Nasdaq, Inc	4,200			229,200	324,702
Netflix Inc	419			163,603	373,463
New York Times Co Cl A	1,700			92,876	88,485
Nextera Energy, Inc.	4,913			274,395	352,214
Nucor Corp	1,325			88,028	154,641
Nvidia Corp Com	17,360			158,365	2,331,274
Nvidia Corp Com	12,850			302,094	1,725,626
Onto Innovation Inc	1,200			264,892	200,004
Palo Alto Networks Inc	1,400			138,054	254,744
Palo Alto Networks Inc	2,528			204,275	459,995
PNC Financial Services Group	2,408			409,431	464,383
Post Holdings Inc	2,400			269,085	274,704
Ppl Corporation	14,378			404,823	466,710
Procter & Gamble Co	1,000			136,278	167,650
Procter & Gamble Co	2,633			385,933	441,422
Quanta Svcs Inc Com	1,538			269,096	486,085
Quanta Svcs Inc Com	775			92,084	244,939
Regeneron Pharmaceuticals Inc	210			141,623	149,589
Regeneron Pharmaceuticals Inc	379			192,381	269,973
Ross Stores Inc	2,596			288,954	392,697
Rtx Corporation	3,157			311,230	365,328
Saia Inc Com	473			139,784	215,560
Salesforce Inc	1,005			342,308	336,002
Sarepta Therapeutics Inc	1,200			157,625	145,908
Schlumberger Ltd	6,720			359,347	257,645
Servicenow Inc	305			131,861	323,337
SharkNinja Inc	1,400			146,798	136,304
Spotify Technology S.A.	678			84,559	303,324
Stryker Corp	1,122			195,133	403,976
Targa Resources Corp	1,525			238,943	272,212
Teck Resources Limited	4,800			210,569	194,544
Tesla, Inc	1,555			428,030	627,971
Texas Roadhouse, Inc Common	1,550			149,680	279,666
TG Therapeutics Inc	5,000			157,895	150,500
Thermo Fisher Scientific Inc	320			179,036	166,474
Tjx Companies Inc	2,875			277,515	347,329
T-Mobile Us Inc	1,500			206,774	331,095
Toll Bros Inc	1,074			160,758	135,270
Trade Desk Inc/The	2,500			187,015	293,825
Travelers Companies, Inc	1,200			217,950	289,068

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type	Interest Principal	Maturity Rate			
			Date			
<u>Common stock (continued):</u>						
Truist Financial Corporation	9,141			\$ 382,910	\$ 396,537	
Tyson Food Inc Cl A Del	4,782			268,562	274,678	
United Rental Inc Com	500			93,849	352,220	
Unitedhealth Group Inc	275			73,772	139,111	
Unitedhealth Group Inc	1,099			221,619	555,940	
Verra Mobility Corp	8,700			242,279	210,366	
Vertex Pharmaceuticals Inc Com	450			134,910	181,215	
Vertex Pharmaceuticals Inc Com	565			196,564	227,525	
Vertiv Holdings Llc Cl A	3,100			139,790	352,191	
Vici Properties Inc	7,050			229,463	205,930	
Visa Inc-Class A Shrs	1,791			201,080	566,028	
Walmart Inc	6,622			203,629	598,298	
Walt Disney Co	2,946			341,387	328,037	
Wec Energy Group Inc	3,700			306,703	347,948	
Wells Fargo & Co	4,800			249,068	337,152	
Welltower Inc	3,000			295,650	378,090	
	Total common stock			32,846,015	60,047,728	
<u>Corporate bonds and notes:</u>						
Avalonbay Communities	300,000	2.300 %	03/01/30	318,394	263,979	
Bank Of America Corp Med Term	500,000	4.250	10/22/26	516,871	495,710	
Blackrock Inc	200,000	1.900	01/28/31	202,512	168,526	
Goldman Sachs Group Inc	500,000	4.250	10/21/25	510,202	497,240	
Intercontinentalexchange	425,000	3.100	09/15/27	424,116	408,105	
Jpmorgan Chase & Co	500,000	4.125	12/15/26	515,162	494,710	
Metlife Inc	375,000	3.000	03/01/25	374,962	373,927	
Morgan Stanley	500,000	4.350	09/08/26	523,720	496,145	
Wells Fargo & Company	500,000	4.100	06/03/26	523,483	494,585	
Amazon.Com Inc	300,000	4.550	12/01/27	298,744	301,803	
Cintas Corporation No. 2	400,000	4.000	05/01/32	405,313	374,312	
John Deere Capital Corp	250,000	3.900	06/07/32	232,053	232,335	
O'Reilly Automotive Inc	350,000	4.700	06/15/32	352,507	338,114	
T-Mobile Usa Inc	300,000	4.950	03/15/28	295,579	300,141	
Abbvie Inc	450,000	3.600	05/14/25	454,156	448,137	
Alexandria Real Estate E	400,000	3.950	01/15/27	402,525	393,500	
Amgen Inc	400,000	2.450	02/21/30	433,065	353,684	
Borgwarner Inc	250,000	2.650	07/01/27	245,841	237,800	
Bristol-Myers Squibb Co	400,000	3.200	06/15/26	399,205	392,904	
Caterpillar Finl Service	400,000	1.100	09/14/27	402,373	367,084	
Comcast Corp	220,000	2.350	01/15/27	218,665	210,316	
Walt Disney Company/The	300,000	2.000	09/01/29	308,893	266,769	
Walt Disney Company/The	300,000	3.800	03/22/30	282,619	287,139	
Duke Energy Corp	185,000	2.650	09/01/26	172,794	179,073	
Eog Resources Inc	250,000	4.150	01/15/26	250,053	248,750	
General Dynamics Corp	100,000	2.625	11/15/27	94,255	94,907	
General Dynamics Corp	200,000	3.625	04/01/30	196,162	188,842	
Lowe'S Cos Inc	600,000	2.500	04/15/26	595,757	584,526	
Marsh & McLennan Cos Inc	300,000	4.375	03/15/29	282,469	294,612	
Martin Marietta Material	350,000	3.500	12/15/27	333,607	337,862	
Martin Marietta Material	200,000	2.500	03/15/30	206,052	176,940	
Ralph Lauren Corp	100,000	3.750	09/15/25	100,585	99,222	

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type	Interest Principal	Maturity Rate	Date		
<u>Corporate bonds and notes (continued):</u>						
Roper Technologies Inc	400,000	2.000	%	06/30/30	\$ 409,765	\$ 340,964
Starbucks Corp	175,000	2.000		03/12/27	185,786	165,331
Stryker Corp	300,000	3.650		03/07/28	295,429	289,692
Thermo Fisher Scientific	250,000	1.750		10/15/28	242,501	224,830
Colgate Palmolive	400,000	4.600		03/01/33	401,120	394,244
Eli Lilly & Co	500,000	4.500		02/09/27	505,906	501,185
Tractor Supply	400,000	5.250		05/15/33	404,620	399,764
Zoetis Inc	375,000	2.000		05/15/30	395,255	322,706
Mckesson Corp	150,000	5.100		07/15/33	149,400	149,192
	Total corporate bonds				<u>13,862,476</u>	<u>13,189,607</u>
<u>Common collective trusts:</u>						
Loomis Sayles Multisector Full Discretion Trust	838,278				18,031,355	23,413,098
Ssga S&P 500 R Flagship NL Fund	29,568				14,669,300	41,018,107
Pimco All Asset Collective Trust	1,444,755				28,179,348	35,295,353
					<u>60,880,003</u>	<u>99,726,558</u>
<u>Limited liability company:</u>						
IR&M Intermediate Fund LLC	3,075,476				54,280,000	61,903,983
<u>Cash and cash equivalents:</u>						
All Spring Government Money Market Fund	1,975,941				1,975,941	1,975,941
Cash	312				312	312
	Total cash and cash equivalents				<u>1,976,253</u>	<u>1,976,253</u>
	Total investments				<u>\$ 193,611,747</u>	<u>\$ 265,348,161</u>

* A party-in-interest as defined by ERISA.

**CONNECTICUT LABORERS'
ANNUITY FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Item 4j

EIN: 06-1175481
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (loss)	
Allspring Government Money Market Fund	\$ 20,780,950	N/A	\$ 20,780,950	\$ 20,780,950	N/A	
Allspring Government Money Market Fund	N/A	\$ 19,925,324	19,925,324	19,925,324	\$ -	
IR&M Intermediate Fund LLC	15,000,000	N/A	15,000,000	15,000,000	N/A	

* A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

**This Form is Open to
Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**



- 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.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan CONNECTICUT LABORERS' ANNUITY PLAN	1b Three-digit plan number (PN) ▶ 001
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) CONNECTICUT LABORERS ANNUITY FUND BOARD OF TRUSTEES 435 CAPTAIN THOMAS BOULEVARD WEST HAVEN CT 06516	1c Effective date of plan 05/01/1986 2b Employer Identification Number (EIN) 06-1175481 2c Plan Sponsor's telephone number 203-934-7991 2d Business code (see instructions) 237990

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

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

SIGN HERE 	9-9-25	KEITH BROTHERS
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	9/9/2025	MICHAEL ROY
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	7,124
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,043
a (2) Total number of active participants at the end of the plan year	6a(2)	2,888
b Retired or separated participants receiving benefits	6b	1,196
c Other retired or separated participants entitled to future benefits	6c	2,629
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	6,713
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	384
f Total. Add lines 6d and 6e	6f	7,097
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)	7,124
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	7,097
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	257

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS